

SLU Data Incident Settlement Administrator
P.O. Box 3116
Baton Rouge, LA 70821

**Your Claim Form Must Be Postmarked
By June 13, 2025**

M.W., et al. v. St. Louis University, et al.
Circuit Court for St. Louis City, Missouri, Case No. 2422-CC00888

Claim Form

This Claim Form should be filled out if you received a Notice of a Data Incident from St. Louis University ("SLU") concerning the data incident that occurred when an unauthorized third party potentially gained access to Settlement Class Members' Private Information. The impacted files may include, but are not limited to, names, addresses, dates of birth, telephone numbers, driver's license numbers, passport numbers, online credentials, digital signatures, email addresses, and Social Security numbers, and health insurance information, and other medical information.

As a Settlement Class Member, you have the option to choose from three benefits. You may select either (a) Cash Payment A - Documented Losses and/or the (b) Cash Payment B - Flat Cash Payment as your monetary benefit. You may choose to add (c) Credit Monitoring to your monetary benefit selection. Alternatively, you may select Credit Monitoring and Identity Theft Protection as your sole benefit.

- **(a) Cash Payment A - Documented Losses:** Up to \$2,500 in documented losses fairly traceable to the Data Incident.

Settlement Class Members may submit a claim for a Cash Payment for up to \$2,500.00 per Settlement Class Member upon presentation of actual documented losses fairly traceable to the Data Incident. The loss must have occurred after April 24, 2023 and before the close of the June 13, 2025.

- **(b) Cash Payment B - Flat Cash Payment:** Settlement Class Members may claim a flat cash payment in the estimated amount of \$100.

In addition to Cash Payment A above, a Settlement Class Member may claim Cash Payment B, which is a flat cash payment in the estimated amount of \$100.00 (subject to pro rata increase or decrease depending upon the number of Valid Claims filed).

- **(c) Credit Monitoring**

In addition to electing Cash Payment A and Cash Payment B, Settlement Class Members may elect up to one year of three-bureau Credit Monitoring.

This Claim Form may be submitted electronically via the Settlement Website at www.StLouisUniversityDataIncident.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:

SLU Data Incident Settlement Administrator
P.O. Box 3116
Baton Rouge, LA 70821

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.

First Name*		Last Name*	
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*			
City*		State*	Zip Code*
Email Address*			
Telephone Number*		Settlement Claim ID*	

II. CASH PAYMENT A -DOCUMENTED LOSSES UP TO \$2,500.

Check this box if you incurred Documented Losses as a result of the Data Incident.

Settlement Class Members may submit a claim for a Cash Payment under this section for up to \$2,500.00 per Settlement Class Member upon presentment of actual documented losses fairly traceable to the Data Incident. The loss must have occurred after April 24, 2023 and before the close of the **June 13, 2025**.

Settlement Class Members will be required to submit reasonable documentation supporting the losses and attest under the penalty of perjury to incurring documented losses. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Defendants or otherwise.

Loss Type (Claim all that apply)	Amount of Loss (\$)	Examples of Supporting Documentation
Costs for purchasing credit monitoring or requesting copies of credit reports for review.	\$ _____	Receipts or account statements reflecting purchases made for credit monitoring services or credits reports
Charges incurred for late fees, declined payment fees or overdraft fees as a result of the data Incident	\$ _____	Account statements reflecting overdraft fees
Unauthorized charges on credit or debit card reasonably caused by the Data Incident that you sought to have reimbursed by the card issuer but that were not reimbursed	\$ _____	The following is required to recover for this category of losses: (1) a copy of the statements that show the fraudulent charges, and (2) correspondence from financial institution declining to reimburse you the charges.
Costs and expenses spent addressing identity theft or fraud as a result of the Data Incident	\$ _____	Mailing costs or fax receipt for sending documentation to bank; Receipt for hiring service to assist you in addressing identity theft
Other documented losses incurred as a result of the Data Incident (provide detailed description)	\$ _____	Please provide detailed description and supporting documentation

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

III. CASH PAYMENT B - FLAT CASH PAYMENT

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

In addition to Cash Payment A above, Settlement Class Members may claim a flat cash payment in the estimated amount of \$100 (subject to pro rata increase or decrease depending upon the number of Valid Claims filed).

IV. CREDIT MONITORING

Check this box if you wish to receive Credit Monitoring.

In addition to electing Cash Payment A and Cash Payment B, Settlement Class Members may elect up to one year of three-bureau Credit Monitoring that will provide the following benefits: three-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to \$1,000,000, and fully managed identity recovery services. Settlement Class Members must provide a valid e-mail address to receive a code for activation after the court grants final approval of the Settlement.

V. ATTESTATION & SIGNATURE.

I affirm that the information I have supplied in this Claim Form is true and correct to the best of my recollection, is being made under penalty of perjury, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Print Name

Date

VI. REMINDER CHECKLIST

1. Complete all sections of this Claim Form.
2. Sign and date the Claim Form in Section V.
3. If claiming a Documented Loss, enclose any supporting documentation required for your claim.
4. Mail your completed Claim Form to the Settlement Administrator or submit your claim online at www.StLouisUniversityDataIncident.com. Please keep a copy of your completed Claim Form for your records.
5. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form. You can update your contact information at www.StLouisUniveristyDataIncident.com.