

Your claim must be submitted
online or postmarked by:
April 15, 2026

*William Geiger v. Disability Rights Wisconsin,
Inc.*

Case No. 24-CV-002072
Dane County Circuit Court

**DISABILITY RIGHTS DATA INCIDENT CLAIM
FORM**

Settlement Website:
www.DRWDataSettlement.com

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form in the Disability Rights Data Incident Settlement if you are a Settlement Class Member.

The **Settlement Class** includes: All individuals residing in the United States whose Private or Personal Information was affected by a cybersecurity incident discovered by Defendant that occurred in or around October 2023 (the “**Data Incident**”). The Data Incident was disclosed by Disability Rights Wisconsin on or about June 21, 2024.

SETTLEMENT CLASS MEMBER BENEFITS

The following benefits are available to Settlement Class Members:

Attestation Losses (not to exceed \$85.00 per Settlement Class Member)

Settlement Class Members can submit a Claim Form for reimbursement of Attested Losses related to the time spent addressing issues arising from the Data Incident. Attestation Losses are capped at four (4) hours per individual claimant, reimbursed at a rate of \$21.25 per hour, not to exceed \$85.00 per Settlement Class Member.

Extraordinary Documented Out-of-Pocket Extraordinary Expenses (“Extraordinary Expenses”) (not to exceed \$2,000 per Settlement Class Member) *Requires Documentation

Settlement Class Members can submit a Claim Form for reimbursement of Extraordinary Documented Out-of-Pocket Extraordinary Expenses (“**Extraordinary Expenses**”), not to exceed \$2,000.00 per Settlement Class Member, that were incurred as a result of the Data Incident.

Documented Extraordinary Expenses include but are not limited to: (a) monetary losses from fraud or identity theft; (b) professional fees, including attorneys’ fees, accountants’ fees, and fees for credit-repair services; (c) costs associated with freezing or unfreezing credit with any credit reporting agency; (d) credit-monitoring costs incurred on or after the mailing of the Notice of Data Incident through the date of claim submission, over and above credit monitoring offered by Defendant in the Notice of the Data Incident; and (e) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. The Defendant will decide on the validity of claims for Extraordinary Expenses. Settlement Class Members **must submit documentation** demonstrating the Extraordinary Expenses claimed.

Credit Monitoring

Settlement Class Members are eligible to enroll in two (2) years of single bureau credit monitoring that includes at least \$1 million in identity theft protection and fraud insurance. No supporting documentation is necessary to receive this Settlement benefit. Settlement Class Members must affirmatively request credit monitoring by indicating such request on the Claim Form, and codes will be sent either to an email address provided by the Settlement Class Member or, if they do not have an email address, mailed to the address provided on the Claim Form.

SUBMITTING YOUR CLAIM FORM

QUESTIONS? VISIT WWW.DRWDATASETTLEMENT.COM OR CALL TOLL-FREE 1-800-384-0380

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Claim Forms may be submitted online at www.DRWDataSettlement.com by **April 15, 2026** or completed and mailed to the Settlement Administrator **postmarked no later than April 15, 2026**.

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Disability Rights Data Breach Settlement, c/o Atticus Administration, PO Box 64053, St. Paul, MN 55164-9996

If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond and your claim is denied, you will not receive a settlement payment. If you have any questions, please contact the Settlement Administrator by email at DRWDataSettlement@AtticusAdmin.com or by mail at the address listed above.

I. CLAIMANT INFORMATION

Provide your contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Unique ID Number

II. CREDIT MONITORING PROTECTIONS

Check this box if you wish to receive two (2) years of single bureau credit monitoring that includes at least \$1 million in identity theft protections and fraud insurance. Submitting this Claim Form will not automatically enroll you. To enroll, you must follow the instructions that will be sent to the email address (that you provide in Section I above) after the Settlement is approved and becomes final.

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V. PAYMENT SELECTION

Please select **one** of the following payment options if you completed section III **or** IV above.

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: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

VI. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form, I affirm under penalty of perjury under the laws of the United States that I am a Settlement Class Member and that the information provided in this Claim Form, including any supporting documentation, 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: _____