

Whalen v. Gunster, Yoakley & Stewart, PA
Settlement Administrator
P.O. Box 301132
Los Angeles CA, 90030-1132



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

GUL

CIRCUIT COURT OF THE THIRTEENTH
JUDICIAL CIRCUIT IN AND FOR
HILLSBOROUGH COUNTY, FLORIDA.

«Barcode»

Post Service: Please do not mark or cover barcode

GUL: ClaimID: <<Claim8>>-<<CkDig>>

PIN: «PIN»

«FirstNAME» «LastNAME»

«Addr1» «Addr2»

«City», «State»«FProv» «Zip»«FZip»

«FCountry»

Case No. 25-CA-000550

**Must Be Postmarked
No Later Than
August 2, 2025**

Claim ID: <<Claim8>>

PIN: <<PIN>>

Claim Form

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **AUGUST 2, 2025**
AT **www.GYSDDataBreachSettlement.com** OR FILE BY MAIL POSTMARKED BY AUGUST 2, 2025.

*You **MUST** use this form to make a claim for benefits under the Settlement.*

Questions? Call 1-866-597-4701 or visit the website, **www.GYSDDataBreachSettlement.com**

CLASS MEMBER INFORMATION

<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"/>																						
Email Address (This field is required to receive free credit monitoring. If provided, we will also communicate with you about your claim primarily by email.)																						
<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>		
Area Code				Telephone Number (Home) (Optional)				Area Code				Telephone Number (Work) (Optional)										
<input type="text"/>																						
Unique Claim Form Identifier																						

If you received a notice of this Settlement by U.S. mail, your Unique Claim Form Identifier is on the envelope or postcard. If you misplaced your notice, please contact the Settlement Administrator at 1-866-597-4701 or email Info@GYSDDataBreachSettlement.com. If you received substitute notice of the Data Breach (i.e., if you believe your personal information was compromised, accessed, exfiltrated, or otherwise impacted in the Data Breach but you did not receive written notice from Gunster), you must include documentation along with your claim demonstrating why you believe your information was compromised, accessed, exfiltrated, or otherwise impacted in the Data Breach. If you do not include either a Unique Claim Form Identifier or the documentation referenced above, your claim will be denied.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<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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SETTLEMENT OVERVIEW

“Ordinary” Out-of-Pocket Losses and Ordinary Attested Time: If you have incurred unreimbursed costs, losses, or expenditures responding to the notice of the Data Breach or in response to the Data Breach, you can make a claim for reimbursement for ordinary out-of-pocket losses and ordinary attested time up to \$2,500.00 in the aggregate, subject to the following:

Ordinary Out-of-Pocket Losses: Examples of ordinary out-of-pocket losses include: (i) costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency; (ii) other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; (iii) credit monitoring or other mitigative costs. To submit a valid claim, you must provide third-party documentation (not “self-prepared”) to support the unreimbursed cost, loss, or expenditure as well as a brief description of the documentation if the nature of the cost, loss, or expenditure is not apparent from the documentation alone.

Ordinary Attested Time: If you spent time responding to receiving the notice of Data Breach, you may also submit a claim for reimbursement for up to 7 hours of time at a rate of \$30.00/hour. To submit a valid claim, you must provide an attestation and brief description of the actions taken in response to receiving notice of the Data Breach and the time associated with each action.

“Extraordinary” Losses and Extraordinary Attested Time: If you believe you suffered identity theft, fraud, or other extraordinary losses, you may submit a claim for extraordinary losses and extraordinary attested time up to \$35,000.00 in the aggregate. The total amount of compensation you may claim for ordinary out-of-pocket losses, ordinary attested time, extraordinary losses, and extraordinary attested time cannot exceed \$35,000.00, subject to the following:

Extraordinary Losses: Extraordinary losses are unreimbursed costs, losses, or expenditures that are fairly traceable to the Data Breach and that are not reimbursable as ordinary out-of-pocket losses. Examples of extraordinary losses include unreimbursed costs, losses, or expenditures incurred as a result of identity theft or identity fraud, falsified tax returns, real estate title fraud, banking fraud, or other possible misuse of your personal information. To submit a valid claim, you must provide third-party documentation (not “self-prepared”) to support the unreimbursed cost, loss, or expenditure as well as a brief description of the documentation if the nature of the cost, loss, or expenditure is not apparent from the documentation alone. Extraordinary Losses will be deemed “fairly traceable” if (1) the unreimbursed cost, loss, or expenditure was incurred in responding to the notice of the Data Breach or in response to the Data Breach, and (2) the personal information used to commit identity theft, fraud, or other misuse consisted of the same type of personal information that was provided to Defendant prior to the Data Breach or that can be reasonably easily obtained on the basis of information that was provided to Defendant prior to the Data Breach.

Extraordinary Attested Time: If you spent time remediating identity theft, fraud, or other misuse of your information related to the Data Breach, you may also submit a claim for reimbursement for up to 10 hours of time at a rate of \$30.00/hour. To submit a valid claim, you must provide an attestation and brief description of the actions taken to remedy identity theft, fraud, or other misuse of your information related to the Data Breach and the time associated with each action.

Credit Monitoring: You can submit a claim for three years of three-bureau credit monitoring services, including dark web scanning, identity theft insurance, real-time credit monitoring with Equifax, Experian, and TransUnion, and access to fraud resolution agents.

The total amount of compensation that can be claimed for Ordinary Out-of-Pocket Losses, Ordinary Attested Time, Extraordinary Losses, and Extraordinary Attested Time cannot exceed \$35,000.00 per individual, and the total amount of Attested Time (Ordinary and Extraordinary) cannot exceed 10 hours per person.

ALL BENEFITS (AND THE AMOUNT PAID TO SETTLEMENT CLASS MEMBERS UNDER THIS SETTLEMENT) MAY BE HIGHER OR LOWER, DEPENDING ON THE TOTAL AMOUNT OF APPROVED CLAIMS.

Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.

1. Were you sent a notice that your information may have been impacted in the Data Breach?

- ☐ Yes (*Proceed to Question 3.*) ☐ No (*Proceed to Question 2.*)

2. Do you believe you received substitute notice of the Data Breach?

- ☐ Yes (*Please provide documentation supporting your belief that your information was impacted in the Data Breach, and proceed to Question 3.*)
☐ No (*If you answered “No” to Questions 1 and 2, you are not eligible to submit a claim.*)



CLAIM FOR CREDIT MONITORING

3. Do you wish to receive three years of three-bureau credit monitoring?

- ☐ Yes (*You must include your email on the first page to receive this benefit and proceed to Question 4.*)
- ☐ No (*Proceed to question 4.*)

CLAIM FOR REIMBURSEMENT FOR “ORDINARY” OUT-OF-POCKET LOSSES AND ORDINARY ATTESTED TIME

4. Do you have documentation supporting that, as a result of the Data Breach, you experienced (i) unreimbursed costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency; (ii) other miscellaneous unreimbursed expenses incurred related to any Ordinary Out-of-Pocket Losses such as notary, fax, postage, copying, mileage, and long-distance telephone charges; or (iii) credit monitoring or other unreimbursed mitigative costs? If so, you may submit a claim, with supporting documentation, for ordinary out-of-pocket losses up to \$2,500.00 in the aggregate.

- ☐ Yes (*Complete chart at the bottom of this Claim Form and proceed to Question 5.*)
- ☐ No (*You are not eligible to submit a claim for ordinary out-of-pocket losses. Proceed to Question 5.*)

5. Did you spend time responding to receiving notice of the Data Breach?

- ☐ Yes (*Proceed to Question 6.*)
- ☐ No (*You are not eligible to submit a claim for ordinary attested time. Proceed to Question 7.*)

6. If you selected “Yes” for Question 5, please fill out the below statement indicating how many hours you spent responding to receiving notice of the Data Breach and please provide a description of the actions taken and time associated with each action.

I spent _____ (up to 7) total hours responding to receiving notice of the Data Breach to be reimbursed at a rate of \$30.00/hour. Please provide an attestation and brief description of the actions taken and the time associated with each action:

CLAIM FOR REIMBURSEMENT FOR “EXTRAORDINARY” LOSSES AND EXTRAORDINARY ATTESTED TIME

7. Do you have documentation showing you incurred unreimbursed costs, losses, or expenditures as a result of identity theft or identity fraud, falsified tax returns, real estate title fraud, banking fraud, or other possible misuse of your personal information that is fairly traceable to the Data Breach? If so, you may submit a claim, with supporting documentation, for extraordinary losses up to \$35,000.00 in the aggregate.

- ☐ Yes (*Complete the chart on the next page and proceed to Question 8.*)
- ☐ No (*You are not eligible to submit a claim for extraordinary losses. Proceed to Question 8.*)

8. Did you spend time remediating identity theft, fraud, or other misuse of your information related to the Data Breach?

- ☐ Yes (*Proceed to Question 9.*)
- ☐ No (*You are not eligible to submit a claim for extraordinary attested time. Proceed to certification and signature.*)

9. If you selected “Yes” for Question 8, please fill out the below statement indicating how many hours you spent remediating identity theft, fraud, or other misuse of your information relating to the Data Breach and please provide a description of the actions taken and time associated with each action.

I spent _____ (up to 10) total hours responding to receiving notice of the Data Breach to be reimbursed at a rate of \$30.00/hour. Please provide an attestation and brief description of the actions taken and the time associated with each action:



Loss Type (Fill all that apply)	Approximate Date of Loss (mm/dd/yyyy)	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="radio"/> Bank fees incurred as a result the Data Breach	<div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	\$ <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> . <div> <div></div> <div></div> <div></div> </div>	<p>Example: Account statement with fees incurred as a result of the Data Breach highlighted.</p> <p>The description of the fees in the documentation must be specific enough to enable the Settlement Administrator to determine why the fees were incurred, and you must explain why the fees were incurred as a result of the Data Breach.</p> <p>Your documents: _____</p>
<input type="radio"/> Costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency	<div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	\$ <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> . <div> <div></div> <div></div> <div></div> </div>	<p>Example: Receipts or account statements reflecting costs incurred freezing/unfreezing credit reports with any credit-reporting agency.</p> <p>Your documents: _____</p>
<input type="radio"/> Long-distance phone charges incurred as a result of the Data Breach	<div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	\$ <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> . <div> <div></div> <div></div> <div></div> </div>	<p>Example: Phone bills with long-distance telephone calls made as a result of the Data Breach, and corresponding charges, highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the Data Breach.</p> <p>You must explain to whom the calls were made and why they were made as a result of the Data Breach. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the Data Breach.</p> <p>Your documents: _____</p>
<input type="radio"/> Cell phone charges (only if charged by the minute) incurred as a result of the Data Breach	<div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	\$ <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> . <div> <div></div> <div></div> <div></div> </div>	<p>Example: Cell phone bill with calls made as a result of the Data Breach, and corresponding charges, highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the Data Breach. You must explain to whom the calls were made and why they were made as a result of the Data Breach. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the Data Breach.</p> <p>Your documents: _____</p>
<input type="radio"/> Data charges (only if charged based on the amount of data used) incurred as a result of the Data Breach	<div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	\$ <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> . <div> <div></div> <div></div> <div></div> </div>	<p>Example: Cell phone bill with data charges incurred as a result of the Data Breach, and corresponding charges, highlighted, along with an explanation of what the data charges are for and why they were incurred as a result of the Data Breach.</p> <p>You must explain what activities the data charges correspond to and why they were incurred as a result of the Data Breach. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific activities that incurred data charges that you undertook as a result of the Data Breach.</p> <p>Your documents: _____</p>



Loss Type (Fill all that apply)	Approximate Date of Loss (mm/dd/yyyy)	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="radio"/> Postage charges incurred as a result of the Data Breach	<div> <div></div><div></div><div></div> / <div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<p><i>Example: Receipts from the United States postal service or other shipping companies, along with an explanation of what you sent and why you sent it. You must explain what you sent to incur the charges, to whom you sent it, and why you sent it as a result of the Data Breach.</i></p> <p>Your documents: _____</p>
<input type="radio"/> Gasoline charges for local travel incurred as a result of the Data Breach	<div> <div></div><div></div><div></div> / <div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<p><i>Example: Gasoline receipt for gasoline used driving to the police station to file a police report regarding the Data Breach. You are only entitled to claim reimbursement for the gasoline you used as a result of the Data Breach, which may be less than a full tank. You must describe where you drove, the distance you traveled, why the travel was connected to the Data Breach, and the portion of any gasoline receipt that you attribute to the trips that you made as a result of the Data Breach.</i></p> <p>Your documents: _____</p>
<input type="radio"/> Credit monitoring or other mitigative costs	<div> <div></div><div></div><div></div> / <div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<p><i>Example: Receipts or account statements reflecting charges incurred to view a credit report.</i></p> <p>Your documents: _____</p>
<input type="radio"/> Other unreimbursed out-of-pocket costs, losses, and/or expenditures caused by the Data Breach (including, but not limited to, unreimbursed costs, losses, or expenditures incurred as a result of identity theft or identity fraud, falsified tax returns, real estate title fraud, banking fraud or other misuse of your information)	<div> <div></div><div></div><div></div> / <div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<p><i>Example: Receipts documenting out-of-pocket losses not set forth above, an explanation of why the loss was more likely than not caused by the Data Breach, and a statement that you made reasonable efforts to avoid or seek reimbursement for the loss, including exhaustion of all available credit monitoring insurance and identity theft insurance. Other losses could include, solely by way of example, the costs associated with addressing a fraudulent tax return or unemployment claim made in your name.</i></p> <p>Your documents: _____</p>



CERTIFICATION AND SIGNATURE

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the Data Breach.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement 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, depending on the type of claim and the determinations of the Settlement Administrator.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

