

***Guarino v. Radius Financial Group, Inc.*, Civil Action No. 2283CV00196  
Superior Court, County of Plymouth, Commonwealth of Massachusetts**

**CLAIM FORM**

**DEADLINE TO SUBMIT: DECEMBER 7, 2023**

ATTENTION: This Claim Form is to be used to apply for benefits made available from the Settlement of a Lawsuit with Radius Financial Group, Inc. (“Defendant”). The Lawsuit alleges that Defendant experienced a Cybersecurity Incident in which (an) unauthorized person(s) or entity (entities) may have acquired a limited number of electronic documents stored on Defendant’s systems. This Cybersecurity Incident was discovered in July 2021, which resulted in the potential compromise of personally identifiable information (“PII”) of Defendant’s current and/or former clients. Defendant denies all of the claims or that it has any liability whatsoever. Nevertheless, Defendant has agreed to settle these doubtful and disputed claims.

To recover as part of this Settlement, you *must* provide the information requested in this Claim Form for each applicable claim. PLEASE BE ADVISED that any documentation you provide must be submitted with this Claim Form.

**You may submit Claims in each applicable category below:**

- (A) Compensation for reasonable and appropriate costs actually incurred and paid by a Settlement Class Member between the Cybersecurity Incident Date and the Notice Date to remediate harm caused by the Cybersecurity Incident to that Settlement Class Member’s identity or credit. Ordinary Losses attributable to the Cybersecurity Incident, not to exceed \$325, which may include but are not limited to:
  - (1) (a) costs to obtain credit reports and remediate fraudulent credit accounts; (b) telephone or cellphone fees or charges; (c) fees charges by credit cards, banks, or other financial institutions; (d) costs for postage or other forms of delivery of documents or other materials; (e) data fees or charges; (f) travel expenses; (g) costs and fees for filing or processing of documents or other materials; and (h) costs and fees for professional services, including forensic, technological, financial, accounting, and legal;
  - (2) Reimbursement for up to four (4) hours of Lost Time, calculated at \$25/hour, provided that the Settlement Class Member attests that the claimed lost time was spent responding to issues raised by the Cybersecurity Incident; and
- (B) Compensation of some or all Stolen Funds, meaning monetary funds that were stolen, or taken or debited without authorization, from a financial account owned by a Settlement Class Member between the Cybersecurity Incident Date and the Notice Date due to the compromise of that Settlement Class Member’s Protected Information in the Cybersecurity Incident, provided that the Settlement Class Member timely took all necessary and appropriate steps to attempt to recover or obtain a credit for such Stolen Funds, including, but not necessarily limited to, from any and all financial institutions and other persons involved and all other sources, including potentially applicable insurance.

- (C) 2 years of single-bureau credit monitoring that includes identity-theft protection insurance of up to \$1,000,000.

Maximum total recovery per Settlement Class Member for compensation for: (A) Ordinary Losses; and (B) Stolen Funds is \$2,500.

For further information on each, please see the Notice. You may contact the Claims Administrator by phone at 1-888-208-0032 or email at [radiusfinancialsettlement@atticusadmin.com](mailto:radiusfinancialsettlement@atticusadmin.com).

If you wish to submit a Claim for a settlement payment electronically, you may go online to the Settlement Website, [www.radiusfinancialsettlement.com](http://www.radiusfinancialsettlement.com), and follow the instructions on the “Submit a Claim” page.

If you wish to submit a Claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to PO Box 64053, Saint Paul, MN 55164, postmarked by **December 7, 2023** or submit this Claim Form electronically on the Settlement Website by **December 7, 2023**. Please print clearly in blue or black ink.

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## 1. General Information

*Required Information:*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*Optional Information:*

Email: \_\_\_\_\_

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## 2. Claim Information

### **Claim A: Ordinary Losses**

To obtain reimbursement under this category, you must affirm the following, if applicable:

- I incurred unreimbursed reasonable and appropriate costs incurred as a result of the Cybersecurity Incident.

Total Amount of Ordinary Losses \$ \_\_\_\_\_

Please provide a description of each expense or loss claimed, the date of loss, the dollar amount of the loss, and the type of supporting documentation you will be submitting to support the loss.

**You must provide ALL of this information for this Claim to be processed.**

| <b>Claim A: Ordinary Losses – Out-of-Pocket Expense</b>  |             |               |                                       |
|--|-------------|---------------|---------------------------------------|
| <b>(Settlement Class Members are eligible for compensation for up to a total of \$325.00 per person for Ordinary Losses, including expenses and lost time)</b> |             |               |                                       |
| <b>Description of the Expense</b>  | <b>Date</b> | <b>Amount</b> | <b>Supporting Documentation</b>       |
| Examples:<br>Ordered credit reports  | 1/5/22      | \$30.00       | Copy of invoice/billing statement     |
| Mailed police reports to private provider  | 1/5/22      | \$5.00        | Copy of receipt from U.S. Post Office |
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| <b>TOTAL (maximum \$325.00, can be claimed, including lost time)</b>   |             |               |                                       |
| <b>List any additional expenses on a separate sheet and submit with this Claim Form.</b>   |             |               |                                       |
| <b>Failure to provide appropriate documentation will result in a delay in processing and may result in the denial of your Claim.</b>                           |             |               |                                       |

### Claim A: Ordinary Losses – Lost Time Reimbursement

Settlement Class Members are eligible for compensation for up to a total of \$325.00 per person for Ordinary Losses, including Lost Time.

Lost Time may include up to 4 hours of Lost Time, at \$25.00 per hour, for time spent dealing with the Cybersecurity Incident.

If you elect to obtain reimbursement for personal time addressing issues arising out of the Cybersecurity Incident to try to prevent, detect, contest, remediate, and/or repair related damages as a result of the Cybersecurity Incident, complete the following:

- I attest that I spent at least one hour of personal time responding to issues raised by the Cybersecurity Incident.

How much time did you spend (check one)?

- 1 Hour (\$25)  2 Hours (\$50)  3 Hours (\$75)  4 Hours (\$100)

*In order to receive this payment, you must describe what you did and how the claimed Lost Time was spent related to the Cybersecurity Incident.* Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
  - Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
  - Time on the internet verifying fraudulent transactions.
  - Time on the internet updating automatic payment programs due to new card issuance.
  - Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
  - Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
  - Other. Provide description(s) here:
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### Claim B: Stolen Funds

To obtain reimbursement under this category, you must affirm the following:

- I experienced proven monetary loss(es) attributable to the Cybersecurity Incident, **AND** the loss is an actual, documented, and unreimbursed monetary loss, **AND**, the loss was more likely than not caused by the Cybersecurity Incident, **AND** the loss occurred between July 7, 2021 and the Notice Date, **AND** the loss is not already covered by one or more of the above normal reimbursement categories, **AND** all necessary and appropriate effort was made by me to avoid or seek reimbursement for the loss, including but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

Please provide documentation supporting **both** your Claim and your associated expenses.

An example of documentation supporting your Claim could include a letter from your financial institution, credit reporting agency, or another source informing you that a fraudulent financial loss occurred for which you were not reimbursed.

An example of documentation supporting your associated expenses would include receipts, voided checks, bank statements, or other documents showing the amount of your losses and/or a detailed narrative description of what happened and what losses you incurred.

**Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your Claim.**

| Claim B: Stolen Funds –Expense Reimbursement   |        |          |   |
|--|--------|----------|---|
| (Settlement Class Members are eligible for total compensation for up to a total of \$2,500.00 per person for Claim A (Ordinary Losses) and Claim B (Stolen Funds)) |        |          |   |
| Description of the Expense   | Date   | Amount   | Supporting Documentation  |
| Examples:<br>Unreimbursed fraudulent medical bills   | 1/5/22 | \$200.00 | Copy of invoice/billing statement   |
| Unreimbursed charged from account fraudulently opened with my identity.  | 1/5/22 | \$100.00 | Copy of invoice/billing statement and report of identity theft to account company |
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| <b>TOTAL</b>   |        |          |   |
| <b>List any additional expenses on a separate sheet and submit with this Claim Form.</b>   |        |          |   |
| <b>Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your Claim.</b>                     |        |          |   |

### **Claim C: Identity Theft Protection Services**

All Settlement Class Members will be offered a two (2)-year membership in identity theft protection services. The offered identity theft protection services include single-bureau credit monitoring (other than for minors without preexisting credit reports); CyberScan dark web monitoring; a \$1,000,000 insurance reimbursement policy; and fully managed ID theft recovery services.

**I wish to claim the identity theft protection services offered, and affirm that I am part of the Settlement Class.**

**Please provide your unique email address to be emailed a code for the identity theft protection monitoring offered. If you do not provide an email address, the code will be mailed to you.**

**Email:** \_\_\_\_\_

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### **3. Certification**

I understand that my Claim and the information provided above will be subject to verification.

By submitting this Claim Form, I certify and declare, under pains and penalties of perjury, that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Please include your name in both the Signature and Printed Name fields below and date the Claim Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Notice ID: \_\_\_\_\_

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.RADIUSFINANCIALSETTLEMENT.COM OR POSTMARKED BY DECEMBER 7, 2023 IN ORDER TO BE TIMELY AND VALID.**