

**Your claim must  
be submitted online  
or postmarked by:  
May 11, 2026**

**CLAIM FORM**

*In re: Eureka Casino Breach Litigation,*  
Case No. 2:23-cv-00276-CDS-NJK  
United States District Court for the District of Nevada

**EUREKA-C**

**GENERAL INSTRUCTIONS**

If your Private Information was compromised in a Data Security Incident experienced by Rancho Mesquite Casino, Inc. dba Eureka Casino Hotel (“Eureka”) on or about November 9-13, 2022, you may submit a claim for settlement benefits, outlined below. Please refer to the Long-Form Notice posted on the Settlement Website [www.ECHDataSettlement.com](http://www.ECHDataSettlement.com), for more information on submitting a Claim Form.

**To receive compensation for Out-of-Pocket Losses or a cash payment, you MUST submit the Claim Form below, which can also be done electronically at [www.ECHDataSettlement.com](http://www.ECHDataSettlement.com) by May 11, 2026**

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Eureka Data Security Incident Litigation  
Settlement Administrator  
Attn: Claim Forms  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

**You may submit a claim for the following benefits:**

- 1) **Out-of-Pocket Expense Reimbursement:** Compensation from the Settlement Fund up to a total of \$5,000.00 upon submission of an Approved Claim and supporting documentation, for Out-of-Pocket Losses incurred as a result of the Data Security Incident;
- 2) **California Statutory Cash Payment:** Settlement Class Members who are current residents of California or who resided in California at any point between November 9, 2022 and May 11, 2026 are eligible to make a claim for a California Statutory Cash Payment of \$100, which may be adjusted downward on a pro rata basis should the total amount of claims exceed the Settlement Fund.
- 3) **Pro Rata Cash Payment:** The remainder amount of the Settlement Fund allocated for Settlement Class Member benefits will be distributed as a residual *pro rata* cash payment to Settlement Class Members who submit a Valid Claim for this benefit using the Claim Form.

**Questions? Go to [www.ECHDataSettlement.com](http://www.ECHDataSettlement.com) or call 1-888-688-4260.**

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**I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address 1**

\_\_\_\_\_  
**Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Email Address (optional):** \_\_\_\_\_ @ \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**II. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP**

Check this box to certify that you are an individual whose Private Information was compromised in the data incident Eureka experienced between on or about November 9, 2022 through on or about November 13, 2022. Private Information includes full names, Social Security numbers, financial account numbers, passport numbers, and driver's license or state-issued identification numbers.

Enter the Settlement Class Member ID number provided on your Short Notice, or if you did not receive a Short Notice, the last four digits of your Social Security Number:

**Settlement Class Member ID :** RMC \_\_\_\_\_

**OR**

**Social Security Number:** XXX – XX – \_\_\_\_\_

**III. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES**

Settlement Class Members may submit a claim up to a total of \$5,000.00 for documented out-of-pocket expenses fairly traceable to the Data Security Incident. These claims are subject to a potential pro rata decrease depending on how many Settlement Class Members make Valid Claims for out-of-pocket expense reimbursement and the amount of those claims.

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*Out-of-Pocket Expenses incurred as a direct result of the Data Security Incident, including but not limited to:*

- (i) the loss is an actual, documented, and unreimbursed monetary loss;
- (ii) the loss was more likely than not caused by the Data Security Incident;
- (iii) the loss occurred between November 9, 2022, and the Claims Deadline; and
- (iv) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

**You must submit documentation to obtain this reimbursement.**

I have attached documentation showing that the claimed losses were more likely than not caused by the Data Security Incident. I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred, but does not include documentation that is “self-prepared”. “Self-prepared” documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

<b>Cost Type</b> (Fill all that apply)	<b>Approximate Date of Out-of-Pocket Expense</b>	<b>Amount of Out-of-Pocket Expense</b>	<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/25 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

**IV. CALIFORNIA STATUTORY CASH PAYMENT**

If you are a California Resident and/or resided in California at any point between November 9, 2022 and May 11, 2026 and wish to receive a California Statutory Cash Payment in addition to any other claimed benefits, you must check off the box for this section, sign the attestation at the end of this Claim Form (section VII), and return this Claim Form. If you are not a resident of California (or were not a resident of California between November 9, 2022 and May 11, 2026), then you are not eligible for the additional California Statutory Payment.

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If you are not a current California resident, but were a California resident at any point between November 9, 2022 and May 11, 2026, please enter your prior California address and the approximate dates of residence:

\_\_\_\_\_  
**Address 1**

\_\_\_\_\_  
**Address 2**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Dates of California residence:** \_\_\_\_\_ TO \_\_\_\_\_  
Month Year Month Year

I swear and affirm under the laws the United States that I am a current resident of the State of California and/or resided in California at some point between November 9, 2022 and May 11, 2026.

\_\_\_\_\_  
Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

**V. *PRO RATA* SETTLEMENT FUND REMAINDER CASH PAYMENT**

If you wish to receive a share of the *Pro Rata* Cash Payment, you may check off the box for this section, and then simply return this Claim Form.

You may request this benefit even if you did not incur Out-of-Pocket Expenses caused by the Data Incident. Claimants who submit a claim of Out-Of-Pocket Expenses will automatically be deemed to have submitted a claim for a share of the Settlement Remainder.

**VI. PAYMENT SELECTION**

**Select one of the following payment options:**

PayPal  Venmo  Zelle  Check\*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account:

\_\_\_\_\_  
*\*Payment will be mailed to the address provided in Section I above.*

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**VII. MEDICARE DECLARATION**

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I declare that I was a Medicare beneficiary during the time period of November 9, 2022 to the present and that I am seeking benefits in this settlement related to emotional distress. If you were a Medicare beneficiary at any time during the period November 9, 2022 to the present and are seeking any reimbursement for emotional distress, please contact the Settlement Administrator at 1-888-688-4260 to provide additional information necessary for Medicare reporting requirements.

Leave this box unchecked if either (i) you were not a Medicare beneficiary during the time period of November 9, 2022 to the present, or (ii) if you were a Medicare beneficiary at any time during the period of November 9, 2022 to the present and are not seeking any reimbursement for emotional distress from this settlement.

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**VIII. ATTESTATION & SIGNATURE**

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I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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