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Bitmouni v. Paysafe LLC
c/o Kroll Settlement Administration
P.O. Box 5324
New York, NY 10150-5324
www.PaysafeSettlement.com

DEFICIENCY CURE FORM

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

USE THIS FORM TO MAKE A CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES AND/OR ATTESTED TIME.

SECTION A: CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Deficiency Cure Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator by calling (833) 910-3608 or in writing at the address above.

First Name

M.I.

Last Name

Alternative Name(s)

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City

State

Zip Code

(_____) _____ - _____
Telephone Numbers (Home)

Questions? Go to www.PaySafeSettlement.com or call 1-833-910-3608.



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(_____) _____ - _____
Telephone Numbers (Cell)

_____ @ _____
Email Address

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Unique ID Number Provided on mailed Notice (if known)

SECTION B: REIMBURSEMENT FOR ATTESTED TIME

Please check this box if you are electing to seek reimbursement for Attested Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident. Class Members who elect to submit a Claim for reimbursement of Attested Time may claim up to ten (10) hours of lost time at a rate of \$25 per hour, for a maximum of \$250.

Please indicate below how much time (round to the nearest hour) that you spent to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident and provide a brief description of the actions taken:

_____ Hour(s)

Examples: Write “1” if you spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Deficiency Cure Form is not reimbursable and should not be included in the total number of hours claimed.

Description of Actions Taken:

Questions? Go to www.PaySafeSettlement.com or call 1-833-910-3608.



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SECTION C: REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

Please check this box if you are electing to seek reimbursement for Out-of-Pocket Losses you incurred that are more likely than not traceable to the Data Security Incident and are not otherwise reimbursable from insurance. Out-of-Pocket Losses include unreimbursed losses and consequential expenses that are more likely than not related to the Data Security Incident and were incurred on or after May 1, 2018.

In order to make a Claim for **Reimbursement of Out-of-Pocket Losses**, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Deficiency Cure Form; (ii) sign the attestation at the end of this Deficiency Cure Form (section VIII); and (iii) submit third party documentation supporting each claimed cost along with this Deficiency Cure Form. **Out-of-Pocket Losses** need to be deemed more likely than not due to the Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Security Incident. **Failure to meet the requirements of this section may result in your Claim being rejected by the Settlement Administrator.**

Unreimbursed fraud losses or charges

- *Account statement with unauthorized charges highlighted;*
- *Correspondence from financial institution declining to reimburse you for fraudulent charges*

Professional fees incurred in connection with identity theft or falsified tax returns

- *Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return*

Credit freeze

- *Notices or account statements reflecting payment for a credit freeze*

Credit Monitoring ordered after receipt of the Data Breach Notice

- *Receipts or account statements reflecting purchases made for credit monitoring and insurance services*

Miscellaneous expenses, such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.

- *Phone bills*
- *Gas receipts*
- *Postage receipts*
- *Detailed list of locations to which you traveled (i.e. police station, IRS office), why you traveled there (i.e. police report or letter from IRS re: falsified tax return), and number of miles you traveled to remediate or address issues related to the data breach*

Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with a fraudulent tax return filing

- *Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of refund.*

Other (provide detailed description)

- *Please provide detailed description below or in a separate document submitted with this Deficiency Cure Form*

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Unreimbursed fraud losses or charges	____/____/____ (mm/dd/yy)	\$_____.	

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Professional fees incurred in connection with identity theft or falsified tax returns	____/____/____ (mm/dd/yy)	\$_____.	
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	____/____/____ (mm/dd/yy)	\$_____.	
Credit freeze	____/____/____ (mm/dd/yy)	\$_____.	
Credit monitoring that was ordered on or after May 1, 2018	____/____/____ (mm/dd/yy)	\$_____.	
Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	____/____/____ (mm/dd/yy)	\$_____.	
Other (provide detailed description)	____/____/____ (mm/dd/yy)	\$_____.	

If you do not submit third party documentation supporting a Reimbursement for Out-of-Pocket Losses, or your Claim for Reimbursement for Out-of-Pocket Losses is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will not be eligible to receive reimbursement for such losses.

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SECTION D: CERTIFICATION

By submitting this Deficiency Cure Form, I certify that I am eligible to make a Claim in this settlement and that the information provided in this Deficiency Cure Form and any attachments is true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this Claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of Claim and the determinations of the Settlement Administrator.

Signature Date: ____/____/____

Print Name

SECTION E: ATTESTATION
(REQUIRED FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES AND
ATTESTED TIME CLAIMS)

I, _____, declare that I suffered the Attested Time and/or incurred Out-of-Pocket Losses claimed.

I also attest that the Attested Time and/or incurred Out-of-Pocket Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct. Executed on ____/____/____, in _____, _____.
[Date] [City] [State]

[Signature]

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