Must be postmarked or submitted online
NO LATER THAN FEBRUARY 19, 2026

Goodwin v. Word & Brown Insurance
Administrators, Inc.
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
www.WBIASettlement.com

Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice that your personal information may have been accessed in the *Goodwin v. Word & Brown Insurance Administrators, Inc.* data security incident (the "Data Incident") that took place on or about October 23, 2024, and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.WBIASettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

- **Reimbursement of Out-of-Pocket Losses**: You may submit a timely and valid Claim Form and provide supporting documentation showing that you spent money or incurred losses fairly traceable to the Data Incident for up to $1,500.
- **Credit Monitoring Services**: In addition to electing Out of Pocket Losses, you may submit a timely and valid Claim Form for two (2) years of Credit Monitoring, including at least $1,000,000.00 in identity theft protection insurance.
- **Alternative Cash Payment**: As an alternative to filing a claim for Out-of-Pocket Losses and Credit Monitoring Services, you may submit a timely and valid Claim Form for an Alternative Cash Payment of $45. The amount of the Alternative Cash Payment will be decreased on a pro rata basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

Claims must be submitted online or mailed by February 19, 2026. Use the address at the top of this form for mailed claims.

For more information and complete instructions visit www.WBIASettlement.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final.

Your Information

This information will be used solely to contact you and to process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by mail or emailing WBIASettlement@cptgroup.com.

First Name | MI | Last Name

Mailing Address

City | State | ZIP Code

Phone Number

– –

Email Address

CPT ID (Referenced on the notice mailed to you)

Credit Monitoring Services

You can receive two (2) years of free credit monitoring services including at least $1,000,000.00 in identity theft protection insurance. You can only choose this option with Out-of-Pocket Losses.

Please check below to receive the Credit Monitoring Services benefit.

☐ Receive 2 years of Credit Monitoring Services

Cash Payment

You can submit a claim for Reimbursement of Out-of-Pocket Losses **or** Alternative Cash Payment.

1. Reimbursement of Out-of-Pocket Losses: You may submit a timely and valid Claim Form and provide supporting documentation showing that you spent money or incurred losses fairly traceable to the Data Incident for up to $1,500 per person if:

a) the loss is an actual, documented, and unreimbursed monetary loss caused by (1) injurious misuse of the Settlement Class Member's personally identifiable information ("PII") or (2) fraud associated with the Settlement Class Member's PII;

b) the loss was substantially more likely than not caused by the Data Incident; and (c) the loss occurred during the period from October 1, 2024, through and including seven days after the Court approved notice of settlement is sent to the Settlement Class.

Examples of supporting documentation include (but are not limited to): Eligible expenses may include fraud-related bank fees, credit freeze costs, credit report fees, and costs associated with identity theft resolution. "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. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.

To obtain reimbursement under Out-of-Pocket Losses, you must provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

ATTACH DOCUMENTS: Attach a copy of credit card statements, bank statements, invoices, telephone records, and receipts for each expense (you may redact unrelated transactions).

2. Alternative Cash Payment: As an alternative to filing a claim for Out-of-Pocket Losses and Credit Monitoring, you can elect to make a claim for a $45 Alternative Cash Payment.

Please check below to receive the $45 Alternative Cash Payment.

☐ I choose a cash payment of $45 in the alternative to compensation for Out-of-Pocket Losses and Credit Monitoring.

How You Will Receive Your Payment

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. To receive an electronic payment, submit your claim online at www.WBIASettlement.com.

Signature

I attest under penalty of perjury that the information supplied in this Claim Form is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete and valid.

____ Date: ______ - ______- _________

Signature MM DD YYYY

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Print Name