

Schumacher, et al. v. Bank of Hope

Case No. 18STCV02066
(Los Angeles County Superior Court)

CLAIM FORM

ATTENTION: This claim form is to be used to apply for benefits from the settlement of claims with Bank of Hope related to the data incident occurring in June and July 2018 in which certain customer data may have been exposed (the “Data Incident”). To recover as part of the settlement, you *must* provide the information requested in this claim form. Any documentation you provide must be submitted WITH this claim form.

This claim form should be used to make claims for reimbursement of (1) credit monitoring services purchased during the period July 30, 2018 to July 30, 2019 specifically as a result of the Data Incident; AND/OR (2) costs and expenses stemming from identity theft that you experienced as a result of the Data Incident. You can recover up to a maximum of \$500. However, you must submit with this claim form documentation showing that you experienced the costs and expenses you seek to recover and the amount of the same such as receipts, customer service correspondence, bank or credit card statements, or other documentation to support your claim.

For further information about the Data Incident, the litigation, and the settlement, please see the notice you have received. **To sign up for credit monitoring/insurance through Experian, please see the instructions provided in the notice you have received.**

All claim forms and supporting documentation should be mailed to *Schumacher, et al. v. Bank of Hope, c/o JND Legal Administration, PO Box 91100, Seattle, WA 98111*, and must be postmarked by **February 7, 2023**.

General Information

First Name: _____ Last Name: _____

Mailing Address:

City: _____

State: _____

Zip Code: _____

If you prefer to be contacted by email, please provide your email address:

| |
|--|
| |
|--|

Questions? Visit www.BHsettlementadministration.com or call 1-855-533-0046.
To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>

**THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY
FEBRUARY 7, 2023 IN ORDER TO BE TIMELY AND VALID.**

If you have previously enrolled in credit monitoring coverage or insurance that applies to a claim arising from or relating to the Data Incident you must first submit a claim to your insurance provider and have the claim denied or exhausted, or otherwise not approved. You will need to affirm that you submitted your claim.

CLAIM FOR REIMBURSEMENT

To obtain reimbursement, you must affirm to one or both of the following:

I affirm that I purchased credit monitoring services during the period of July 30, 2018 to July 30, 2019 and that I did so specifically because I learned of the Data Incident, and that I would not otherwise have purchased these services, but for the Data Incident. I further affirm that I am submitting with this claim form documentation showing the purchase of these services and the amount paid.

AND/OR

I affirm that I have documentation showing I experienced identity fraud resulting from the Data Incident, that this documentation shows the amount or amounts of loss I experienced as a result of this identity fraud, and I am submitting this documentation with this claim form.

To obtain reimbursement, you also must affirm to one of the following:

I am enrolled in credit monitoring coverage or insurance. I affirm that I submitted a claim to my insurer for the identity fraud I contend I suffered as a result of the Data Incident, and that my insurer either denied or only partially paid my claim, or otherwise did not approve it. I have submitted documentation with this claim form showing that my insurer denied or only partially paid my claim, or otherwise did not approve it.

OR

I am not enrolled in credit monitoring coverage or insurance and was not enrolled in credit monitoring coverage or insurance at the time of the identity fraud I contend was a result of the Data Incident.

Failure to affirm or provide appropriate documentation may result in the denial of your claim.

Questions? Visit www.BHsettlementadministration.com or call 1-855-533-0046.
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

**THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY
FEBRUARY 7, 2023 IN ORDER TO BE TIMELY AND VALID.**

Certification

I understand that my claim contained in this claim form, based on the information provided above and the documentation submitted with this claim form, will be subject to verification.

By submitting this claim form, I hereby also declare under penalty of perjury under the law of the United States of America and the State of California that the information provided in this claim form, and in any documentation I prepared and submitted with this claim form, is true and correct. I further certify that any documentation that I submitted in support of my claim consists of unaltered documents in my possession.

Yes, I understand that I am submitting this claim form and the affirmations it makes under the penalty of perjury. I further understand that my failure to check this box may render my claim null and void.

Claimant Signature: _____ Date: ____/____/____

Printed Name: _____

Questions? Visit www.BHsettlementadministration.com or call 1-855-533-0046.
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

**THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY
FEBRUARY 7, 2023 IN ORDER TO BE TIMELY AND VALID.**