

Lifeworks Claims Administrator
P.O. Box 301172
Los Angeles, CA 90030-1172



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

LFF

*TANYA FABREGAS. V. LIFEWORKS
WELLNESS CENTER, LLC*

COUNTY SUPERIOR COURT

Case No. 23-CA-014579

**Must Be Postmarked
No Later Than
September 7, 2024**

CLAIM FORM FOR LIFEWORKS WELLNESS CENTER DATA SECURITY SETTLEMENT
USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR
COMPENSATION FOR UNREIMBURSED LOSSES.

GENERAL INSTRUCTIONS

If you were notified by Lifeworks Wellness Center, LLC (“Lifeworks”) that your personal information was potentially compromised in a data security incident (the “Incident”), you are a member of the Settlement Class and eligible to complete this Claim Form to request one year of identity protection and credit monitoring service free of charge and **any of the following**: compensation for documented unreimbursed out-of-pocket expenses up to a total of \$75 (“Ordinary Losses”), monetary losses up to a total of \$3,500 (“Extraordinary Losses”), and up to 3 hours of lost time at \$22.50 per hour.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Incident, including 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), postage, or gasoline for local travel; and
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 30, 2023 through May 10, 2024.

Extraordinary Losses include compensation for proven monetary loss, and fees for credit repair services incurred as a result of the Incident.

Lost Time spent dealing with the Incident will be compensated at a rate of \$22.50 per hour for up to three hours. Compensation for the above losses (except lost time) will be paid only if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the Incident;
- The loss occurred between May 20, 2023 and September 7, 2024;
- You made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance; and
- Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

All cash payments are subject to potential proration, depending on the number and amount of claims received.

Please read the Claim Form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically *via* the Settlement Website at www.LifeworksDataSettlement.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:

Lifeworks Claims Administrator
P.O. Box 301172
Los Angeles, CA 90030-1172

FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-----------------------------	-----------------------------	--	---

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name	M.I.	Last Name	
Primary Address			
Primary Address Continued			
City	State	ZIP Code	
Email Address			
Area Code	Telephone Number (Home)	Area Code	Telephone Number (Work)

II. IDENTITY THEFT PROTECTION

Fill in this circle if you wish to receive one (1) year of free identity protection and credit monitoring service.

III. COMPENSATION FOR ORDINARY LOSSES

Members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following documented out-of-pocket expenses, not to exceed \$75, as a result of the Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="checkbox"/> Out-of-pocket expenses incurred as a result of the Incident, including bank fees, long-distance phone charges, cell phone charges (if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Examples of Supporting Documentation: Phone bills, gas receipts, postage receipts; list of locations to which you traveled (e.g., police station, IRS office), why you traveled there (e.g., police report or letter from IRS) and number of miles traveled.

<input type="checkbox"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 30, 2023 through May 10, 2024.	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
---	--	-------------------------

Examples of Supporting Documentation: Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.

IV. COMPENSATION FOR EXTRAORDINARY LOSSES

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Other monetary losses relating to fraud or identity theft, and fees for credit repair services, incurred as a result of the Incident.	<input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Month Day Year	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="."/> <input type="text" value=""/> <input type="text" value=""/>

Examples of Supporting Documentation: *Invoices or statements reflecting payments made for professional fees/services.*

V. COMPENSATION FOR LOST TIME

All members of the Settlement Class who have spent time dealing with the Incident may claim up to three (3) hours for lost time at a rate of \$22.50 per hour.

Hours claimed (up to 3):

1 Hour (\$22.50) 2 Hours (\$45) 3 Hours (\$67.50)

Attestation (You must include a statement explaining how you lost time related to this data breach to obtain compensation for lost time.)

VI. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address: _____

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

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

VII. ATTESTATION & SIGNATURE

I affirm 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: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Questions? Go to www.LifeworksDataSettlement.com or call 1-877-326-8967.

THIS PAGE INTENTIONALLY LEFT BLANK