

**Your claim must
be submitted
online or
postmarked by:
December 1, 2025**

Blair v. JSP International Group LTD.
Case No. 2:25-cv-01665-JHS
United States District Court, Eastern District of Pennsylvania
CLAIM FORM

BLA-CLAIM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a member of the **Settlement Class**, defined as:

ALL PERSONS WHOSE PRIVATE INFORMATION WAS IDENTIFIED AS POTENTIALLY ACCESSED, COMPROMISED, OR IMPACTED IN CONNECTION WITH THE INCIDENT.

Incident means the alleged incident that occurred on or around the time period of December 26 and December 28, 2024, in which unauthorized third parties purportedly gained access and copied certain files from Defendant's systems without permission.

SUBMITTING YOUR CLAIM FORM

You can submit a Claim Form online at www.JSPDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than **December 1, 2025**.

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form, including any supporting documentation to:

JSP Incident Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

SETTLEMENT BENEFITS

Settlement Class Members may submit a Claim Form for the following Settlement benefits:

- ✓ **Credit Monitoring**
Two years of 3-Bureau (3B) credit monitoring, which includes up to \$1 million in identify theft insurance.
- ✓ **Compensation for Ordinary Losses (up to \$300 per Settlement Class Member)**
****Documentation Required***
 1. Out-of-Pocket Expenses incurred as a result of the Incident, including, without limitation, out-of-pocket expenses incurred as result of the Incident, including unreimbursed bank fees, unreimbursed card reissuance fees, unreimbursed overdraft fees, unreimbursed charges related to the unavailability of funds, unreimbursed late fees, unreimbursed over-limit fees, unreimbursed charges from banks or credit card companies, reasonable expenses relating to tax remediation efforts, and fees for credit reports, between December 26, 2024 and **the date that the Motion for Preliminary Approval is filed**;
 2. The cost of purchasing credit monitoring or other identity theft insurance products purchased between December 26, 2024, and the **date that the Motion for Preliminary Approval is filed**; and

QUESTIONS? VISIT WWW.JSPDATASETTLEMENT.COM OR CALL TOLL-FREE 1-866-966-4205

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3. Up to 3 hours of time spent, at twenty dollars (\$20.00) per hour for time spent dealing with the Incident between December 26, 2024, and **the date that the Motion for Preliminary Approval is filed**. Settlement Class Members must submit an attestation that they spent the claimed time responding to issues raised by the Incident. Settlement Class Members will also need to choose from a mutually agreeable array of activities for which they spent time dealing with the Incident for which they can be compensated.

✓ **Compensation for Extraordinary Losses (up to \$3,000 per Settlement Class Member)**
****Documentation Required***

Extraordinary losses are losses associated with identity theft, fraud, and other actual misuse of personal information, provided that:

1. the loss is an actual documented and unreimbursed monetary loss;
2. the claimant provides verifiable third-party proof to the Claims Administrator that that loss was proximately caused by the Incident;
3. the claimant made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring or identity monitoring insurance; and
4. the loss occurred between the date of the Incident and the Claims Deadline.

Settlement Floor and Claims Cap

The overall amount for all payments made by Defendant to Settlement Class Members shall be no less than fifty thousand dollars (\$50,000) ("Settlement Floor") and not exceed one hundred thousand dollars (\$100,000), both in the aggregate, exclusive of Settlement Administration Costs, Service Awards, and Attorney's Fees and Costs. To the extent the total amount of the Valid Claims does not exceed the Settlement Floor the Valid Claims shall be increased in an amount *pro rata* so that the Settlement Floor is met. To the extent the total amount of the Valid Claims exceeds \$100,000 to Settlement Class Members, the Valid Claims shall be decreased in an amount *pro rata*.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if your contact information changes after you submit your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. CREDIT MONITORING

☐ Check this box if you wish to receive Credit Monitoring. Submitting this Claim Form will not automatically enroll you into Credit Monitoring. To enroll, you must follow the instructions sent to your email address (that you provide in Section I above) after the Settlement is approved and becomes final (the "Effective Date").

III. COMPENSATION FOR ORDINARY LOSSES

☐ Check this box if you are seeking Compensation for Ordinary Losses (up to \$300).

You must submit supporting documentation for out-of-pocket expenses incurred as result of the Incident. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

<i>Description of Documentation Provided</i>	<i>Amount</i>
Total Documented Ordinary Losses Claimed:	

☐ Check this box if you are seeking reimbursement for actual time spent dealing with the Incident between December 26, 2024, and **the date that the Motion for Preliminary Approval is filed**. You may claim up to 3 hours at \$20.00 per hour.

I swear and affirm that I spent (**check one**): ☐ 1 hour ☐ 2 hours ☐ 3 hours dealing with the Incident.

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Briefly describe how the time was spent dealing with the Incident:

IV. COMPENSATION FOR EXTRAORDINARY LOSSES

☐ Check this box if you are seeking reimbursement for Extraordinary Losses (up to \$3,000).

You must submit supporting documentation for actual, documented, and unreimbursed losses associated with identity theft, fraud, and other actual misuse of personal information. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

<i>Description of Documentation Provided</i>	<i>Amount</i>
Total Documented Extraordinary Losses Claimed:	

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are eligible to receive a monetary payment:

☐ PayPal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: _____

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

VI. CERTIFICATION

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

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