



830460000000

**Your claim must be submitted online or postmarked by: October 10<sup>th</sup>, 2024**

**CLAIM FORM FOR GROUP 1001 INSURANCE HOLDING, LLC DATA BREACH**

*Weigand, et al. v Group 1001 Holdings, LLC, et al. Data Breach Litigation*  
Case No.: 1:23-cv-01452-RLY-TAB  
United States District Court, Southern District of Indiana

**CORRECTCARE-C**

**GENERAL INSTRUCTIONS**

If you received a Summary Notice of this settlement, the Settlement Administrator identified you as a Class Member whose personal information may have been involved in the Data Incident and were notified by Group 1001 Insurance Holdings, LLC, Group 1001 Resources, LLC, Clear Spring Life and Annuity Company, Delaware Life Insurance Company, or their affiliates and cedents, that your personal information may have been accessed by unauthorized individuals. You may submit a claim for settlement compensation, outlined below. Please refer to the Detailed Notice and the Agreement, both posted on the Settlement Website [www.Group1001Settlement.com](http://www.Group1001Settlement.com), for more information on submitting a Claim Form and for definitions of certain capitalized terms, respectively.

**If you wish to receive Identity Theft Protection Services, compensation for Out-of-Pocket Losses or Lost Time spent dealing with the Data Incident, and/or a Pro Rata Cash Payment from this settlement, you must submit the Claim Form below by October 10<sup>th</sup>, 2024.**

This Claim Form may be submitted electronically *via* the Settlement Website at [www.Group1001Settlement.com](http://www.Group1001Settlement.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:

*Weigand, et al. v Group 1001 Insurance Holdings, LLC et al.*  
c/o Kroll Settlement Administration LLC  
PO Box 5324  
New York, NY 10150-5324

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

- 1) **Reimbursement for Out-of-Pocket Losses:** All Class Members are eligible to recover compensation for up to \$5,000 per person for Out-of-Pocket Losses incurred as a result of the Data Incident, including but not limited to: (i) bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and the Deadline to Submit Claims. Class Members submitting claims for Out-of-Pocket Losses must submit documentation supporting their claims by an attestation under penalty of perjury, which is part of this Claim Form.
- 2) **Reimbursement for Lost Time:** Class Members may make a claim for self-certified time spent related to the effects or potential effects of the Data Incident. Each Class Member may claim up to \$80 of lost time (calculated at \$20/hour, up to 4 hours) by simply attesting to the fact that they expended such time and describing how the time was spent.
- 3) **Pro Rata Cash Payment:** In addition, any Class Member may submit a claim for a Cash Payment of no less than \$5 (subject to increase based on the total Net Settlement Fund remaining after payment of all other claim types).
- 4) **Identify Protection Services:** In addition to the benefits above, Class Members are eligible to receive 3 years of credit monitoring and identity theft protection services (including \$1,000,000 in identity theft insurance) at no cost.

**Questions? Go to [www.Group1001Settlement.com](http://www.Group1001Settlement.com) or call (833) 522-7100.**



83046



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Page 1 of 5



830460000000

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GROUP 1001-C

I. PAYMENT SELECTION

If you would like to elect to receive the cash component of your settlement benefits through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. 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: ( ) -

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify that you are an individual who may have been involved in the Data Incident and were notified that your personal information may have been impacted as a result of the Data Incident and that you are not one of Defendants' officers, directors, or legal representatives or one of the judges or court personnel in this case or a member of their immediate families.

Enter the Class Member ID Number provided on your Postcard Notice:

Class Member ID : 83046

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GROUP 1001-C

OPTION 1: COMPENSATION FOR OUT-OF-POCKET LOSSES

All Class Members are eligible to recover compensation for up to \$5,000 per person for Out-of-Pocket Losses incurred as a result of the Data Incident, including:

Out of pocket expenses incurred as a direct result of the Data Incident, including but not limited to:

- (i) Bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; and
(ii) Fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and the Deadline to Submit a Claim

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 Incident. "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.

Table with 4 columns: Cost Type (Fill all that apply), Approximate Date of Loss, Amount of Loss, and Description of Supporting Reasonable Documentation (Identify what you are attaching and why). Includes an example row for Identity Theft Protection Service and four blank rows for additional entries.

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GROUP 1001-C

OPTION 2: REIMBURSEMENT FOR LOSS TIME

Hours of Attested Time: \_\_\_\_\_

Please provide a brief description of the actions taken in response to the Data Incident and (b) the time associated with each action; (You may attach additional pages if necessary).

\_\_\_\_\_

\_\_\_\_\_

OPTION 3: PRO RATA CASH PAYMENT

Pro Rata Cash Payment. Check the box if you wish to receive a Cash Payment for no less than \$5 (subject to increase based on the total Net Settlement Fund remaining after payment of all other claim types). This payment will be calculated as your pro rata amount of the Net Settlement Fund that remains after all payments for Identity Theft Protection Services, Out-of-Pocket Losses, and Lost Time, based on the number of people who submit a valid claim for any of the benefits of this settlement. If you submit a valid claim for a different benefit, you will also automatically receive a pro rata Cash Payment.

IV. IDENTITY THEFT PROTECTION SERVICES

3 years of Identity Theft Protection Services

Check the box above if you wish to receive 3 years of credit monitoring and identity theft protection services (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved you will receive an activation for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for Out-of-Pocket Losses, Lost Time, and/or a Cash Payment by completing the appropriate information above and checking the boxes for those benefits.

V. ATTESTATION & SIGNATURE

I 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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**GROUP 1001-C**

**Reminder Checklist.**

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a correction to the address on this Claim Form, you may notify the Settlement Administrator in charge of administrating the settlement of your new mailing address by writing to: Weigand v. Group 1001 Insurance Holdings, LLC c/o Kroll Settlement Administration, PO Box 5324, New York, NY. Please make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain personal information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please provide these documents by mail to Weigand v. Group 1001 Insurance Holdings, LLC c/o Kroll Settlement Administration, PO Box 5324, New York, NY.

For more information, please visit the Settlement Website at [www.Group1001Settlement.com](http://www.Group1001Settlement.com), or call the Settlement Administrator at **(833) 522-7100**. Please do not call the Court or the Clerk of the Court for additional information.

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Page 5 of 5