

HawaiiUSA Claims Administrator  
P.O. Box 4905  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted  
Online or Postmarked By August 27, 2024**

## ***Smith, et al. v. HawaiiUSA Federal Credit Union***

Case No. 1CCV-24-0000154

### **CLAIM FORM**

**USE THIS FORM IF YOUR PRIVATE INFORMATION WAS IMPACTED IN A DECEMBER 2022 DATA SECURITY INCIDENT AFFECTING HAWAIIUSA FEDERAL CREDIT UNION TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES**

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT [WWW.HIUSASETTLEMENT.COM](http://WWW.HIUSASETTLEMENT.COM)**

If you were notified that your information may have been impacted in a cyberattack perpetrated against HawaiiUSA Federal Credit Union (“HawaiiUSA”) in December of 2022 (the “Data Incident” or “Data Security Incident”), you are eligible to request compensation for lost time and unreimbursed, documented, out-of-pocket expenses up to \$400.00 (“Ordinary Expense Reimbursement”), or a *pro rata* Alternative Cash Payment, estimated to be \$50 per Settlement Class Member, and compensation for unreimbursed monetary losses up to \$4,000 (“Extraordinarily Expense Reimbursement”). You are also eligible for 24 months of identity protection and credit monitoring service free of charge.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically *via* the Settlement Website at [www.HIUSASettlement.com](http://www.HIUSASettlement.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:

HawaiiUSA Claims Administrator  
P.O. Box 4905  
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\*

\_\_\_\_\_  
Current Email Address\*

\_\_\_\_\_  
Current Phone Number\*

## II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you are or were an employee or customer of HawaiiUSA on or before December 12, 2022.

Enter the Claim ID Number provided on your notice:

-

Claim ID Number\* \_\_\_\_\_

## III. IDENTITY THEFT PROTECTION

All Settlement Class Members are eligible to receive two (2) years of free identity-theft protection services, called "Identity Defense Total 3-Bureau Service" provided by CyEx by Pango Group, regardless of whether they also submit a claim for Ordinary Expense Reimbursement, Compensation for Lost Time, Extraordinary Expense Reimbursement or the Alternative Cash Payment.

Check this box if you wish to sign up for Identity Theft Protection Services.

## IV. ORDINARY EXPENSE REIMBURSEMENT

All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following documented out-of-pocket expenses, not to exceed \$400 per member of the Settlement Class, that were incurred as a result of the Data Incident. To receive an Ordinary Expense Reimbursement, the loss must be an actual, documented, and unreimbursed monetary loss that is fairly traceable to the Data Incident; and have occurred between December 12, 2022 and August 27, 2024.

***Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.***

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="checkbox"/> Out-of-pocket losses include bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> m m           </div> <div style="font-size: 2em;">/</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> d d           </div> <div style="font-size: 2em;">/</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> y y           </div> </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Examples of Supporting Documentation:</b> <i>Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e., police station, IRS office), indication of why you traveled there (i.e., police report or letter from IRS re: falsified tax return) and number of miles you traveled.</i>		
<input type="checkbox"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after December 12, 2022 through April 29, 2024.	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> m m           </div> <div style="font-size: 2em;">/</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> d d           </div> <div style="font-size: 2em;">/</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> y y           </div> </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Examples of Supporting Documentation:</b> <i>Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.</i>		

## V. COMPENSATION FOR LOST TIME

All members of the Settlement Class who have spent time dealing with the Data Incident may claim up to four (4) hours for lost time at a rate of \$20.00 per hour. Any payment for lost time is included in the \$400 cap per Settlement Class member (no documentation is required).

Hours claimed (up to 4)     1 Hour (\$20)     2 Hours (\$40)     3 Hours (\$60)     4 Hours (\$80)

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Cyberattack between December 12, 2022 and the August 27, 2024.

**VI. ALTERNATIVE CASH PAYMENT**

In lieu of Ordinary Expense Reimbursement (Section IV, above) or Compensation for Lost Time (Section V, above), all members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible to receive a \$50 cash payment which may be subject to a *pro rata* reduction.

Check this box if you wish to receive a \$50 cash payment (in lieu of compensation under Sections IV and V).

**VII. EXTRAORDINARY EXPENSE REIMBURSEMENT**

All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following extraordinary expenses, not to exceed \$4,000 per member of the Settlement Class, that were incurred as a result of the Data Incident: To receive Extraordinary Expense Reimbursement, the loss must be an actual, documented, and unreimbursed monetary loss that is more likely than not caused by the Data Incident; and have occurred between December 12, 2022 and August 27, 2024; for which the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="checkbox"/> Other monetary losses incurred as a result of the Data Incident.	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">m</div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">d</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">d</div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">y</div> </div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
<b>Examples of Supporting Documentation:</b> <i>Invoices or statements reflecting payments made for professional fees/services.</i>		

**VIII. PAYMENT SELECTION**

Please select from **one** of the following payment options:

**PayPal**

PayPal Account Email Address or Phone Number

**Venmo**

Venmo Account Email Address or Phone Number

**Zelle**

Zelle Account Email Address or Phone Number

**Virtual Prepaid Card**

Email Address

**Physical Check:** Payment will be mailed to the address provided above.

**IV. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my state 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date