

Borovoy v. Squishable.com
Claims Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



SQB

«3of9 barcode»

«BARCODE»

Postal Service: Please do not mark barcode

SQB: ClaimID: «Claim Number»

PIN: «PIN»

«FIRST1» «LAST1»

«ADDRESS LINE 1» «ADDRESS LINE 2»

«CITY», «STATE»«PROVINCE» «POSTALCODE»

«COUNTRY»

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Christine Borovoy v. Squishable.com, Inc.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Case No. 1:23-cv-03660-PAC

Must Be Postmarked

No Later Than

November 19, 2024

Claim ID: <<ClaimNumber>>

PIN: <<PIN>>

Claim Form for Squishable.com Data Incident Benefits

**USE THIS FORM TO MAKE A CLAIM FOR ORDINARY LOSS, LOST TIME, CALIFORNIA CONSUMER PRIVACY ACT,
AND EXTRAORDINARY LOSSES/IDENTITY THEFT PAYMENTS**

For more information, call 1-877-536-0570 or visit the website www.onlinetoydatabreachsettlement.com.

The DEADLINE to submit this Claim Form online (or mail it postmarked) is November 19, 2024.

I. GENERAL INSTRUCTIONS

If you were notified that your Private Information was compromised in a cybersecurity incident experienced by Squishable.com, Inc. in 2022, you are a Class Member. The event that caused your data to be compromised is referred to here as the “Data Incident.”

The Settlement provides up to \$500,000 to compensate all Class Members who submit valid and timely claims for their Ordinary Losses (including Lost Time), Extraordinary Losses/Actual Identity Theft expenses, a California Consumer Privacy Act (“CCPA”) payment and to provide for Plaintiff’s service award, and attorneys’ fees and expenses as awarded by the Court and costs of class notice and settlement administration. As a Class Member, you are eligible for cash payments as reimbursement for time and money spent in response to the Data Incident (such as money spent on credit monitoring), as well as for any money you lost as a result of incidents of actual fraud or identity theft connected to the Data Incident. For California residents, you are eligible for a CCPA payment of \$100. You must fill out this Claim Form to receive these benefits.

The benefits are as follows:

Ordinary Loss Cash Payment

Class Members may claim up to \$200 of Ordinary Losses by submitting a valid and timely Claim Form and reasonable supporting documentation for such losses, demonstrably incurred, more likely than not, as a result of the Data Incident. Ordinary Losses may include, among other things: (i) unreimbursed fees or other charges from Class Members’ bank or credit card company incurred as a result of the Data Incident; (ii) unreimbursed fees relating to Class Members’ account being frozen or unavailable incurred as a result of the Data Incident; (iii) unreimbursed fees or other charges relating to the reissuance of Class Members’ credit or debit card incurred as a result of the Data Incident; and (iv) other unreimbursed incidental telephone, internet, mileage, or postage expenses directly related to and incurred as a result of the Data Incident.

Lost-Time Payments

As part of the Ordinary Loss Cash Payment described above, Class Members may submit a Claim Form for reimbursement for time spent addressing issues related to the Data Incident for up to four (4) total hours at a rate of \$15 per hour capped at \$60 (“Lost-Time Claims”). No documentation need be submitted in connection with Lost-Time Claims, but Class Members must attest that the time claimed was actually spent as a result of the Data Incident. The total claim for a Class Member seeking Ordinary Losses, including Lost-Time, shall not exceed \$200.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Extraordinary Losses/Actual Identity Theft Cash Payment

Class Members can submit a Claim Form for reimbursement of documented Extraordinary Losses/Actual Identity Theft reasonably traceable to incidents of actual fraud or identity theft caused by or related to the Data Incident up to \$2,500 per individual (“Extraordinary Loss Claims”) if the loss is an actual, documented, and unreimbursed monetary loss; the loss was more likely than not caused by the Data Incident; the loss occurred during a specified time period; and the loss is not already covered by one or more of the other reimbursement categories; and the 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. Extraordinary Loss Claims will include, without limitation, unreimbursed losses relating to actual fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services relating to actual fraud or identity theft; and other expenses such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges relating to actual fraud or identity theft arising out of the Data Incident.

California Resident Sub-Class \$100 Additional Payment

If you were living in the State of California at the time of the Data Incident, which occurred from May 26, 2022 to October 12, 2022, you may submit a claim for an additional payment of \$100 as part of the California Sub-Class.

Completing the Claim Form

This Claim Form may be submitted online at www.onlinetoydatabreachsettlement.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:

Borovoy v. Squishable.com Claims Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132

II. CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Claims Administrator in writing at the address above.

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name			M.I.	Last Name		
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>			<input type="text"/>	<input type="text"/>		
City			State	ZIP Code		
<input type="text"/>						
Unique Claim Form Identifier (If you received a notice of this Settlement by U.S. mail, your Claim ID is on the envelope or postcard. If you received a notice of this Settlement by email, your Claim ID is in the email.)						
<input type="text"/>						
Email Address						
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Area Code		Daytime Telephone Number (optional)		Area Code		Evening Telephone Number (optional)



III. COMPENSATION FOR ORDINARY LOSSES

- Please fill in this circle for this section if you are electing to seek reimbursement for Ordinary Losses you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Incident.

Class Members who elect to submit a Claim for Ordinary Losses may claim no more than \$200, including any Lost Time payment, for time actually spent addressing issues arising from the Data Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in bold type (if you are asked to provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions and all but the first four and last four digits of any account number). Please round total amounts down or up to the nearest dollar.

- Unreimbursed fees or other charges from your bank or credit card company incurred as a result of the Data Incident.

DATE	DESCRIPTION	AMOUNT
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>

Examples: Unreimbursed overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

[ATTACH DOCUMENT(S)] Required: you must submit reasonable documentation supporting the above losses such as a copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Unreimbursed fees relating to your account being frozen or unavailable incurred as a result of the Data Incident.

DATE	DESCRIPTION	AMOUNT
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>

Examples: You were charged interest by a payday lender due to card cancellation or due to an over-limit situation, or you had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card, and these charges and payments were not reimbursed.

[ATTACH DOCUMENT(S)] Required: you must submit reasonable documentation supporting the above losses such as a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Unreimbursed fees or other charges relating to the reissuance of your credit or debit card incurred as a result of the Data Incident.

DATE	DESCRIPTION	AMOUNT
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>

Examples: Unreimbursed fees that your bank charged you because you requested a new credit or debit card.

[ATTACH DOCUMENT(S)] Required: you must submit reasonable documentation supporting the above losses such as a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).



- Other unreimbursed incidental telephone, internet, mileage, or postage expenses directly related to and incurred as a result of the Data Incident.

DATE	DESCRIPTION	AMOUNT
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>		\$ <input type="text"/> . <input type="text"/>

Examples: Unreimbursed long-distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

[ATTACH DOCUMENT(S)] Required: you must submit reasonable documentation supporting the above losses such as a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

IV. LOST TIME

The lost time component of this payment is capped at 4 hours at \$15 per hour, provided at least one full hour was spent responding to the incident as attested. If you are selecting reimbursement for Lost Time, you must fill in the blank in this section and sign the certification at the end of the Claim Form. The total claim for a Class Member seeking Lost-Time and Ordinary Losses shall not exceed \$200.

I declare that I suffered Lost Time. Specifically, I spent the following number of hours attempting to prevent fraud or mitigate fraud and identity theft related to the Data Incident:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Number of hours (rounded to the nearest hour)		

V. CASH PAYMENT TO CALIFORNIA RESIDENTS

California residents, due to the heightened statutory damages potentially available to them under California law, may elect to receive a \$100 cash payment under the Settlement.

If you were a California resident at the time of the Data Incident (*i.e.*, from May 26, 2022 to October 12, 2022), would you like to receive a \$100 cash payment under the Settlement? (fill in one circle)

Yes No

** The payment under this option will originally be set at \$100, however, the value of the cash payment under this option will be decreased pro rata if the total of all settlement benefits and other payments would otherwise exceed the agreed \$500,000 overall cap on settlement payments required by Defendant.

If you are electing to receive this \$100 cash payment under the Settlement, you must fill in the blanks in this section and sign the certification at the end of the Claim Form.

I declare that I was a resident of the State of California at the time of the Data Incident (*i.e.*, from May 26, 2022 to October 12, 2022).

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name



VI. COMPENSATION FOR EXTRAORDINARY LOSSES

- Please fill in this circle for this section if you are electing to seek reimbursement for unreimbursed **Extraordinary Losses** and such claimed losses will total no more than \$2,500. You must provide reasonable documentation of the claimed **Extraordinary Losses**.

Making a Claim for Extraordinary Losses

In order to make a claim for **Extraordinary Losses**, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the certification at the end of this Claim Form; and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. **Extraordinary Losses** need to be established as arising out of or related to the Data Incident, as determined by the Claims Administrator, based on the documentation you provide and the facts of the Data Incident. Extraordinary Losses must also be reasonably traceable to incidents of actual fraud or identity theft caused by or related to the Data Incident and are compensable if the loss is an actual, documented, and unreimbursed monetary loss; the loss was more likely than not caused by the Data Incident; the loss occurred during a specified time period; and the loss is not already covered by one or more of the other reimbursement categories; and the 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. Extraordinary Loss Claims may include, without limitation, unreimbursed losses relating to actual fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services relating to actual fraud or identity theft; and other expenses such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges relating to actual fraud or identity theft arising out of the Data Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Claims Administrator.

Extraordinary Losses/Costs Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="radio"/> Unreimbursed fraud losses or charges.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> [] [] / [] [] / [] [] [] [] [] [] </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> \$ [] [] [] [] [] [] . [] [] [] </div>	<hr/> <hr/> <hr/> <hr/>
<input type="radio"/> Professional fees incurred in connection with fraud or identity theft.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> [] [] [] [] / [] [] [] [] / [] [] [] [] [] [] </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> \$ [] [] [] [] [] [] . [] [] [] </div>	<hr/> <hr/> <hr/> <hr/>
<input type="radio"/> Other expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> [] [] [] [] / [] [] [] [] / [] [] [] [] [] [] </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> \$ [] [] [] [] [] [] . [] [] [] </div>	<hr/> <hr/> <hr/> <hr/>



If you **do not submit** reasonable documentation supporting a claim for **Extraordinary Losses**, or your claim for an **Extraordinary Loss** payment is rejected by the Claims Administrator for any reason and you do not cure the defect, only your claims for Ordinary Losses, Lost Time, and CCPA, if such claims are made, will be considered.

VII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Claims Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Claims Administrator.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Relationship to Settlement Class Member (if applicable): _____

