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In re University of Hawai'i Data Breach Litigation
Civil No. 1CCV-26-0000280
First Circuit Court for the State of Hawai'i

CLAIM FORM

Your claim must be submitted online or postmarked by November 2, 2026

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The Court has defined the Settlement Class as all living individuals within the United States who were notified that their Private Information was potentially compromised in the Data Incident.

Excluded from the Settlement Class are (1) the judge presiding over this Action and their immediate family members, for whom participation would result in a conflict of interest for the judge; (2) the Defendant, its affiliates, subsidiaries, successors, and predecessors, any entity in which Defendant has a controlling interest, and any of its current officers and members of the Board of Regents and their immediate family members, for whom participation would result in a conflict of interest for the officer or Regent; and (3) Settlement Class Members who submit a valid request for exclusion prior to the Opt-Out Deadline.

SETTLEMENT BENEFITS

All Settlement Class Members may claim Medical Data Monitoring and one of the Cash Payment options. The benefits are explained in more detail below.

CASH PAYMENT OPTIONS

1. **Cash Payment A – Extraordinary Documented Losses:** You may submit a Claim Form and provide reasonable documentation for up to $5,000.00 per Settlement Class Member. Supporting documentation is required.

   You will need to show
   - an actual, documented, and unreimbursed monetary loss;
   - that the theft or fraud was a direct result of the Data Incident; and
   - that you made reasonable efforts to prevent the loss or get your money back, such as by using insurance you already have.

You must send proof, such as receipts, to show how much you spent or lost. You may also send notes or papers you prepared yourself to explain or support the other proof, but those notes or papers alone are not enough to make a Valid Claim. Your proof should show that your expenses were a direct result of the Data Incident.

You may not claim payment for expenses that have already been reimbursed by a third party.

2. **Cash Payment B – Alternate Cash:** As an alternative to Cash Payment A, you may submit a Claim Form to receive a flat cash payment in the *estimated* amount of $50.00. Your alternate cash payment may be subject to a pro rata (a legal term meaning) increase or decrease, depending upon the number of Valid Claims submitted.

   You do not have to provide any proof to claim this alternate cash payment.

If you have questions about these benefits, you can ask for free help at any time by contacting the Settlement Administrator using the following contact information:

- Email: info@UHDataSettlement.com
- Phone (toll-free, 24/7): 1-877-417-7187
- Mail: University of Hawai'i Data Incident
  Settlement Administrator
  P.O. Box 3719
  Portland, OR 97208-3719

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIM IS ONLINE AT UHDATASETTLEMENT.COM.

You may also complete this Claim Form and submit it by U.S. Mail.

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I. Contact Information

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. UNIQUE ID*:

*** If you received a postcard or email notice about this Settlement, your Unique ID will be located on the notice you received. If you did not receive a postcard or email notice or have misplaced it, you may leave this field blank.**

II. Medical Data Monitoring

All Settlement Class Members are eligible to claim Medical Data Monitoring services.

☐ Check this box if you would like to enroll in one year of Medical Data Monitoring services.

If you select this option, you will receive instructions and an activation code at the email address provided in Section I. An enrollment link will be provided after the Court grants Final Approval. Enrollment in this service will not subject you to marketing for additional services or any required payments.

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III. Cash Payment A – Extraordinary Documented Losses

You may submit a Claim Form and provide reasonable documentation for losses related to fraud and/or identity theft that can be reasonably traced to the Data Incident for up to $5,000.00 per Settlement Class Member.

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

Examples of reasonable documentation include (but are not limited to): credit card statements, bank statements, invoices, telephone records, photographs, and receipts. Documented Losses cannot be documented solely by a personal certification, declaration, or affidavit from you; you must provide supporting documentation in addition to any such certification, declaration, or affidavit. "Self-prepared" documents such as handwritten receipts, by themselves, do not constitute reasonable documentation, but can be considered to add clarity or support to other submitted documentation.

If you do not submit reasonable documentation supporting a loss, or if your Claim Form is invalid as determined by the Settlement Administrator, and you do not cure your Claim Form, your Claim Form will be treated as if you elected to receive the Alternative Cash Payment.

To look up more details about how the cash payments work, visit **www.UHDataSettlement.com** or call toll-free **1-877-417-7187**. Please also review the Long Form Notice on the Settlement Website for more information.

By filling out the boxes below, you are certifying that the money you spent does not relate to other data incidents or breaches. You will not be reimbursed for expenses if they have been reimbursed for the same expenses by another source.

Expense Type and Examples of Documents	Amount and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or identity theft. *Examples: Receipts, notices, or account statements reflecting payment for a credit freeze*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____ _____
Other losses or costs resulting from identity theft or fraud (provide detailed description) related to the Data Incident. *Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____ _____
Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident. *Examples: Phone bills, receipts, detailed list of addresses you traveled to (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____ _____

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IV. Alternate Cash Payment

☐ Check this box if you want to claim a one-time estimated $50.00 alternate cash payment.

Do not check this box if you are making a claim under Section III.

V. Payment Election

Please fill out **ONLY ONE** of the payment options below.

#1 Digital Payment Account – Payment Option

☐ PayPal ☐ Venmo ☐ Zelle

*Provide the email **OR** phone number, **NOT** both, associated with your selected digital payment account.*

Email Address

OR Phone Number

			–				–				

#2 Digital Card by Email – Payment Option

☐ Mastercard

Email Address for Delivery

#3 Physical Check to be Sent by Mail – Payment Option

Sent by mail to the address on this Claim.

☐ Physical Check

If you select more than one payment option, you will be mailed a check.

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VI. Signature

By signing my name, I swear and affirm the information I provided in this Claim Form, including supporting documentation, 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 is considered complete and valid.

Signature

Date: MM – DD – YYYY

Printed Name