

**Your claim must  
be submitted online  
or postmarked by:  
JULY 6, 2026**

**CLAIM FORM**

*Melanie Hudson, et al v. Pennsylvania State Education  
Association*  
Case No. 2025-CV-02411  
Court of Common Pleas of Dauphin County, Pennsylvania



**GENERAL INSTRUCTIONS**

You are a Settlement Class Member if your Private Information was potentially compromised in the data security incident (the “Data Incident”) announced by the Pennsylvania State Education Association (“Defendant”) in March of 2025. You may submit a claim for settlement benefits as outlined below. You are eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *Melanie Hudson, et al. v. Pennsylvania State Education Association*, Case No. 2025-CV-02411. Please refer to the Long-Form Notice posted on the Settlement Website [www.PSEADataSettlement.com](http://www.PSEADataSettlement.com) for more information on submitting a Claim Form.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

PSEA Data Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

**You may submit a claim for the following benefits:**

- 1) **Cash Payment for Out-Of-Pocket Losses:** Settlement Class Members may submit a claim for reimbursement of documented, unreimbursed costs or expenditures incurred that are fairly traceable to the Data Incident up to \$5,000 upon presentation of documentation evidencing such losses.
- 2) **Alternative Cash Payment:** In the alternative to a Cash Payment for Out-Of-Pocket Losses, Settlement Class Members may submit a claim for a \$50 cash payment, with such amount being subject to proration based upon the number of Valid Claims filed.
- 3) **Credit Monitoring:** In addition to electing either of the other benefits, Settlement Class Members may claim two years of credit monitoring that will provide proactive credit and identity monitoring, personalized recovery assistance, and reimbursement for expenses.

**I. 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 Claim Form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address 1**

**Questions? Go to [www.PSEADataSettlement.com](http://www.PSEADataSettlement.com) or call 800-465-8066**

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**Address 2**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Email Address**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number**

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**II. CLASS MEMBERSHIP**

Check this box to certify that you are an individual whose Private Information was potentially impacted in the Data Incident.

Enter the Class Member ID provided on your Notice: \_\_\_\_\_

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**III. CASH PAYMENT FOR OUT-OF-POCKET LOSSES**

Settlement Class Members may submit a claim for up to \$5,000 of out-of-pocket losses related to the Data Incident. Out-of-Pocket Losses may include, without limitation, the following:

- 1) unreimbursed costs, expenses, losses, or charges incurred on or after July 6, 2024, as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of a Settlement Class Member's Private Information;
- 2) costs incurred on or after July 6, 2024, associated with purchasing, accessing, or freezing/unfreezing credit reports with any credit reporting agency;
- 3) other miscellaneous expenses incurred related to any Out-of-Pocket Loss, such as notary, fax, postage, copying, mileage, internet usage charges (if either charged by the minute or incurred solely as a result of the Data Incident), and long-distance telephone charges and cellphone minutes (if charged by the minute); and
- 4) credit monitoring, fraud resolution, or other mitigative services or costs that were incurred on or after July 6, 2024, through March 18, 2026.

**Check this box if you wish to submit a claim for a Cash Payment for Out-of-Pocket Losses.** To receive a Cash Payment for Out-of-Pocket Losses, a Settlement Class Member must attest, under penalty of perjury, to incurring documented losses. You are required to submit reasonable documentation supporting the losses and demonstrating that the losses are more likely than not related to the Data Incident.

**Total amount for this category \$** \_\_\_\_\_ (not more than \$5,000)

I attest under penalty of perjury to having incurred the losses for which this claim is submitted.

*Settlement Class Members with losses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.*

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Supporting documentation must be provided. If a Settlement Class Member does not submit reasonable documentation supporting the loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure the Claim, the Claim will be rejected and the Settlement Class Member's claim may be treated as if he or she elected a Alternative Cash Payment.

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#### IV. ALTERNATIVE CASH PAYMENT

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All Settlement Class Members may make a claim for an alternative cash payment in the amount of \$50 without the need to document losses incurred as a result of the Data Incident. *(You cannot file a claim for Cash Payment for Out-of-Pocket Losses if you claim the Alternative Cash Payment.)*

**Check this box to request an Alternative Cash Payment.**

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#### V. CREDIT MONITORING

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In addition to electing to receive monetary compensation, all Settlement Class Members may also elect to receive two years of credit monitoring. If you elect to receive Credit Monitoring, an activation code will be sent to the email address you provided on this Claim Form once Settlement benefits are distributed.

**Check this box to request Credit Monitoring.**

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#### VI. PAYMENT SELECTION

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Check here if you would like to receive payment for your approved claim, if any, via electronic means. Please provide the email address for an electronic payment notification: \_\_\_\_\_

If you do not check this box or provide a valid email address, your payment will be mailed via check to the address provided above.

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#### VII. ATTESTATION & SIGNATURE

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By signing my name below, I swear and affirm subject to the laws of my state that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name