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The DEADLINE
to submit or mail this
Claim Form is:
October 20, 2024

In re: Vivendi Ticketing US LLC, d/b/a See Tickets Data
Security Incident, No. 2:23-cv-07498 (C.D. Cal.)

For Office Use Only

CLAIM FORM

Important: Your Claim Form must be submitted online by **October 20, 2024**, in order to be timely and valid. You may submit a Claim Form by completing the form below.

Your failure to submit a timely Claim Form will result in you forfeiting any payment and benefits for which you may be eligible under the settlement.

To begin your Claim Form, please enter your Claimant ID below. Your Claimant ID is located at the top of the Class Notice that was emailed to you. If you did not receive a Notice but believe you are a Class Member, or have misplaced your Class Notice, you may call (833) 522-2574 to get information regarding your claim.

Claimant ID: 8 3 0 7 1 _____

(required, must be a valid number)

OR

(required if claimant ID unavailable)

Email address: _____@_____ AND

Name: _____
First Name Last Name

Claim Form:

This claim form should be filled out online if you are an individual who received notice of a Data Security Incident that Vivendi Ticketing US, LLC, doing business as See Tickets (“See Tickets”) disclosed in September of 2023, pertaining to the cyber-attack against See Tickets. You may get money if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The Class Notice that you received is also available at:
www.SeeTicketsUSDataIncidentSettlement.com, describes your legal rights and options.

If you wish to submit a Claim Form for a settlement payment, you need to provide the information requested below.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST ELECTRONICALLY SIGN THIS CLAIM FORM.



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First Name *(required)*

MI

Last Name *(required)*

Mailing Address *(required)*

City *(required)*

State *(required)*

Zip Code *(required)*

Country *(required, default to United States)*

(_____) _____ - _____
Telephone Number *(required, must be minimum of 10 digits)*

Email Address *(required, must be valid email address format)*

1. ALTERNATIVE CASH PAYMENT OR CREDIT MONITORING

All Settlement Class members may choose one of the following:

- Send me my activation code for three-year, three- bureau credit monitoring through IDX so I can enroll in the credit monitoring services; OR
- Send me a check to the above mailing address for my *pro rata* cash payment of up to \$100 from the funds remaining in the Net Settlement Amount after payment of the credit monitoring and the following categories of awards.

2. REIMBURSEMENT ELIGIBILITY INFORMATION.

Check the box for each category of expenses 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 provide as much information as you can to help us determine if you are entitled to a settlement payment.



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Compensation for Ordinary Losses as a result of the Data Security Incident. This category is capped at \$2,000.

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 for travel.

Total amount for this category: \$_____

Compensation for Extraordinary Documented Losses as a result of the Data Security Incident. This category is capped at \$5,000.

You must provide supporting documentation. Examples – fees for credit reports, credit monitoring, or other identity theft insurance, purchased after February 28, 2023, and before **October 20, 2024**. Reimbursements in this category must be more likely than not caused by the Data Security Incident and not already covered and mitigated by the claimant through any existing bank reimbursements, credit monitoring insurance, or identity theft insurance.

Total amount for this category: \$_____

3. California Statutory Claim Benefits.

In addition to the following awards, each member of the California Settlement Sub-Class who timely submits a valid Claim Form will be eligible for a California Statutory Award of up to \$100.

Signature (required)

____ / ____ / ____
Date (MM/DD/YYYY)



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