

McAuley, et al. v. Pierce College Settlement  
c/o CPT Group, Inc.  
50 Corporate Park, Irvine, CA 92606

**Your Claim Form Must Be Submitted  
On or Before March 3, 2025**

***McAuley, et al. v. Pierce College District***  
In the Superior Court of the State of Washington, County of Pierce  
(Case No. 23-2-11064-7)

**Claim Form**

This claim form should be filled out online or submitted by mail if you are a U.S. resident to whom Pierce College District (“Pierce College”) or its authorized representative sent notice of a data security incident discovered approximately on or about July 23, 2023 (the “Data Security Incident”). Benefits may include: (i) up to \$500 in reimbursement for documented ordinary out-of-pocket losses and up to 3 hours calculated at \$30 per hour for time reasonably spent responding to the Data Security Incident; (ii) up to \$5,000 in reimbursement for documented extraordinary out-of-pocket losses; and (iii) credit and identity theft monitoring services for three years. If, after paying all other expenses and benefits, there remains any funds in the Settlement Fund, those funds will be distributed on a *pro rata* basis (up to an additional \$500) to all those who timely filled out and submitted this claim form, if the settlement is approved, and if they are found to be eligible for a payment or other benefit.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, [www.PierceSettlement.com](http://www.PierceSettlement.com), or call 1-888-663-3716 for more information.

If you wish to submit a claim for a settlement payment, please provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by **March 3, 2025**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [WWW.PIERCESETTLEMENT.COM](http://WWW.PIERCESETTLEMENT.COM).

**1. CLASS MEMBER INFORMATION.**

<input type="text"/>																								<input type="text"/>	
First Name*																						Middle Initial			
<input type="text"/>																								<input type="text"/>	
Last Name*																						Suffix			
<input type="text"/>																									
Primary Address*																									
<input type="text"/>																									
Apt/Floor/Suite																									
<input type="text"/>																		<input type="text"/>		<input type="text"/>					
City*																		State*		Zip Code*					
<input type="text"/>																									
Current Email Address*																									
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>																	
Current Phone Number						CPT ID*																			

If your current address is outside the United States, please complete this claim form online at [www.PierceSettlement.com](http://www.PierceSettlement.com) and select the checkbox on the Class Member Information page that says "Please check if this is a non-U.S. address".

Your CPT ID is printed on the notice you received in the mail. If you no longer have your notice, contact the Claims Administrator at [PierceSettlement@cptgroup.com](mailto:PierceSettlement@cptgroup.com)

## **2. PAYMENT AND CREDIT MONITORING ELIGIBILITY INFORMATION.**

Please review the notice and paragraphs 2.2 and 2.3 of the Settlement Agreement for more information on who is eligible for a payment and/or free identity theft protection and credit monitoring, and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefit.

**PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of expenses or lost time that you incurred as a result of the Data Security Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type. If you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish. Please note that recovery is limited to: (i) up to \$500 in reimbursement for documented ordinary out-of-pocket losses and up to 3 hours calculated at \$30 per hour for time reasonably spent responding to the Data Security Incident; (ii) up to \$5,000 in reimbursement for documented extraordinary out-of-pocket losses; and (iii) credit and identity theft monitoring services for three years. If, after paying all other expenses and benefits, there remains any funds in the Settlement Fund, those funds will be distributed on a *pro rata* basis (up to an additional \$500) to all those who timely filled out and submitted this claim form, if the settlement is approved, and if they are found to be eligible for a payment or other benefit.

**I wish to make a claim for three (3) years of free identity theft protection and credit monitoring services including: identity theft insurance (with a \$1,000,000 policy limit); real-time credit monitoring services; and access to fraud resolution agents.**

**I wish to make a claim for ordinary expenses and/or lost time incurred as a result of the Data Security Incident. This category is capped at \$500 to include lost time amounts. I understand I must provide a description of the charges or time sought to be reimbursed.**

*You must provide supporting documentation. Examples - bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (if charged based on the amount of data used), postage, or gasoline/electricity for travel; fees for credit reports, credit monitoring, or other identity theft insurance, purchased between July 23, 2023 and March 3, 2025.*

**Total amount for this category:**                      \$

Expense Types	Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching, and why it is related to the Data Incident)
	\$ _____ Date: _____	_____
	\$ _____ Date: _____	_____

*If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.*

You may mark out any transactions that are not relevant to your claim before sending the documentation.

**I wish to make a claim for reimbursement for time spent dealing with the Data Security Incident**

**Examples** – You spent time contacting your bank and/or implementing credit monitoring, and/or checking your statements as a result of the Data Security Incident. Reimbursement for time spent dealing with the Data Security Incident is paid at \$30/hour, for up to 3 hours. You may round up your time to the nearest whole hour.

1 Hour

2 Hours

3 Hours

Explanation of Time Spent (Identify what you did by activity and why)	Approx. Date(s) (if known)	Time Spent on Activity
<hr/> <hr/> <hr/>		

**I wish to make a claim for extraordinary expenses incurred as a result of the Data Security Incident. This category is capped at \$5,000. I understand I must provide documentation demonstrating these expenses in order to be reimbursed.**

*You must provide supporting documentation.* **Examples** - bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (if charged based on the amount of data used), postage, or gasoline/electricity for travel; fees for credit reports, credit monitoring, or other identity theft insurance, purchased between July 23, 2023 and March 3, 2025.

**Total amount for this category:** \$

Expense Types	Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching, and why it is related to the Data Incident)
	\$ Date:	<hr/> <hr/> <hr/>
	\$ Date:	<hr/> <hr/> <hr/>

*If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.*

You may mark out any transactions that are not relevant to your claim before sending the documentation.

**3. SIGN AND DATE YOUR CLAIM FORM.**

I declare under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my knowledge and recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Claims Administrator to provide supplemental information before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**4. REMINDER CHECKLIST**

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please email the settlement administration at [PierceSettlement@cptgroup.com](mailto:PierceSettlement@cptgroup.com). Make sure to include your CPT ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please email the settlement administration at [PierceSettlement@cptgroup.com](mailto:PierceSettlement@cptgroup.com).
4. For more information, please visit the settlement administration website at [www.PierceSettlement.com](http://www.PierceSettlement.com) or call the Settlement Administrator at 1-888-663-3716. Please do not call the Court or the Clerk of the Court.