

Your claim must  
be submitted  
online or  
postmarked by:  
**August 25,  
2025**

*Konnor Robison-Williams v. Visionary Integration  
Professionals, LLC*  
Case No. 24CV012543  
Sacramento County Superior Court

## VIP DATA INCIDENT CLAIM FORM

### GENERAL INSTRUCTIONS

You are included in the **Settlement Class** if you are a person residing in the United States who was sent a notice of the Data Incident.

**Excluded from the Settlement Class** are: (i) Visionary Integration Professionals, LLC ("VIP") and VIP's parents, subsidiaries, affiliates, officers and directors, and any entity in which VIP has a controlling interest; (ii) all individuals who make a timely election to be excluded from this proceeding using the correct protocol for opting out; (iii) the attorneys representing the Parties in the Litigation; (iv) all judges assigned to hear any aspect of the Litigation, as well as their immediate family members; and (v) any person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding, or abetting the Data Incident, or who pleads *nolo contendere* to any such charge.

**Data Incident** means the unauthorized access of VIP's computer network(s) by a third party, which was discovered by VIP in or around September 2023.

**COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR  
BOTH OF THE FOLLOWING SETTLEMENT BENEFITS**

### AVAILABLE BENEFITS

VIP will provide a number of benefits under the Settlement Agreement. You may claim the Identity-Theft Protection and Credit Monitoring benefit, reimbursement of documented losses, **and** all of the available benefits.

**Identity-Theft Protection and Credit Monitoring.** All Class Members may claim two years of identity theft protection and credit monitoring services. This protection includes one-bureau credit monitoring, dark web monitoring, identity restoration and recovery services, and up to \$1 million in identity theft insurance.

**Lost Time.** All Class Members are eligible to receive reimbursement for lost time, including time spent monitoring accounts, reversing fraudulent charges, or otherwise dealing with the aftermath/clean-up of the data incident at a rate of \$20/hour for up to four hours of lost time.

**Expense Reimbursement.** Class Members who suffered an actual, documented monetary loss as a result of the Data Incident may claim reimbursement for the loss. This reimbursement is capped at \$1,000 per Class Members.

The losses must be:

- actual, documented, and unreimbursed;
- caused by injurious misuse of your personally identifiable information or fraud associated with your personally identifiable information; and
- have occurred between September 1, 2023, and August 25, 2025;

You must also have tried to avoid these losses, or tried to get reimbursed from other sources, if possible.

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**California Statutory Claim Payment.** In addition to the benefits above Class members who currently reside in California may elect to receive a one-time cash payment of \$100.00. You must attest that you were a California resident at the time of the Data Incident when you were notified by VIP.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT  
[www.VIPSettlementCA.com](http://www.VIPSettlementCA.com)**

You may also print out and complete this Claim Form, and submit it by U.S. mail to: VIP Data Incident Settlement, c/o Analytics Consulting LLC, PO Box 2002, Chanhassen MN 55317-2002. An electronic image of the completed Claim Form can also be submitted by email to [VIPSettlementCA@noticeadministrator.com](mailto:VIPSettlementCA@noticeadministrator.com).

The deadline to submit a Claim Form online is **August 25, 2025**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than August 25, 2025.

### I. CLASS MEMBER 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

Street Address

City

State

Zip Code

Email Address

Phone Number

Claim number (if known)

### II. IDENTITY-THEFT PROTECTION AND CREDIT MONITORING (AVAILABLE TO ALL CLASS MEMBERS)

- ☐ Check this box if you would like to receive two years of one-bureau identity theft protection services, including up to \$1 million in identity theft insurance.

### III. REIMBURSEMENT FOR DOCUMENTED LOSSES

- ☐ Check this box if you are seeking reimbursement for **actual, documented monetary losses** that were incurred as a result of the Data Incident. **You must submit supporting documentation** demonstrating the actual, unreimbursed losses you are seeking reimbursement for. You may submit "self-prepared" documents to add clarity or support to other submitted documentation, but self-prepared documents by themselves are not sufficient to file a valid claim.

This reimbursement is capped at \$1,000 per Class Members.

**Complete the following table describing the supporting documentation you are submitting.** If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

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Description of Documentation Provided	Amount
<i>Example: Unauthorized purchases made with payment information compromised in the Data Incident</i>	<i>\$150</i>
<b>TOTAL MONETARY LOSSES:</b>	

#### IV. LOST TIME

All members of the Settlement Class who have spent time dealing with the Data Incident may claim up to four (4) hours for lost time at a rate of \$20 per hour.

I spent this many hours of time related to the Data Incident:

\_\_\_\_\_ Hour(s). Please round to the nearest hour (*no documentation is needed*).

☐ By checking this box, I attest that I spent the claimed time responding to issues raised by the Data Incident.

Explanation of Time Spent Responding to Issues Raised by the Data Incident <i>(Identify what you did and why)</i>	Approx. Date(s) <i>(if known)</i>	Number of Hour(s) <i>(rounded)</i>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

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### V. CALIFORNIA STATUTORY PAYMENT

**California Statutory Claim Payment – only available to class members who were California residents when the Data Incident occurred.**

- ☐ Check this box if you would like to receive a one-time cash payment of \$100.00
- ☐ Check this box to affirm the following (required): I swear and affirm that I am a resident of California and was notified of the Data Incident by VIP.

### VI. PAYMENT SELECTION

Please select one of the following payment options if you are seeking reimbursement under Sections II or III 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: ☐ Receive as Check

### VII. ATTESTATION & SIGNATURE

I swear and affirm 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