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**Must be
postmarked or
submitted online
NO LATER THAN
JANUARY 23, 2023**

T-MOBILE DATA BREACH SETTLEMENT
c/o KROLL SETTLEMENT ADMINISTRATION
P.O. Box 225391
New York, NY 10150-5391
www.t-mobilesettlement.com

T-Mobile Data Breach Claim Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you are a U.S. consumer whose personal information was compromised by the T-Mobile data breach announced on August 16, 2021 (the “Data Breach”), you may submit a claim.

The easiest way to submit a claim and request electronic payment is online at www.t-mobilesettlement.com, or you can complete and mail this claim form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Benefits. Use the claim form to request money for an Alternative Cash Payment or Reimbursement for Money You Spent (Out-of-Pocket Losses) and/or Reimbursement for Lost Time:

1. **Alternative Cash Payment:** As an alternative to making a claim for reimbursement for out-of-pocket losses and lost time, you may submit a claim for an Alternative Cash Payment of \$25, or \$100 if you resided in California on August 1, 2021.

OR you may select one or more of the following if you did not select the Alternative Cash Payment:

2. **Reimbursement for Money You Spent (Out-of-Pocket Losses).** If you spent unreimbursed money trying to avoid or recover from fraud or identity theft that you believe is fairly traceable to the Data Breach (out-of-pocket losses), you can be reimbursed up to \$25,000 (including any claim for lost time). You must submit documents supporting your claim.
3. **Reimbursement for Lost Time.** If you spent time trying to avoid or recover from fraud or identity theft that you believe is fairly traceable to the Data Breach, you can get the greater of \$25 per hour or, if you took time off work, your documented hourly wage for up to 5 total hours, or up to 15 total hours if you provide supporting documents demonstrating a valid claim for out-of-pocket losses.

Identity Defense Services and Restoration Services: In addition to the cash benefits described above, you are entitled to make a claim for two years of Identity Defense Services which includes credit monitoring. No claim is required for Restoration Services, which can assist with fraud resolution. U.S. residents whose information was compromised in the Data Breach will be able to access Restoration Services for a period of at least 2 years once the Settlement is final. More information is available at www.T-Mobilesettlement.com.

If you are eligible for a cash benefit, and you would like to receive your payment electronically (PayPal, Zelle, Venmo, ACH), please go to www.t-mobilesettlement.com to file a claim.

**Claims must be submitted online or mailed (and postmarked) by January 23, 2023.
Use the address at the top of this form for mailed claims.**

Please note: the Settlement Administrator may contact you to request additional documents needed to process your claim.

Your cash benefit may decrease or increase depending on the number and amount of claims submitted.

For more information and complete instructions visit www.t-mobilesettlement.com.

Please note that Settlement benefits will be distributed only after the Settlement is approved by the Court and final and any pending objections or appeals are resolved.

Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@t-mobilesettlement.com.

1. NAME (REQUIRED)	_____		
	First	Mi	Last
2. ALTERNATIVE NAME(S) (IF ANY, OR NAME ON T-MOBILE ACCOUNT IF DIFFERENT):	_____		
	First	Mi	Last
3. MAILING ADDRESS (REQUIRED):	Street Address		
	Apt. No.		
	City	State	Zip
4. CURRENT PHONE NUMBER:	(_____) _____ - _____		

5. T-MOBILE PHONE NUMBER (IF DIFFERENT AND KNOWN)	(_____) _____ - _____
6. EMAIL ADDRESS:	_____@_____
7. YEAR OF BIRTH (REQUIRED)	_____ (YYYY)

Alternative Cash Payments

All Settlement Class Members Except California: As an alternative to making a claim for Out-of-Pocket Losses and Lost Time, you can submit a claim for an Alternative Cash Payment of \$25 if you **did not** reside in California on August 1, 2021.

I want the \$25 Alternative Cash Payment in lieu of reimbursement for Out-Of-Pocket Losses and Lost Time.

Settlement Class Members in California Only: As an alternative to making a claim for Out-of-Pocket Losses and Lost Time, you can submit a claim for an Alternative Cash Payment of \$100 if you **resided in California on August 1, 2021**.

I want the \$100 Alternative Cash Payment in lieu of reimbursement for Out-Of-Pocket Losses and Lost Time and certify that I resided in California on August 1, 2021, at the following address:

_____ Address

_____ Address2

_____ City _____ State _____ Zip

Your cash benefit may decrease or increase depending on the number and amount of claims submitted.

Cash Payment: Money You Lost or Spent (Out-of-Pocket Losses)

If you lost or spent money trying to prevent or recover from fraud or identity theft that you believe is fairly traceable to the Data Breach and have not been reimbursed for that money (Out-of-Pocket Losses), you can receive reimbursement for up to \$25,000 total, including your claim for Lost Time, if any.

It is important for you to send documents that show what happened and how much you lost or spent, so that you can be reimbursed.

To look up more details about how cash payments work, visit www.t-mobilesettlement.com or call toll-free 1-833-512-2314. You will find more information about the types of costs and losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

You may only submit a claim for Out-of-Pocket Losses if you did not select an Alternative Cash Payment

Loss Type and Examples of Documents	Date (if known)	Amount (if known)	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Breach)
<p>Documents showing you lost money due to identity theft, fraud, or misuse of your personal information on or after 8/1/2021</p> <p><i>Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges</i></p>	<p>___ / ___ / _____</p>	<p>\$ _____ . ____</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Documents showing you purchased credit monitoring or other identity theft protection services between 8/1/2021 and the date of your claim submission</p> <p><i>Examples: Receipts or statements for credit monitoring services</i></p>	<p>___ / ___ / _____</p>	<p>\$ _____ . ____</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Documents showing you paid professionals to help address potential harm related to the Data Breach on or after 8/1/2021</p> <p><i>Examples: Receipts, bills, and invoices from accountants, lawyers, or others</i></p>	<p>___ / ___ / _____</p>	<p>\$ _____ . ____</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Documents showing you incurred other costs such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the Data Breach incurred on or after 8/1/2021</p> <p><i>Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i></p>	<p>___ / ___ / _____</p>	<p>\$ _____ . ____</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<h2 style="text-align: center;">Cash Payment: Lost Time</h2>	
	<p>If you spent time trying to recover from fraud or identity theft that you believe is fairly traceable to the Data Breach, or if you spent time trying to avoid fraud or identity theft because of the Data Breach (for example, reviewing your accounts, researching the breach, placing or removing credit freezes on your credit files, or purchasing credit monitoring services), complete the chart below. You can be compensated at the greater of \$25 per hour or, if you took time off work, your documented hourly wage.</p> <p>If your claim for Lost Time is related to a valid, documented claim for Out-of-Pocket Losses, you may claim up to 15 hours. You must describe the actions you took in response to the Data Breach and the time each action took.</p> <p>If your claim for Lost Time is not related to a valid, documented claim for Out-of-Pocket Losses, but was time you spent trying to recover from fraud or identity theft that you believe is fairly traceable to the Data Breach, or time you spent to avoid fraud or identity theft because of the Data Breach, you may claim up to 5 hours. You must describe the actions you took in response to the Data Breach.</p> <p><i>By filling out the boxes below, you are certifying that the time you spent doesn't relate to other data breaches.</i></p> <p><u>You may only submit a claim for Lost Time if you did not select an Alternative Cash Payment</u></p>

Reimbursement Rate for Lost Time

Your Reimbursement Rate for approved Lost Time will be \$25/hour unless you took time off work, and you provide documentation showing that your wage rate is higher than \$25/hour. Documents showing a wage rate higher than \$25/hour could include a recent paystub or other printed payroll documentation.

Please select either Option 1 or Option 2 below, but not both.

Option 1, Standard \$25/hour Reimbursement Rate:

If you select this option, you do not need to provide documentation of your wage rate.

Option 2, Reimbursement Rate higher than \$25/hour: I certify that my hourly wage rate is \$____/hour and that I took time off work to respond to the Data Breach. In support of this certification, I provide the following documentation:

Approx. Date(s) (if known)	Number of Hours and Minutes	Supporting Documentation? (Y/N) (circle)	Explanation of Lost Time (Identify what you did and why)
____ / ____ / ____	____ Hours ____ Minutes	Yes No	<hr/> <hr/> <hr/> <hr/> <hr/>
____ / ____ / ____	____ Hours ____ Minutes	Yes No	<hr/> <hr/> <hr/> <hr/> <hr/>
____ / ____ / ____	____ Hours ____ Minutes	Yes No	<hr/> <hr/> <hr/> <hr/> <hr/>

How You Would Like to Receive Your Cash Payment

- Check this box if you made a claim for a cash payment on this claim form and, after the Settlement is approved, you agree to receive an email at the email address you have provided, prompting you to select an electronic payment method (PayPal, Zelle, Venmo, ACH). If you do not check this box, you will receive your cash payment via check.

Identity Defense Services and Restoration

All Settlement Class Members are eligible to enroll in two years of free Identity Defense Services which includes the following benefits:

- Credit monitoring from TransUnion
- Monthly Credit Score from TransUnion
- Real Time Inquiry / Authentication Alerts
- High Risk Transaction Monitoring
- Dark Web Monitoring
- USPS Address Change Monitoring and Alerts
- Lost Wallet Protection
- Security Freeze Capability
- Customer Support & Victim Assistance
- \$1,000,000 in identity theft insurance

To enroll in this service, please check this box:

- Yes, please send me instructions to enroll in Identity Defense Services.

You will receive an email with activation instructions sent to the email address provided above after the Settlement becomes final. If you would like to receive the instructions at an alternative email address, please provide it here:

_____ @ _____

In addition, all Settlement Class Members, regardless of whether they enroll for the monitoring service, will be entitled to access identity restoration services if they have an identity theft event within two years and need help resolving it. Instructions with how to access these services are available at www.t-mobilesettlement.com.

Signature

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

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

By signing below, I understand that my cash benefit may decrease or increase depending on the number and amount of claims filed.

Signature:

Dated:

____ / ____ / _____

Print Name: