

Your claim must
be submitted
online or
postmarked by:
October 29, 2025

CLAIM FORM FOR FUTURITY DATA SETTLEMENT

Verderame v. Futurity First Insurance Group, LLC
Case No. 3:24-cv-01262-KAD
United States District Court, District of Connecticut

**Futurity
Data Settlement**

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS

Important: Your Claim Form must be submitted online by **OCTOBER 29, 2025**, in order to be timely and valid. You may submit a Claim Form by completing the form below. Your failure to submit a timely Claim Form will result in you forfeiting any payment and benefits for which you may be eligible under the settlement.

GENERAL INSTRUCTIONS

This Claim Form should be filled out if you are an individual who received notice of the cybersecurity Incident ("Incident") that Futurity First Insurance Group, LLC ("Futurity") disclosed in July 2024. As a Settlement Class Member, you may receive money if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment.

The Class Notice posted on the Settlement Website at www.FFIGDataSettlement.com describes your legal rights and options.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM.

To receive any benefits, you must submit the Claim Form below by OCTOBER 29, 2025.

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.FFIGDataSettlement.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: Futurity First Data Settlement, c/o Claims Administrator, P.O. Box 2007, Chanhassen, MN 55317-2007.

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

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number (optional)

II. PROOF OF CLASS MEMBERSHIP

- ☐ Check this box to certify that you were a person to whom Futurity mailed notice of the cybersecurity incident disclosed in July 2024.

Enter the Claimant ID Number and PIN provided on your Postcard Notice:

Claimant ID Number

PIN

III. CASH PAYMENT "A" – COMPENSATION FOR ORDINARY LOSSES

Check the box below to claim for ordinary losses you incurred as a result of the Incident. Please be sure to fill in the total amount you are claiming for and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). Please provide as much information as you can to help us determine if you are entitled to a settlement payment. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

- ☐ **Cash Payment "A," Compensation for Ordinary Losses include unreimbursed losses relating to fraud or identity theft as a result of the Incident. This category is capped at \$10,000.**

You must provide supporting documentation. **Examples** - professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Incident through the Claims Deadline; and miscellaneous expenses such as bank fees, notary, fax, postage, copying, mileage, and long-distance telephone charges postage, or gasoline for travel.

Total amount of Ordinary Losses: \$ _____

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation																							
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IV. CASH PAYMENT “B” – COMPENSATION FOR LOST TIME

Check the box to claim for time expended to secure your credit as a result of the Incident. Please be sure to select the total number of hours you are claiming for reimbursement.

☐ **Cash Payment “B,” Time Compensation.**

You must describe generally the efforts undertaken to secure your credit. Please also specify the number of hours spent (up to 5) on those efforts. Time Compensation will be reimbursed at \$30 per hour.

Hours claimed (up to 5 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours ☐ 5 Hours

Provide description(s) here:

V. CASH PAYMENT “C” – ALTERNATIVE CASH PAYMENT, OR CREDIT MONITORING

All Settlement Class Members may choose one of the following:

☐ **Cash Payment “C”, Alternative Cash Payment.** Send me a check to the above mailing address for my pro rata cash payment of up to \$300 from the funds remaining in the Net Settlement Amount after payment of the credit monitoring and the categories of awards described in Sections III and IV above;

OR

☐ **Credit Monitoring.** Send me my activation code for three-year, three-bureau credit monitoring so I can enroll in the credit monitoring services.

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature

Printed Name

Date Signed

**TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT
WWW.FFIGDATASETTLEMENT.COM NO LATER THAN OCTOBER 29, 2025.**