

Your claim must
be submitted
online or
postmarked by:
**September 5,
2026**

CLAIM FORM FOR TEAMSTERS DATA INCIDENT SETTLEMENT

In re Teamsters Local Union Nos. 117 and 174 Data Breach Litigation
Case No. 25-2-21664-1 KNT
Superior Court for the State of Washington, King County

**Teamsters
Data Incident
Settlement**

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES**

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, you were identified as an individual who has Private Information impacted as a result of the Data Breach discovered by Teamsters Local Union No. 117 and Local Union No. 174 (collectively "Teamsters" or "Defendants") on June 16, 2025, including all who were sent a notice of the Data Breach.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website **TLU117and174DataSettlement.com**, for more information on submitting a Claim and for information on the aggregate cap on Monetary Relief.

To receive any benefits, you must submit the Claim Form below by September 5, 2026.

Cash Payment A - Ordinary Documented Losses: All Settlement Class Members who submit a valid claim form are eligible for up to **\$500.00** per Settlement Class Member upon presentment of ordinary documented losses for fraud and identity theft related to the Data Breach. Ordinary documented losses may include, without limitation, the following: (a) unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of a Settlement Class Member's Private Information; (b) unreimbursed costs incurred on or after June 16, 2025, associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; (c) other unreimbursed miscellaneous expenses incurred related to any ordinary documented loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (d) other mitigative costs fairly traceable to the Data Breach that were incurred on or after June 16, 2025 through date of the Settlement Class Member's claim submission. To receive monetary relief for Ordinary losses, Settlement Class Members must submit a Valid Claim, including supporting documentation, to the Settlement Administrator.

Cash Payment B - Extraordinary Documented Losses: In addition to Cash Payment A, all Settlement Class Members are eligible for up to **\$5,000.00** upon presentment of extraordinary documented losses related to the Data Incident if: (1) the loss is an actual, documented and unreimbursed monetary loss arising out or relating to the Data Breach; (2) the loss is fairly traceable to the Data Breach; (3) the loss occurred between June 16, 2025 and September 5, 2026; (4) the loss is not already covered by one or more of the reimbursement categories listed above; and (5) the Settlement Class Member 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. To receive monetary relief for Extraordinary losses, Settlement Class Members must submit a Valid Claim, including supporting documentation, to the Settlement Administrator.

Cash Payment C - Alternative Cash Payment: As an alternative to Cash Payment A and Cash Payment B, a Settlement Class Member may elect to receive Cash Payment C, which is an alternative cash payment in the amount of **\$55.00**. Settlement Class Members who submit a claim for Cash Payment C cannot receive Cash Payment A or Cash Payment B. To receive monetary relief in the form of an Alternative Cash Payment, Settlement Class Members must submit a Valid Claim form, but no documentation is required.

Credit Monitoring and Identity Theft Protection: In addition to, and regardless of whether submitting a claim for any form of Monetary Relief, Settlement Class Members may enroll in a three (3) year membership of one-bureau credit monitoring.

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

This Claim Form may be submitted electronically via the Settlement Website at **TLU117and174DataSettlement.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:

Teamsters Data Incident Settlement
c/o Analytics Consulting LLC
PO Box 2005
Chanhassen, MN 55317-2005

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.

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First Name

Last Name

--

Street Address

--	--	--

City

State

Zip Code

--	--

Email Address

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Claim Number and PIN provided on your Postcard Notice:

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Claim Number

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PIN

III. CREDIT MONITORING AND IDENTITY THEFT PROTECTION

☐ Check this box if you wish to enroll in a three (3) year membership of one-bureau credit monitoring.

You do not need to claim for Monetary Relief to be eligible for Credit Monitoring.

IV. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSS EXPENSE REIMBURSEMENT

Cash Payment A - All Settlement Members on a timely basis submit a valid claim using the Claim Form are eligible for the following documented Cash Payment A - All Settlement Class Members who submit a valid claim form are eligible for up to \$500.00 per Settlement Class Member upon presentment of ordinary documented losses for fraud and identity theft related to the Data Breach. Documentation must be unreimbursed third-party documented out-of-pocket expenses that were incurred as a result of the Data Incident between June 16, 2025 and September 5, 2026. Examples of eligible ordinary losses are detailed in the Settlement Notice (Long Form Notice) posted on the Settlement Website TLU117and174DataSettlement.com.

☐ Check this box if you are claiming **ORDINARY** loss expenses in the amount of \$_____.

Cash Payment B - In addition to Cash Payment A, all Settlement Class Members are eligible for up to \$5,000.00 upon presentment of extraordinary documented losses related to the Data Incident if: (1) the loss is an actual, documented and unreimbursed monetary loss arising out or relating to the Data Breach; (2) the loss is fairly traceable to the Data Breach; (3) the loss occurred between June 16, 2025 and September 5, 2026; (4) the loss is not already covered by one or more of the reimbursement categories listed above; and (5) the Settlement Class Member 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. To receive monetary relief for extraordinary losses, Settlement Class Members must submit a Valid Claim, including supporting documentation.

☐ Check this box if you are claiming **EXTRAORDINARY** loss expenses in the amount of \$_____.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	06-17-22 M M D D Y Y	\$ 500.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	02-28-23 M M D D Y Y	\$ 300.00	Copy of the professional services bill
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	- - M M D D Y Y	\$.	
	- - M M D D Y Y	\$.	
	- - M M D D Y Y	\$.	
	- - M M D D Y Y	\$.	
	- - M M D D Y Y	\$.	

V. ALTERNATIVE CASH PAYMENT

☐ Check this box if you wish to receive the Alternative Cash Payment.

Cash Payment C - As an alternative to Cash Payment A and Cash Payment B, Settlement Class Members may elect to receive Cash Payment C, which is an alternative cash payment in the amount of **\$55.00**.

You are **not** entitled to this Alternative Cash Payment if you have made a claim under Section IV (Documented Ordinary and/or Extraordinary Loss Reimbursement).

VI. PAYMENT SELECTION

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at **TLU117and174DataSettlement.com**.

VII. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim can be deemed complete and valid.

Signature

Printed Name

Date Signed