

**Your claim must
be submitted online
or postmarked by:
August 14, 2025**

CLAIM FORM

Gregerson v. Toshiba America Business Solutions, Inc.,
Case No. 8:24-CV-01201-FWS-ADS
United States District Court, Central District of California

GENERAL INSTRUCTIONS

If you were mailed notice by TABS that your PII was impacted in the Data Incident. You are a California Settlement Subclass Member If you reside in California and were mailed a notice of the Data Incident at a California address. You may submit a claim for settlement benefits, outlined below. Please refer to the Long-Form Notice posted on the Settlement Website www.TABSDataSettlement.com, for more information on submitting a Claim Form.

This Claim Form may also be 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:

TABS Data Breach Litigation
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479.

You may submit a claim for the following benefits:

- 1) **Out-of-Pocket Expense Reimbursement:** Compensation from the Settlement Fund, up to a total of \$7,500 per Settlement Class Member, upon submission of an Approved Claim and supporting documentation, for Out-of-Pocket Losses incurred as a result of the Data Incident.
- 2) **California Settlement Subclass Payment:** All California Settlement Subclass members can make a claim for a \$150 cash payment.
- 3) **Pro Rata Cash Payment:** All Settlement Class members may make a claim for a pro rata share of all cash remaining in the Net Settlement Fund. The amount of the payment will be based upon the amount in the Net Settlement Fund, if any, after the payment of valid claims for Out-of-Pocket Expense Reimbursement and California Settlement Subclass Payments.
- 4) **Information Security Improvements:** TABS will also implement certain reasonable steps to adequately secure its systems and environment.

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): _____ @ _____

Telephone Number: (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify that you are an individual that was mailed notice by TABS that your personal and/or financial information was impacted in the Data Incident.

Enter the Settlement Class Member ID number provided on your Short Notice:

Settlement Class Member ID : 0 0 0 0 0 _____

IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

Settlement Class Members may submit a claim for up to a total of \$7,500 of out-of-pocket expenses fairly traceable to the Data Incident.,

Out-of-Pocket Expenses incurred as a direct result of the Data Incident, including but not limited to:

- (i) the loss is an actual, documented and unreimbursed monetary loss;
- (ii) the loss was more likely than not caused by the Data Incident;
- (iii) the loss occurred between December 4, 2023, and the August 14, 2025; and
- (iv) 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.

You must submit documentation to obtain this reimbursement.

☐ I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident.

I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is “self-prepared”. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Expense	Amount of Out-of-Pocket Expense	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	

V. CALIFORNIA SETTLEMENT SUBCLASS PAYMENT

California Settlement Subclass Members may submit a claim for a \$150 cash payment.

☐ Yes, I request a California Settlement Subclass Payment of \$150 and understand I may also submit a claim for Out-of-Pocket Losses and a *Pro Rata* Cash Payment.

VI. PRO RATA CASH PAYMENT

All Settlement Class members may make a claim for a *pro rata* share of all cash remaining in the Net Settlement Fund. The amount of the payment will be based upon the amount in the Net Settlement Fund, if any, after the payment of valid claims for Out-of-Pocket Expense Reimbursement and California Settlement Subclass Payments.

☐ Yes, I request a *pro rata* Cash Payment and understand I may also submit a claim for Out-of-Pocket Losses and a California Settlement Subclass payment, if applicable.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

_____/_____/_____
Date

Print Name