

FMC Data Settlement
Administrator
P.O. Box 1789
Baton Rouge, LA 70821

**Your Claim Form must
be postmarked or
submitted online no later
than August 31, 2026**

Sharber, et al. v. FMC Servs., LLC, Case No. 111219-D-CV (320th Dist. Ct.)

CLAIM FORM

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You may submit a Claim Form if you were sent a notice of the Data Incident indicating that your Private Information may have been impacted in the Data Incident.

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

SETTLEMENT BENEFITS – WHAT YOU MAY GET

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

(1) Cash Payment A – Documented Losses: All Settlement Class Members may submit a Claim for a cash payment under this section for up to \$5,000.00 per Settlement Class Member upon presentment of reasonable documented losses related to the Data Incident. To receive a documented loss payment, you must elect Cash Payment A on the Claim Form attesting under penalty of perjury to having incurred documented losses.

You are required to submit reasonable documentation supporting the losses, which means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid. Non-exhaustive examples of reasonable documentation include telephone records, correspondence including emails, letters or receipts. Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.

OR

(2) Cash Payment B – Alternate Cash. As an alternative to Cash Payment A, you may elect to receive Cash Payment B, which is an alternative cash payment in the estimated amount of \$75.00. The amount of this payment will depend on the funds remaining in the Settlement Fund after all other payments are made.

AND

(3) Medical Data Monitoring: In addition to Cash Payment A or Cash Payment B, you may also make a Claim for Medical Data Monitoring that will include two (2) years of CyEx medical data monitoring product.

OR

(4) Minor Data Monitoring: In addition to Cash Payment A or Cash Payment B, minor Settlement Class Members may also make a Claim for Medical Data Monitoring that will include two (2) years of CyEx's minor monitoring product.

Claims must be submitted online or mailed by August 31, 2026.

Use the address at the top of this form to mail your Claim Form.

QUESTIONS? VISIT WWW.FMCDATASETTLEMENT.COM OR CALL TOLL-FREE 1-844-609-0700

YOUR INFORMATION

Provide the Class Member name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

Class Member First Name	Class Member Last Name	
Street Address		
City	State	Zip Code
Email Address	Telephone Number	Notice ID, if known

CASH PAYMENT A - DOCUMENTED LOSSES

- Check this box if you are requesting compensation for **Cash Payment A - Documented Losses** up to a total of \$5,000.00. You cannot claim both Cash Payment B and Cash Payment A - Documented Losses

You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount	Date
<i>Example: Receipt for credit repair services</i>	\$100	MM/DD/YYYY
TOTAL AMOUNT CLAIMED:		

CASH PAYMENT B – ALTERNATE CASH

As an alternative to Cash Payment A above, you may claim a cash payment in the estimated amount of \$75. The amount of this payment will depend on the funds remaining in the Settlement Fund after all other payments are made.

- Check this box if you wish to claim Cash Payment B in the alternative to Documented Losses.

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MEDICAL DATA MONITORING

Each Settlement Class Member may elect to receive two (2) years of CyEx medical data monitoring product. Please include your email address and mailing address on page 2 of this Form.

Adult Class Members:

Check this box if wish to receive two (2) years of Medical Data Monitoring.

Minor Class Members:

Check this box if wish to receive two (2) years of Minor Data Monitoring.

PAYMENT SELECTION

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

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

Physical Check - Payment will be mailed to the address provided on this form.

ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

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