Must be postmarked or submitted online no later than October 31, 2023

Kronos Private Cloud Settlement c/o Kroll Settlement Administration P.O. Box 2253391 New York, NY 10150-5391

www.KronosPrivateCloudSettlement.com

Deficiency Cure Form

Directions: If you received a deficiency notice related to your claim, you must complete Section A, B, C, and/or D below, based on the direction provided on your deficiency notice. You must also complete required sections "Claimant Information" and "Signature".

CLAIMANT INFORMATION (REQUIRED)

Name						
(required)	First	M	Last		_	
Current Mailing Address (required)	Address 1					
	Address 2 (optional)					
	City			State		
SECTI	ON A: CASH PAY	YMENT FOR	EXFILTR	ATION SUBCLA	ASS MEMBERS	
	ployer During 121 KPC Cyberattack	:				
that was prin		otice you were so	ent. Note: T		Unique Class Member ID from the Unique Class	
Uniqu	e Class Member ID:				- .	
responding to third party, ir hours of lost p delayed payn measures (for purchasing or fraud, identit	o issues resulting from the actuding time spent responsers on a \$25/hournents(s); (ii) dealing with example, time spent revealt monitoring or identification.	ne December 2021 onding to interruption, which may include in interruption of ac- iewing your accountity protection); or (it misuse of your	KPC Cyberation of applicate, but is not licess to informats, placing or ity) if you are personal informations.	tack that has not been ions hosted in the KPC imited to, time spent: (ination stored in the KPC removing security free a member of the Exfil-	e. If you spent personal time previously reimbursed by a C, you may claim up to four dealing with impacts from PC; (iii) taking preventative exes on your credit report, or tration Subclass, remedying the December 2021 KPC	
Number of	Hours Claimed (roun	d to the nearest	nour, up to 4	4 hours allowed):		
	test and affirm that I have resulting from the Deco	•		-	imed above responding to busly reimbursed.	
		l i				

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SECTION B: CASH PAYMENT FOR CALIFORNIA SUBCLASS MEMBERS

California Subclass Members Only: Provide the address of your California residence at the time of the December 2021 KPC Cyberattack, if any.

☐ I believe I am entitled to the additional \$30 cash benefit as a California Subclass Member and certify that I resided in California in December of 2021, at the following address:

Address

Address 2

SECTION C: PAYMENT FOR UNREIMBURSED OUT-OF-POCKET EXPENSES (ORDINARY LOSSES)

State

Zip

If you received a deficiency notice concerning insufficient supporting documentation for unreimbursed out-of-pocket personal expenses, you must attach documents to this deficiency cure form that show what happened and how much you lost or spent.

Unreimbursed out-of-pocket expenses more likely than not caused by and fairly traceable to the December 2021 KPC Cyberattack and subsequent interruption of applications hosted in the KPC that are eligible for reimbursement include, but are not limited to, the following:

- 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);
- Bank fees (documented);

City

- Credit monitoring (documented); and
- Late fees (documented).

SECTION D: PAYMENT FOR UNREIMBURSED EXTRAORDINARY LOSSES

If you received a deficiency notice concerning insufficient supporting documentation for unreimbursed Extraordinary Losses available to the Exfiltration Subclass, you must attach documents to this deficiency cure form that show what happened and how much you lost or spent.

Monetary losses for Extraordinary Losses resulting from the December 2021 KPC Cyberattack that are eligible for reimbursement may include, without limitation, the following:

- Unreimbursed costs, expenses, losses or charges you paid on or after December 2021, because of identity theft or identity fraud, falsified tax returns, or other alleged misuse of your personal information;
- Professional fees incurred in connection with addressing identity theft, fraud, or falsified tax returns.







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SIGNATURE

I affirm under the laws of the United States that the information I have supplied on this form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

By signing below, I understand that my cast and amount of claims filed.	h benefit may decrease or increase depending on the number
Signature	/
Printed Name	





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