Anastos v. The Lyon Waugh Auto Group Settlement Administrator P.O. Box 6177 Novato, CA 94948-6177

## LYA

## «Barcode»

Postal Service: Please do not mark barcode
Claim#: LYA-«ClaimID» - «MailRec»
«First1» «Last1»
«CO»
«Addr2» «Addr1»
«City», «St» «Zip»
«Country»



ANASTOS V. THE LYON WAUGH AUTO GROUP

ESSEX COUNTY MASSACHUSETTS SUPERIOR COURT

Case No. 2277cv00245-A

Must Be Postmarked No Later Than Month XX, 2020

## **Economic Loss Claim Form**

## **Reimbursements for Economic Losses**

Eligible Settlement Class Members may submit one or more Claims for reimbursement for documented Economic Losses related to the Incident that have not been reimbursed, up to an aggregate total of \$3,750 per Class Member, <u>provided, however</u>, that no Class Member may submit an Economic Loss Claim Form unless the Class Member has first elected to receive and enrolled in the Settlement Offering, submitted a claim for reimbursement to IDX and been denied, and has exhausted the claims process. Any Class Member whose claim is rejected by IDX for failure to submit a claim within the required time period may not submit a claim for reimbursement under this process. If a Class Member submitted a timely claim to IDX that was denied for failure to provide sufficient supporting materials, then the loss may not be claimed for reimbursement hereunder.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.Lwagbreachsettlement.com or by calling 1-888-792-0229.

Settlement Class Members who wish to make a timely and properly supported claim for reimbursement of Economic Losses related to the Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; (b) if applicable, a signed copy of IRS Form 14039 along with a statement under penalty of perjury that the form was submitted to the Internal Revenue Service; (c) the bills or invoices documenting the amount of the Claim and proof that the bills or invoices were paid; (d) documentation showing that the claim was submitted, denied, and that the claims process was exhausted; and (e) a statement signed under penalty of perjury indicating that: (i) the Economic Losses claimed are fairly traceable to the Incident; and (ii) the total amount claimed has not been reimbursed by any other person or entity. Third-party documentation of Economic Losses is required to establish a claim. Economic Losses that are compensated under this Settlement are those that are reasonable and customarily incurred when responding to the type of fraud or identity theft suffered by the Settlement Class Member from the Incident.

Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

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If you have any questions, call 1-888-792-0229 or go to www.Lwagbreachsettlement.com for more information.

**Deadline:** All Claims must be submitted to the Settlement Administrator on or before **DATE**.



FOR CLAIMS PROCESSING ONLY			DOC	RED
	ОВ	СВ	LC	A
			REV	В

CLAIMANT INF	ORMATIC	)N: Please	type or pr	int in th	ne boxes	below.									
First Name					M.I.	Last	Name								
Primary Address	5														
Primary Address	Continued														
City										State		ZIP C	Code		
last 4 of SSN															
Email Address (	optional)														
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Telephone Numl	ber (optiona	)													
You may submit o												r all of	your re	equest	S
cannot exceed an a	aggregate \$3	,750. Only	one (1) for	m is nee	eded for r	nultıple	costs in	curred f	rom t	the Inci	dent.				
\$ ,															
Amount (Docum	entary proo	f must be s	ubmitted to	support	t your exa	act clain	n amour	nt.)							
Please provide a b to the Incident. (Ye						nis Clai	m, as we	ell as an	expla	nation	of ho	w such	ı losses	are re	elated
`	·		1 0		•										
I declare under per	nalty of perj	ury that:													
The Econom	ic Losses I h	nave claime	ed on this fo	orm are i	related to	the Inc	ident; aı	nd							
The total amo	ount claimed	l has not be	een reimbu	rsed by	IDX or ar	y other	third pa	rty.							
Signature:							Da	ted (mn	n/dd/	(vvvv)	•				
Print Name:							Dα	(11111	.i. aa/	J J J J J J ·	•				

Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

REIMBURSEMENT FORMS MUST BE POSTMARKED NO LATER THAN [PARTIES TO INSERT DATE] TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT WWW.LWAGBREACHSETTLEMENT.COM OR MAIL THIS CLAIM FORM TO:

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