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RESIDENTS OF ISRAEL
CLAIM FORM FOR OUT-OF-POCKET COSTS AND ALTERNATIVE CASH PAYMENT IN LIEU
OF CREDIT MONITORING SERVICES

In re: Yahoo! Inc. Customer Data Security Breach Litigation

RESIDENTS OF ISRAEL USE THIS FORM TO MAKE A CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET COSTS YOU BELIEVE YOU INCURRED AS A RESULT OF THE YAHOO DATA BREACHES AND TO MAKE A CLAIM FOR AN ALTERNATIVE CASH PAYMENT IN LIEU OF CREDIT MONITORING SERVICES

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS: JULY 20, 2020

I. GENERAL INSTRUCTIONS

If you had a Yahoo account between January 1, 2012, and December 31, 2016, you are a “Settlement Class Member.” If you are a Settlement Class Member who currently resides in Israel, or who resided there during the period of 2012-2016, then you are an Israeli Settlement Class Member. If you are an Israeli Settlement Class Member please use this claim form to make claims for Out-of-Pocket Costs and/or for an alternative cash payment in lieu credit monitoring services.

Settlement Class Members are entitled to request reimbursement of “Out-of-Pocket Costs” that they believe they incurred as a result of the Yahoo Data Breaches. If you received an emailed notice from the Settlement Administrator about this class action settlement addressed to you, then the Settlement Administrator has already determined that you are a Settlement Class Member, but you need to file a claim form in order to receive compensation from the Settlement. To learn more about the Settlement or how to determine whether you are Settlement Class Member (if you did not receive emailed notice), go to **www.YahooDataBreachSettlement.com**.

If you are a Settlement Class Member, and you believe you spent money or lost time or money related to the Data Breaches, then you may make a claim for reimbursement. The Settlement consists of a fund of \$117.5 million to pay all valid Claims of all Settlement Class Members—including claims for Out-of-Pocket Costs, and for fees paid by Paid Users, and Small Business Users. The Settlement Fund will also be used to pay for Credit Monitoring Services or Alternative Compensation for those who already have credit monitoring; the costs of class notice and settlement administration; and court-approved Class Representative Service Awards and attorneys’ fees, costs, and expenses. To the extent all such amounts exceed \$117.5 million, then the amount of each claim for Alternative Compensation, Out-of-Pocket Costs, and for fees paid by Paid Users and Small Business Users will be reduced proportionally (by a percentage) until the total payments exhaust the Settlement Fund.

Out-of-Pocket Costs incurred from January 1, 2012 to the present which may be eligible for reimbursements include, but are not limited to:

- The costs of credit monitoring or identity protection services you obtained (up to the date on which Credit Monitoring Services become available through this Settlement).
- Unreimbursed losses, fees, or charges incurred as a result of identity fraud or theft connected with the possible misuse of your name, email address, telephone number, birth date, password, and security questions at Yahoo, or from contents of your email account, such as financial communications and records containing credit cards, retail accounts, banking, account passwords, IRS documents, and social security numbers from transactions conducted by email (“Personal Information”).



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- Professional fees and other costs incurred addressing identity fraud or theft, including falsified tax returns or other identity fraud or theft, connected with the possible misuse of your Personal Information.
- Costs associated with credit freezes.
- Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance charges that you show were incurred in connection with identity fraud or theft connected with the possible misuse of your Personal Information.
- If you can adequately document identity fraud or theft connected with the possible misuse of your Personal Information you may be eligible for reimbursement of up to fifteen hours of time spent remedying issues related to one or more of the Data Breaches (calculated at \$25 per hour, or time off work at your documented hourly wage, whichever is greater), or, if you cannot provide documentation, up to five hours of time spent remedying issues related to one or more of the Data Breaches, at \$25 per hour, or time off work at your documented hourly wage, whichever is greater.

This list provides examples only, and other costs due to one or more of the Data Breaches may also be eligible for reimbursement. However, **YOU MUST BE ABLE TO DOCUMENT YOUR CLAIM.**

The Settlement Administrator has the sole authority to determine the validity of claims for Out-Of-Pocket Costs. Only valid claims will be paid. To the extent only portions of the claim can be adequately documented and validated, only those portions will be paid. To the extent the amounts required to fund valid claims exceed the amount of the Settlement Fund, the cash payments for the valid claims will be reduced on a *pro rata* basis. **The deadline to file an Out-of-Pocket Costs Claim is July 20, 2020.**

Settlement Class Members are also entitled to make a claim for a minimum of two years of Credit Monitoring Services at no cost to them. However, because such Credit Services are unavailable to residents of Israel, Israeli Settlement Class Members may seek an alternative cash payment of \$100, although that amount may be less or up to \$358.80, depending on how many claims are submitted, in lieu of credit monitoring services.

In order to receive the alternative cash payment, please fill out the alternative cash payment form below.

In order for your claim to be considered, you must fully complete this Claim Form. You can complete and submit this Claim Form online at www.YahooDataBreachSettlement.com.

Or, type or legibly print all information in blue or black ink, answering all questions below, and submit the completed Claim Form, including any documentation that may be required, to the Settlement Administrator by mail, postmarked on or before July 20, 2020, at the following address:

Yahoo Security Breach Litigation
c/o Settlement Administrator
PO Box 1760
Philadelphia, PA 19105-1760



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II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes, you MUST notify the Settlement Administrator in writing at the address above.

Claimant Name: _____
First Name Middle Initial Last Name

Other name(s) you use (if any) _____

Name of Representative (if someone else is filing this claim for the person named in the claim):

Mailing Address - Line 1: _____
Street Address

Mailing Address - Line 2 (If Applicable): _____
Apartment/Suite/Floor Number

City: _____ State: _____ Zip Code: _____

Country: _____ Foreign Postal Code: _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Phone Number Work Phone Number Cell Phone Number

Current Email Address: _____ @ _____ . _____

_____/_____/_____
Date of Birth (mm/dd/yyyy)

Claim Number Provided By Settlement Administrator (if known)



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Yahoo accounts you held between January 1, 2012 and December 31, 2016 (attach additional sheets if needed):

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III. ALTERNATIVE CASH PAYMENT IN LIEU OF FUTURE CREDIT MONITORING SERVICES

To obtain an Alternative Cash Payment from the Settlement in lieu of future credit monitoring services, please select that option below and confirm you meet all the eligibility requirements, and either submit this Claim Form online, or return this Claim Form by mail by July 20, 2020.

Alternative Cash Compensation Option: I wish to receive alternative compensation. I understand that this payment will be \$100, but may be lower or may be up to \$358.80, depending on participation in the Settlement. I hereby CERTIFY that (all must be checked if you wish to receive Alternative Compensation):

I am a Settlement Class Member, meaning I had a Yahoo account at some time between January 1, 2012, and December 31, 2016.

I currently reside in Israel, or resided there between January 1, 2012, and December 31, 2016.

IV. DOCUMENTATION OF HARM

Fill out the below to claim costs relating to the Yahoo Data Breaches (attach additional pages as needed):

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Unreimbursed fraud losses or charges	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>
<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount</i>
<input type="checkbox"/> Credit freeze	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Examples: Notices or account statements reflecting payment for a credit freeze:</i>
<input type="checkbox"/> Credit monitoring that was ordered after January 2012 through the date on which the Credit Monitoring Services become available through this Settlement	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring services</i>



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<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>
<input type="checkbox"/> Other (provided detailed description)	___/___/___ (mm/dd/yy)	\$ _____ . ____	<i>Please provide detailed description:</i>

V. CLAIMS FOR ADDITIONAL TIME

If, in addition to the above, you spent time addressing issues related to one or more of the Data Breaches, you may be compensated at \$25 per hour or unpaid time off work at your actual hourly rate, whichever is greater, for up to 15 hours, for documented claims. If you cannot provide documentation, you may be compensated at \$25 per hour or unpaid time off work at your actual hourly rate, whichever is greater, for up to 5 hours.

- If you spent time remedying issues relating to one or more of the Yahoo Data Breaches, please indicate the number of hours here: _____
- If you took unpaid time off work, please provide documentation of the number of hours that you took off work, and your hourly age.
- Please explain in detail how this time was expended and why it was necessary:

- Please also provide any available documentation of the potential fraud and/or identity theft that made this expenditure of time necessary (i.e. letter from IRS or bank; police report).



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PAYMENT ELECTION

I wish to receive my payment for Alternative Compensation and Out-of-Pockets costs, if approved, by (Select only one):

Check made out to me as an individual at the address above.

Direct Deposit* Email Address: _____@_____._____

*If you select Direct Deposit, you will be contacted at the email address provided above prior to the distribution of payments to provide your banking information via a secure site to initiate your payment. You must provide your email address so the Settlement Administrator can contact you.

VI. CERTIFICATION

I hereby certify under penalty of perjury that I have personal knowledge of all of the information I provided in this Claim Form and that such information is true and correct to the best of my knowledge.

_____/_____/_____
Signature of Claimant Date

If the Claimant is not the person completing this form, the following also must be provided:

_____/_____/_____
Signature of Representative Date

Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, trustee, guardian, custodian, etc. (must provide evidence of authority to act on behalf of Claimant).