

Your Claim must
be submitted
online or
postmarked by:
February 18, 2025

RISE INTERACTIVE SETTLEMENT CLAIM FORM

Roper et al. v. Rise Interactive Media & Analytics, LLC.,
Case No. 1:23-cv-1836
United States District Court for the
Northern District of Illinois

**USE THIS FORM ONLY IF YOU ARE A
SETTLEMENT CLASS MEMBER**

GENERAL INSTRUCTIONS

If you received notice of this settlement, the Settlement Administrator has identified you as a Settlement Class Member whose personal data was potentially impacted as a result of the Data Incident experienced by Rise Interactive Media & Analytics in 2022 ("Data Incident").

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

Rise Interactive Settlement
c/o Analytics Consulting LLC
PO Box 2010
Chanhassen MN 55317-2010

To receive any of these benefits, you must submit the Claim Form below by February 18, 2025.

You may submit a Claim for the following benefits:

- 1) **Reimbursement for Out-of-Pocket Losses:** You may submit a Claim for reimbursement for certain documented out-of-pocket expenses, not to exceed \$250, that were incurred as a result of the Data Incident. You must attest that the documented out-of-pocket losses were demonstrably incurred, more likely than not, as a result of the Data Incident and not incurred due to some other event or reason.
- 2) **Pro Rata Cash Payment:** You may submit a Claim for an estimated cash payment of \$50. The Settlement Administrator will make *pro rata* settlement payments, which may increase or decrease the \$50 cash payment, subject to the total amount of the Net Settlement Fund. Settlement Class Members who select this cash payment may combine this benefit with a valid Claim for Reimbursement for Out-of-Pocket Losses.

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

Please note: the Settlement Administrator may contact you to request additional documentation to process your Claim. For more information and complete instructions, please visit www.RiseSPISettlement.com.

Settlement benefits will be distributed only after the settlement is approved by the Court.

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement 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

II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you were notified of the Data Incident and/or settlement.

Enter the Class Member ID provided on your Postcard Notice. Your Class Member ID is located on the front of the postcard notice that was sent to Settlement Class Members via first-class mail. If you lost or do not know your Class Member ID, you may contact the Settlement Administrator at 1-833-594-4153.

Class Member ID

III. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

All Settlement Class Members may submit a Claim for reimbursement of the following documented out-of-pocket expenses, not to exceed \$250 per Settlement Class Member, that were incurred as a result of the Data Incident:

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Data Incident, including 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="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm dd yy </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"/>
<p>Examples of Supporting Third Party Documentation: Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make Claims for any documented out-of-pocket losses that you believe are reasonably related and fairly traceable to the Data Incident and not incurred due to some other event or reason.</p>		
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance products purchased after November 14, 2022 that you attest under penalty of perjury were caused or otherwise incurred as a result of the Data Incident.	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm dd yy </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"/>
<p>Examples of Supporting Documentation: Receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services.</p>		
<input type="radio"/> Reimbursement for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Data Incident.	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm dd yy </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"/>
<p>Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.</p>		
<p>YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES</p>		
<input type="checkbox"/> I attest and affirm to the best of my knowledge and belief that any Claimed expenses were incurred as a result of the Data Incident and not incurred due to some other event or reason.		

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IV. PRO RATA CASH PAYMENT

Check this box to certify that you were notified of the Data Incident and/or settlement.

This amount may increase or decrease on a *pro rata* basis, depending upon the number of Claims filed and approved.

V. PAYMENT SELECTION

If you would like to elect to receive your settlement payment through electronic transfer, please visit the Settlement Website and file your Claim online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

VI. MEDICARE BENEFICIARY

Were you a Medicare beneficiary during the time period of November 14, 2022 to the present? (*check one*)

Yes No

If you are a Medicare beneficiary receiving more than \$750 under this settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.

VII. 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