

**Your claim
must be
postmarked by:
August 7, 2025**

**COMMONWEALTH OF MASSACHUSETTS
NORFOLK COUNTY SUPERIOR COURT**

Sandler v. The May Institute, Inc., Case No. 2482CV00768

**The May
Institute, Inc.**

Claim Form

This claim form should be filled out online or submitted by mail if you previously received written notice that your Personally Identifiable Information may have been compromised as a result of a Cyber-Attack that the May Institute, Inc. ("The May Institute") discovered in or about December 2023 (the "Data Breach"), and you would like to receive a benefit from the settlement.

This claim form must be mailed and postmarked by **August 7, 2025**. Alternatively, you may complete and submit your Claim Form online at www.TheMayInstituteSettlement.com.

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

Phone Number

Email Address

CPT ID

II. COMPENSATION FOR ORDINARY LOSSES AND EXTRAORDINARY LOSSES

Check the box for each category of benefits you would like to claim. Categories include: (1) Compensation for Ordinary Losses: Unreimbursed losses, up to a total of \$400 (includes ordinary Out-of-Pocket Expenses); and (2) Compensation for Extraordinary Losses: Up to \$2,500 in compensation for proven monetary losses.

Ordinary Losses Resulting from the Data Breach

_____ I incurred Out-of-Pocket Expenses between December 1, 2023, and the Claims Deadline as a result of the Data Breach.

Examples – Fees for credit reports, bank fees, long distance phone charges, data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.

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All ordinary Out-of-Pocket Expenses must be attributable to the Data Breach.

Total amount for this category: \$ _____

Describe your ordinary Out-of-Pocket Expense(s) below, including date expense was incurred, the amount, and its relation to the Data Breach.

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Extraordinary Losses Resulting from the Data Breach

_____ I incurred Extraordinary Expenses between December 1, 2023, and the Claims Deadline as a result of the Data Breach.

Total amount for this category: \$ _____

☐ Check this box to confirm that you have not been reimbursed for these monetary losses and the losses are not already covered by one or more of the normal reimbursement categories.

☐ Check this box to confirm that you have made efforts to avoid, or you have sought reimbursement for, the losses, including but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

Describe your Extraordinary Expense(s) below, including date expense was incurred, the amount, and its relation to the Data Breach.

Documentation of the extraordinary loss is required. The loss must be more likely than not the result of the Data Breach and must not already be covered by the ordinary reimbursement category.

III. CREDIT MONITORING AND FRAUD INSURANCE

You may claim a two-year membership of single-bureau ("1B") credit monitoring with at least \$1,000,000.00 in fraud insurance. The credit monitoring services are in addition to any credit monitoring services The May Institute initially offered related to the December 2023 Data Breach

If you wish to receive Credit Monitoring Services, check the box below, provide your email address in the space provided above, sign, and return this Claim Form. Submitting this Claim Form will not automatically enroll you in Credit Monitoring

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Services. To enroll, you must follow the instructions that will be sent to you using the email address you provided above after the Settlement is approved and becomes final (the "Effective Date").

☐ I would like to receive Credit Monitoring Services. I have provided my email address above.

IV. ALTERNATIVE CASH PAYMENT

In lieu of all other Settlement Benefits listed above (including Ordinary and Extraordinary Out-of-Pocket losses, and Credit Monitoring), you may elect to claim a cash payment in an amount up to \$50.00.

If you wish to receive a cash payment, check the box below.

☐ I would like to receive a Cash Payment.

IF YOU SELECT THE CASH PAYMENT, YOU CANNOT RECEIVE ANY OTHER OF THE SETTLEMENT BENEFITS OFFERED.

If your claim is approved and you qualify for a monetary payment, a check will be mailed to the address above. If you would like your payment to be delivered electronically, please submit your Claim Form online at www.TheMayInstituteSettlement.com.

V. SIGN AND DATE YOUR CLAIM FORM

I attest under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Your signature

Date: _____
MM DD YYYY

Your name

Mail your completed claim form and documentation to:

The May Institute Data Breach
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Telephone: 1-888-497-8935