

Your claim
must be
submitted
online or
postmarked by:
April 14, 2025

Benavides, Andy, et al. v. HopSkipDrive, Inc. Case No: 23STCV31729
(Cal. Super. Ct.)

HOP-
CLAIM

HOPSKIPDRIVE, INC.
DATA SECURITY INCIDENT CLAIM FORM

USE THIS FORM TO MAKE A CLAIM FOR EXPANDED IDENTITY THEFT AND FRAUD MONITORING AND FOR (1) A DOCUMENTED OUT-OF-POCKET LOSS PAYMENT; (2) REIMBURSEMENT FOR LOST TIME; AND (3) AN ADDITIONAL CASH PAYMENT (INCLUDING A CALIFORNIA STATUTORY CASH PAYMENT)

*Para una notificación en Español, llamar 1-844-981-4185 o visitar nuestro sitio web
www.HopSkipDriveDataSettlement.com.*

I. GENERAL INSTRUCTIONS

If you are an individual who was notified that you are a Class Member of a Settlement that was reached as a result of a Data Security Incident that occurred when files on HopSkipDrive, Inc.’s (“HopSkipDrive”) computer systems were accessed by an unauthorized person (the “Data Security Incident”), you are a Class Member.

As a Class Member, you are eligible to make a claim for two years of Expanded Identity Theft and Fraud Monitoring (“EITFM”) AND may also qualify and submit a claim for any of the following benefits:

- (1) up to a \$5,000 cash payment for reimbursement of Documented Out-of-Pocket Losses that are fairly attributable to the HopSkipDrive Data Security Incident (“Documented Out-of-Pocket Loss Payment”);
- (2) up to five (5) hours of attested-to lost time spent responding to HopSkipDrive’s Data Security Incident at twenty-five (\$25.00) per hour for a maximum of \$125.00 per Settlement Class Member (Reimbursement of Lost Time);

AND/OR

- (3) an additional cash payment in the amount of \$100, which may be adjusted on a *pro rata* basis, in addition to making a claim for Documented Out-of-Pocket Loss Payment or Reimbursement for Lost Time (“Additional Cash Payment”).

In addition to making a claim for any combination of the three Settlement Benefits listed above, Settlement Class Members who are residents of California (and/or who resided in California at any point between May 31, 2023 and the claim filing deadline) are entitled to:

California Statutory Cash Payments of \$250, which may be adjusted on a *pro rata* basis should the total amount of claims exceed the Settlement Fund.

All Settlement Class Members are also eligible to receive Expanded Identity Theft and Fraud Monitoring (“EITFM”). The EITFM will include the following services, among others: (i) up to \$1,000,000 of identity theft insurance coverage; and (ii) two years of three-bureau credit monitoring. All Settlement Class Members who submit a claim for monetary payment will also be eligible to receive the EITFM and will receive an enrollment code – valid for 180 days after the Effective Date of the Settlement – that can be used to enroll in the service.

Please complete this Claim Form on behalf of the individual who received a Data Security Incident notification letter from HopSkipDrive.

This Claim Form may be submitted online at www.HopSkipDriveDataSettlement.com or completed and 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:

HopSkipDrive, Inc. Data Security Incident Litigation
c/o Settlement Administrator
Attn: Claim Forms
1650 Arch Street, Ste 2210
Philadelphia, PA 19103

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of Expanded Identity Theft and Fraud Monitoring, Additional Cash Payments, and California Statutory Cash Payments, you must notify the Settlement Administrator in writing at the address above.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

III. EXPANDED IDENTITY THEFT AND FRAUD MONITORING

All Class Members are eligible to receive Expanded Identity Theft and Fraud Monitoring (“EITFM”).

Please check this box if you wish to receive EITFM, make sure to provide your email address in the space provided above and return this Claim Form.

Submitting this Claim Form will not automatically enroll you into EITFM. To enroll, you must follow the instructions sent to your email address after the Settlement is approved and becomes final (the “Effective Date”). You do not need to submit any additional documents to receive EITFM so long as you provide your Notice ID Number that was provided on your mailed Notice.

**In addition to the Expanded Identity Theft and Fraud Monitoring,
You may elect and submit a claim for:**

**Reimbursement for Documented Out-of-Pocket Loss Payment (Section IV);
Reimbursement for Lost Time (Section V);
AND/OR
Additional Cash Payment (Section VI)**

IV. REIMBURSEMENT FOR DOCUMENTED OUT-OF-POCKET LOSSES

Please check off this box for this section if you are electing to seek reimbursement for Documented Out-of-Pocket Losses you incurred that are more likely than not a result of the HopSkipDrive Data Security Incident (up to \$5,000.00). Documented Out-of-Pocket Losses include unreimbursed losses and
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consequential expenses that more likely than not resulted from the HopSkipDrive Data Security Incident and were incurred on or after May 31, 2023.

In order to make a claim for a Documented Out-of-Pocket Loss Payment, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VII); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented Out-of-Pocket Losses need to be deemed more likely than not due to the HopSkipDrive Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the HopSkipDrive Data Security Incident. **Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="radio"/> Unreimbursed fraud losses or charges	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
<input type="radio"/> Cell phone minutes	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Telephone bill showing charges for minute usage</i>
<input type="radio"/> Internet usage charges (if either charged by the minute or incurred solely as a result of the Data Security Incident)	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Invoice or internet usage receipt</i>
<input type="radio"/> Credit freeze	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Notices or account statements reflecting payment for a credit freeze</i>
<input type="radio"/> Credit monitoring that was ordered after May 31, 2023 through the date on which the Credit Monitoring and Insurance Services become available through this Settlement	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i>

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="radio"/> Long- distance telephone charges	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<i>Examples: Phone bills showing billed amounts</i>
<input type="radio"/> Costs of credit reports purchased after May 31, 2023	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<i>Example: Receipts or account statements showing charges for credit reports</i>
<input type="radio"/> OTHER: _____ _____ _____	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

If you do not submit Reasonable Documentation supporting a Documented Out-of-Pocket Loss Payment claim, or your claim for a Documented Out-of-Pocket Loss Payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, your claim will be considered for an Additional Cash Payment.

REQUIRED DOCUMENTED OUT-OF-POCKET LOSS PAYMENT ATTESTATION

I, _____, declare that I suffered the Documented Out-of-Pocket Losses claimed above.
 [Name]

I also attest that the Documented Out-of-Pocket Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury that the foregoing is true and correct. Executed on _____, in _____,
 [City] _____, [State] _____.

 [Signature]

V. REIMBURSEMENT FOR LOST TIME

Complete this section of the Claim Form to receive compensation for up to five (5) hours of Lost Time at \$25 per hour for time spent reasonably related to mitigating the effects of the HopSkipDrive Data Security Incident.

I am claiming Lost Time in the total hours indicated below:

1 Hour (\$25) 2 Hours (\$50) 3 Hours (\$75) 4 Hours (\$100) 5 Hours (\$125)

The below attestation is required to be eligible for compensation for Lost Time.

I attest and affirm to the best of my knowledge and belief that any claimed Lost Time was spent reasonably related to mitigating the effects of the HopSkipDrive Data Security Incident.

VI. ADDITIONAL CASH PAYMENT

If you wish to receive an Additional Cash Payment check off the box for this section.

You do not need to submit any additional documents if you are electing this category, so long as you provide your Notice ID Number that was provided on your mailed Notice.

If you are a California Resident and/or resided in California at any point between May 31, 2023 and April 14, 2026 and wish to receive a California Statutory Cash Payment, check this box and sign the attestation at the end of this Claim Form (section VIII).

If you are not a resident of California (or were not a resident of California between May 31, 2023 and April 14, 2026, then you are not eligible for the additional California Statutory Payment.

REQUIRED CALIFORNIA STATUTORY CASH PAYMENT ATTESTATION

I, _____, declare that I am a resident of the State of California and/or resided in California at [Name] some point between May 31, 2023 to present.

I declare under penalty of perjury under the laws of California that the foregoing is true and correct. Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature]

VII. PAYMENT SELECTION

Please select one of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ or Email Address: _____

Physical Check - Payment will be mailed to the address provided in Section II above.

VIII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Date: _____

Signature: _____

Print Name _____