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CLAIM FORM FOR PAID USERS

In re: Yahoo! Inc. Customer Data Security Breach Litigation

PAID USERS SHOULD USE THIS FORM TO MAKE A CLAIM FOR REIMBURSEMENT OF CERTAIN PAID USER EMAIL FEES, CLAIM FOR OUT-OF-POCKET COSTS, AND EITHER CREDIT MONITORING SERVICES OR ALTERNATIVE CASH COMPENSATION

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS: JULY 20, 2020

I. GENERAL INSTRUCTIONS

If you had a Yahoo Paid User account between January 1, 2012, and December 31, 2016—meaning you paid Yahoo for advertisement-free or premium email services during that time—you are a Paid User Settlement Class Member. Paid User Settlement Class Members are entitled to request reimbursement of certain Paid User fees incurred during the Class Period. If you received an emailed notice from the Settlement Administrator about this class action settlement addressed to you, then the Settlement Administrator has already determined that you are a Paid User Settlement Class Member. To learn more about the Settlement or how to determine whether you are Settlement Class Member (if you did not receive emailed notice), go to **www.YahooDataBreachSettlement.com**.

If you are a Paid User Settlement Class Member, you are entitled to receive up to 25% of the amounts you paid per year for Paid User services between January 1, 2012 and December 31, 2016. The Settlement consists of a fund of \$117.5 million to pay all valid Claims of all Settlement Class Members—including claims for Out-of-Pocket Costs, and for fees paid by Paid Users, and Small Business Users. The Settlement Fund will also be used to pay for Credit Monitoring Services or Alternative Compensation for those who already have credit monitoring; the costs of class notice and settlement administration; and court-approved Class Representative Service Awards and attorneys' fees, costs, and expenses. To the extent all such amounts exceed \$117.5 million, then the amount of each claim for Alternative Compensation, Out-of-Pocket Costs, and for fees paid by Paid Users and Small Business Users will be reduced proportionally (by a percentage) until the total payments exhaust the Settlement Fund.

The Settlement Administrator has the sole authority to determine the validity of claims for Paid User fees. Only valid claims will be paid. The Settlement Administrator will validate your claim against information provided by Yahoo regarding Paid Users. Paid User Claims are subject to verification and potential submission of documentation. **The deadline to file a Paid User Claim Form is July 20, 2020.**

If you are a Settlement Class Member, you may also claim: (1) two years of Credit Monitoring Services at no cost to you, or Alternative Cash Compensation if you already have credit monitoring, by completing the Credit Monitoring Services or Alternative Compensation, Section IV and (2) Out-of-Pocket Costs you incurred as result of the Data Breaches by completing the Out-of-Pocket Costs, Sections VI and VII, of this form or online at www.YahooDataBreachSettlement.com.

In order for your Paid User Claim to be considered, you must fully complete this Paid User Claim Form. You can also complete and submit this Claim Form online at **www.YahooDataBreachSettlement.com**.

Or, type or legibly print all information in blue or black ink, answering all questions below, and submit the completed Claim Form, including any documentation that may be required, to the Settlement Administrator by U.S. mail, postmarked on or before July 20, 2020, at the following address:

Yahoo Security Breach Litigation
c/o Settlement Administrator
PO Box 1760
Philadelphia, PA 19105-1760



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II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Paid User Claim Form and the Settlement. If this information changes, you MUST notify the Settlement Administrator in writing at the address above.

Claimant Name: _____
First Name Middle Initial Last Name

Other name(s) you use (if any): _____

Name of Representative (if someone else is filing this claim for the person named in the claim):

Mailing Address – Line 1: _____
Street Address

Mailing Address – Line 2 (If Applicable): _____
Apartment/Suite/Floor Number

City: _____ State: _____ Zip Code: _____

Country: _____ Foreign Postal Code: _____

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Phone Number Work Phone Number Cell Phone Number

Current Email Address: _____@_____.

____/____/____ Claim Number Provided By Settlement Administrator (if known)



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III. DOCUMENTATION OF ACCOUNTS

List all **Paid User** accounts you held between January 1, 2012 and December 31, 2016 (attach additional sheets if needed):

| Paid User | Number of Years of Paid Service |
|-----------|---------------------------------|
| @ . | |
| @ . | |
| @ . | |
| @ . | |
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IV: CREDIT MONITORING SERVICES OR ALTERNATIVE CASH PAYMENT

You may make a claim for a minimum of two years of Credit Monitoring Services at no cost to you by filling out this Section. Credit Monitoring Services are designed to help protect you from possible unlawful use of your personal information that was potentially compromised as a result of the Yahoo Data Breaches. Credit Monitoring Services will provide you with alerts if someone is unlawfully using your personal information, and other valuable identity protection services. Credit Monitoring Services will only be provided once per person, rather than once per account.

If you can verify that you already have credit monitoring or identity protection services that you will keep for at least 12 months, you may instead make a claim for a cash payment in an amount of \$100, although that amount may be more or less depending on how many claims are submitted. Depending upon participation in the Settlement, the amount of the cash payment may be lower than \$100 or as much as \$358.80.

ALTERNATIVE COMPENSATION CLAIMS MAY REQUIRE VERIFICATION AND DOCUMENTATION.

To obtain Credit Monitoring Services or Alternative Compensation from the Settlement, you must select **ONE AND ONLY ONE** of the options below.

- Option 1 (Credit Monitoring Services):** I wish to receive Credit Monitoring Services. I understand Credit Monitoring Services will be provided for a minimum of two years, starting from when I activate the services. I understand I will receive an activation code and instructions on how to enroll in the Credit Monitoring Services from the Settlement Administrator later. Instructions will be sent by email unless I did not provide an email address, in which case instructions will be sent by U.S. mail.

- Option 2 (Alternative Compensation):** I wish to receive Alternative Compensation. I understand that this payment will be \$100, but may be lower depending on participation in the Settlement, or may be up to \$358.80, depending on participation in the Settlement. I hereby CERTIFY that (all must be checked if you wish to receive Alternative Compensation):
 - I have some form of credit monitoring or identity protection as of today.
 - I signed up for credit monitoring or identity protection on this date: ___ / ___ / ___
 - The name of my credit monitoring or identity protection company is: _____
 - I will keep my credit monitoring or identity protection services active until at least ___ / ___ / ___ (this date must be at least 12 months from the date this claim form is submitted).
 - I affirmatively give up my right to claim the credit monitoring services available under Option 1.



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V. OUT-OF-POCKET COSTS GENERAL INSTRUCTIONS

If you believe you spent money or lost time or money related to the Data Breaches, then you may make a claim for reimbursement. Out-of-Pocket Costs incurred from January 1, 2012 to the present which may be eligible for reimbursements include, but are not limited to:

- **The costs of credit monitoring or identity protection services you obtained (up to the date on which Credit Monitoring Services become available through this Settlement).**
- **Unreimbursed losses, fees, or charges incurred as a result of identity fraud or theft connected with the possible misuse of your name, email address, telephone number, birth date, password, and security questions at Yahoo, or from contents of your email account, such as financial communications and records containing credit cards, retail accounts, banking, account passwords, IRS documents, and social security numbers from transactions conducted by email (“Personal Information”).**
- **Professional fees and other costs incurred addressing identity fraud or theft, including falsified tax returns or other identity fraud or theft, connected with the possible misuse of your Personal Information.**
- **Costs associated with credit freezes.**
- **Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance charges that you show were incurred in connection with identity fraud or theft connected with the possible misuse of your Personal Information.**
- **If you can adequately document identity fraud or theft connected with the possible misuse of your Personal Information you may be eligible for reimbursement of up to fifteen hours of time spent remedying issues related to one or more of the Data Breaches (calculated at \$25 per hour, or time off work at your documented hourly wage, whichever is greater), or, if you cannot provide documentation, up to five hours of time spent remedying issues related to one or more of the Data Breaches, at \$25 per hour, or time off work at your documented hourly wage, whichever is greater.**

This list provides examples only, and other costs due to one or more of the Data Breaches may also be eligible for reimbursement. However, **YOU MUST BE ABLE TO DOCUMENT YOUR CLAIM.**

The Settlement Administrator has the sole authority to determine the validity of claims for Out-of-Pocket Costs. Only valid claims will be paid. To the extent only portions of the claim can be adequately documented and validated, only those portions will be paid. To the extent the amounts required to fund valid claims exceed the amount of the Settlement Fund, the cash payments for the valid claims will be reduced on a *pro rata* basis.



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VI. DOCUMENTATION OF HARM

Fill out the below to claim costs relating to the Yahoo Data Breaches (attach additional pages as needed):

| Cost Type (Fill all that apply) | Approximate Date of Loss | Amount of Loss | Description of Supporting Documentation (Identify what you are attaching and why) |
|--|------------------------------|-----------------|---|
| <input type="checkbox"/> Unreimbursed fraud losses or charges | ____/____/____ (mm/dd/yy) | \$ _____ . ____ | <i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i> |
| <input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns | ____/____/____ (mm/dd/yy) | \$ _____ . ____ | <i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i> |
| <input type="checkbox"/> 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) | \$ _____ . ____ | <i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount</i> |
| <input type="checkbox"/> Credit freeze | ____/____/____ (mm/dd/yy) | \$ _____ . ____ | <i>Examples: Notices or account statements reflecting payment for a credit freeze:</i> |
| <input type="checkbox"/> Credit monitoring that was ordered after January 2012 through the date on which the Credit Monitoring Services become available through this Settlement | ____/____/____ (mm/dd/yy) | \$ _____ . ____ | <i>Example: Receipts or account statements reflecting purchases made for credit monitoring services</i> |
| <input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges | ____/____/____ (mm/dd/yy) | \$ _____ . ____ | <i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i> |
| <input type="checkbox"/> Other (provided detailed description) | ____/____/____ (mm/dd/yy) | \$ _____ . ____ | <i>Please provide detailed description:</i> |



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VII. CLAIMS FOR ADDITIONAL TIME

If, in addition to the above, you spent time addressing issues related to one or more of the Data Breaches, you may be compensated at \$25 per hour or unpaid time off work at your actual hourly rate, whichever is greater, for up to 15 hours, for documented claims. If you cannot provide documentation, you may be compensated at \$25 per hour or unpaid time off work at your actual hourly rate, whichever is greater, for up to 5 hours.

- If you spent time remedying issues relating to one or more of the Yahoo Data Breaches, please indicate the number of hours here: _____
- If you took unpaid time off work, please provide documentation of the number of hours that you took off work, and your hourly wage (such as a time clock report or statement from your employer’s payroll department).
- Please explain in detail how this time was expended and why it was necessary:

- Please also provide any available documentation of the potential fraud and/or identity theft that made this expenditure of time necessary (i.e. letter from IRS or bank; police report).

PAYMENT ELECTION

For payment of reimbursement of Paid User Fees, Alternative Compensation (if claimed in Section IV) and Out-of-Pocket Costs (if Claimed in Sections VI and VII) I wish to receive my payment, if approved, by (Select only one):

- Check made out to me as an individual at the address above.
- Direct Deposit* Email Address: _____@_____._____

*If you select Direct Deposit, you will be contacted at the email address provided above prior to the distribution of payments to provide your banking information via a secure site to initiate your payment. You must provide your email address so the Settlement Administrator can contact you.



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VIII. CERTIFICATION

I hereby certify under penalty of perjury that I have personal knowledge of all of the information I provided in this Claim Form and that such information is true and correct to the best of my knowledge.

_____/_____/_____
Signature of Claimant Date

If the Claimant is not the person completing this form, the following also must be provided:

_____/_____/_____
Signature of Representative Date

Capacity of person signing on behalf of Claimant, if other than an individual, *e.g.*, executor, president, trustee, guardian, custodian, etc. (must provide evidence of authority to act on behalf of Claimant).