

Must be postmarked
or submitted online
FEBRUARY 21, 2023

STARTEK CLAIMS ADMINISTRATOR
C/O ATTICUS ADMINISTRATION
PO BOX 64053
ST. PAUL, MN 55164
WWW.STARTEKCLASSACTIONSETTLEMENT.COM

STARTEK

Startek Settlement Claim Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you received notice from Startek, Inc. (“Startek”) that your personally identifiable information (“PII”) may have been compromised as a result of a data security incident that occurred on June 26, 2021 (the “Data Incident”), you are a Settlement Class Member and may submit a claim for Settlement benefits.

The easiest way to submit a claim is online at www.startekclassactionsettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Reimbursement. Use the Claim Form to request money for one or more of the following:

1. **Reimbursement for Money You Spent.** If you spent money because of the Data Incident, you may be reimbursed up to \$500 for these expenses. These expenses include documented ordinary out-of-pocket expenses that were incurred as a result of the Data Incident and reimbursement for documented fees for credit reports, credit monitoring, or other identity theft insurance product purchased between June 26, 2021 through and including the end of the Claims Deadline of **February 21, 2023** incurred as a result of the Data Incident. You must submit documentation supporting your claim.
2. **Reimbursement for Lost Time.** You can be reimbursed for up to four (4) hours of lost time (at \$15/hour) spent dealing with the Data Incident, if at least one (1) full hour of time was spent. You must attest that you spent the time responding to issues raised by the Data Incident and submit a brief description of the activity/activities engaged in to address the Data Incident and an approximation of the time spent on each activity. This benefit is subject to the same \$500 cap on the above-referenced expenses.
3. **Extraordinary Losses.** You may also be eligible for reimbursement of up to \$4,500 for actual, unreimbursed Extraordinary Losses.

Credit Monitoring and Identity Theft Protection Services. If you previously claimed the Experian one bureau (“1B”) credit monitoring and identity theft protection services, with \$1 million in insurance coverage, offered by Startek in connection with the Data Incident response, you will automatically be provided with two (2) additional years of these services and do not need to file a claim to receive this benefit. If you did not previously claim these services, you may submit a claim to receive two (2) years of 1B credit monitoring and identity theft protection services, with a minimum of \$1,000,000 in insurance coverage, through Equifax.

Claims must be submitted online or mailed by February 21, 2023. Use the address at the top of this form for mailed claims.

Please note: the claims administrator may contact you to request additional documents to process your claim.

For more information on the Settlement benefits, what documents you need to attach, how the Claims Administrator will decide whether to approve your payments, and for complete instructions visit:
www.Startekclassactionsettlement.com.

Settlement benefits will be distributed only after the Settlement is approved by the Court.

Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing Starteksettlement@atticusadmin.com.

1. NAME:	First <input type="text"/>	Middle Initial <input type="text"/>	Last <input type="text"/>
2. MAILING ADDRESS:	Street Address <input type="text"/> <hr/> Apt. No. <input type="text"/> <hr/> City <input type="text"/> <hr/> State <input type="text"/> <hr/> Zip <input type="text"/> - <input type="text"/>		
3. PHONE NUMBER:	<input type="text"/> - <input type="text"/> - <input type="text"/>		
4. EMAIL ADDRESS:	<input type="text"/>		
5. UNIQUE ID: (located on the Notice mailed to you)	<input type="text"/>		

Cash Payment: Documented Ordinary Out-of-Pocket Expenses

You can receive reimbursement for up to \$500 for documented ordinary out-of-pocket expenses incurred as a result of the Data Incident.

You must attach documents to your Claim Form which show what happened and how much you lost or spent, so that you can be repaid.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it was incurred as a result of the Data Incident)
<p>Unreimbursed Bank Fees</p> <p><i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees, circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Long Distance Phone Charges</p> <p><i>Example: Phone bills with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Cell Phone Charges (only if charged by the minute)</p> <p><i>Example: Cell phone bills with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Data Charges (only if charged based on the amount of data used)</p> <p><i>Examples: Cell phone and/or internet bills with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Postage <i>Example: Postage receipts with charges circled.</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Gasoline for Local Travel <i>Example: Gasoline receipts with charges circled.</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Cash Payment: Documented Fees for Credit Reports, Credit Monitoring, or Other Identity Theft Insurance Product

You can receive reimbursement for up to \$500 for documented fees for credit reports, credit monitoring, or other identity theft insurance product purchased between June 26, 2021 through and including the end of the Claims Deadline of **February 21, 2023** incurred as a result of the Data Incident.

You must attach documents to your Claim Form which show what happened and how much you lost or spent, so that you can be repaid.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it was incurred as a result of the Data Incident)
Credit Reports <i>Example: Receipts or statements for credit reports ordered with charges circled.</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Credit Monitoring Products</p> <p><i>Example: Receipts or statements for credit monitoring products purchased with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Identity Theft Insurance Product</p> <p><i>Example: Receipts or statements for identity theft insurance products purchased with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Cash Payment: Lost Time

You may receive reimbursement for up to four (4) hours of lost time spent dealing with the Data Incident, compensated at \$15 per hour, if you spent at least one (1) full hour of time dealing with the Data Incident. You must attest that you spent the claimed time responding to issues raised by the Data Incident, and you must provide a brief description of the actions you took, and an approximation of the time spent on each action.

State the number of hours that you spent incurred as a result of the Data Incident (up to four (4)):

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

Explanation of Time Spent Responding to Issues Raised by the Data Incident (Identify what you did and why)	Approx. Date(s) (if known)	Number of Hours and Minutes
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Cash Payment: Documented Extraordinary Expenses

You can receive reimbursement for up to \$4,500 for documented extraordinary expenses incurred as a result of the Data Incident if: (1) The loss is an actual, documented, and unreimbursed monetary loss; (2) The loss was more likely than not caused by the Data Incident; (3) The loss occurred between June 26, 2021 through and including the end of the Claims Deadline of **February 21, 2023**; (4) The loss is not already covered by one or more of the above-referenced reimbursed expenses categories; and (5) You made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to, exhausting all available credit monitoring insurance and identity theft insurance.

Expense Type and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it was incurred as a result of the Data Incident)
For example, professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft	\$ Date:	_____ _____ _____ _____
Other losses or costs resulting from identity theft or fraud (provide detailed description) <i>Please provide a detailed description or a separate document submitted with this Claim Form.</i>	\$ Date:	_____ _____ _____ _____

Credit Monitoring and Identity Theft Protection Services

If you wish to receive two (2) years of Equifax 1B Credit Monitoring and Identity Theft Protection Services, please provide your email address in the space provided on page 2, check the box below, and return this Claim Form. Submitting this Claim Form will not activate these credit monitoring and identity theft protection services. To activate this benefit, you must follow the instructions which will be mailed or emailed to you after the Settlement becomes final.

- I did not previously claim the 12-month Experian 1B Credit Monitoring and Identity Theft Protection Services, with \$1 million in insurance coverage, offered by Startek in connection with the Data Incident response, and I would like to receive two (2) years of 1B Credit Monitoring and Identity Theft Protection Services, with \$1 million in insurance coverage, through Equifax now. I have provided my email address on page 2. I understand I must activate this benefit using instructions which will be provided to me after the Settlement becomes final.

Note: If you previously claimed the 12-month 1B Experian Credit Monitoring and Identity Theft Protection Services, with \$1 million in insurance coverage, offered by Startek in response to the Data Incident, you will be automatically provided two (2) additional years of these services and do not need to claim this benefit here.

How You Would Like to Receive Your Cash Payment

If you made a claim for a cash payment in this claim form, you could elect to receive your payment either by check or as a digital payment. Payments must be cashed within ninety (90) days.

Which do you prefer?

- Check mailed to me
 Digital payment elected online

Signature

I affirm under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge and belief and that any documents that I have submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Signature:

Dated:

Print Name: