Your claim must be submitted online or postmarked by:

NOVEMBER 5, 2026

CLAIM FORM FOR YES COMMUNITIES, LLC DATA INCIDENT SETTLEMENT

O'Leary v YES Communities, LLC
Case No. 1:25-cv-692-PAB-NRN
United Stated District Court for the District of Colorado

YES Communities Data Incident

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, you have been identified as a living individual in the United States who was sent notice by Defendant that your Private Information was impacted in the Data Incident.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website www.YESCommunitiesDataIncident.com, for more information on submitting a Claim.

To receive any benefits, you must submit the Claim Form below by November 5, 2026.

Cash Payment A – Documented Loss: All Settlement Class Members are eligible to submit a claim for up to $2,500.00 per Settlement Class Member upon presentment of reasonable documentation of losses related to fraud and/or identity theft as a result of the Data Incident. Documented expenses include, by way of example, unreimbursed losses relating to fraud or identity theft: if (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; and (iii) the loss was incurred after the date of the Data Incident. To receive payment for documented losses, a Settlement Class Member must complete and submit a Claim Form and include documentation in support of the Claim. Except as expressly provided herein, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted reasonable documentation. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with any credit monitoring and identity theft protection product.

Cash Payment B – Lost Time: Settlement Class Members who spent time remedying issues related to the Data Incident may receive reimbursement in the amount of $20.00 per hour for up to four hours of time (for a total of $80.00). Settlement Class Members must attest to the amount of time spent. If a Settlement Class Member fails to identify how many hours of time spent on the Claim Form, the Settlement Administrator may interpret such a Claim as a submission for one hour of time.

Cash Payment C – Alternate Cash: As an alternative to Cash Payment A – Documented Losses and Cash Payment B – Lost Time, all Settlement Class Members may elect to receive Cash Payment C - Alternate Cash which is a cash payment in the amount of $50.00. There is no documentation required to claim this benefit.

Credit Monitoring: In addition to a Cash Payment, all Settlement Class Members may elect to receive three (3) years of credit monitoring through IDX for one credit bureau. This shall be available to any Settlement Class Member regardless of whether they previously received a credit monitoring product related to the Data Incident or otherwise.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.YESCommunitiesDataIncident.com or completed and 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:

YES Communities Data Incident
c/o Analytics Consulting LLC
PO Box 2002
Chanhassen, MN 55317-2002

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

☐ Check this box to certify that you were a person to whom YES Communities, LLC mailed notice of the Settlement.

Enter the Claim Number and PIN provided on your Postcard Notice:

Claim Number

PIN

III. CREDIT MONITORING

☐ Check this box if you wish to receive three (3) years of credit monitoring through IDX for one credit bureau.

IV. CASH PAYMENT A - DOCUMENTED LOSSES

All Settlement Class Members are eligible to submit a claim for up to $2,500.00 per Settlement Class Member upon presentment of reasonable documentation of losses related to fraud and/or identity theft as a result of the Data Incident. Documented expenses include, by way of example, unreimbursed losses relating to fraud or identity theft: if (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; and (iii) the loss was incurred after the date of the Data Incident. To receive payment for documented losses, a Settlement Class Member must complete and submit a Claim Form and include documentation in support of the Claim. Except as expressly provided herein, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted reasonable documentation. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with any credit monitoring and identity theft protection product.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
☐ Losses related to fraud and/or identity theft as a result of the Data Incident	☐☐ – ☐☐ – ☐☐ (M M – D D – Y Y)	$ ☐☐☐☐ . ☐☐

Provide a written description of your documented loss expenses:

_____

_____

_____

Provide a written explanation of your actual, documented identity theft and/or fraud, why it was more likely than not caused by the Data Incident, and your reasonable efforts to avoid, or seek reimbursement for, the loss:

_____

_____

_____

YOU MUST SUBMIT DOCUMENTATION OF THE FRAUD AND/OR IDENTITY THEFT AND YOUR DOCUMENTED LOSS EXPENSES.

Examples of Supporting Documentation of Loss: *Bank statements, credit card statements, letters from the IRS or other tax authorities, letters from state unemployment agencies, and police reports.*

V. CASH PAYMENT B - LOST TIME

Settlement Class Members who spent time remedying issues related to the Data Incident may receive reimbursement in the amount of $20.00 per hour for up to four hours of time (for a total of $80.00).

Hours claimed (up to 4 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

☐ I swear under penalty of perjury that, to the best of my knowledge and belief, any claimed lost time was spent related to the Data Incident.

VI. CASH PAYMENT C - ALTERNATE CASH PAYMENT

☐ Check this box if you wish to receive a cash payment.

As an alternative to Cash Payment A – Documented Losses and Cash Payment B – Lost Time, all Settlement Class Members may elect to receive Cash Payment C - Alternate Cash, which is a cash payment in the amount of $50.00. There is no documentation required to claim this benefit.

You are not entitled to this Alternative Cash Payment if you have made a claim under Sections IV and/or V.

VII. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐ **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.

VIII. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge. I further attest, under penalty of perjury, that any hours I have claimed for Lost Time were in fact spent responding to the Data Incident. 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 can be deemed complete and valid.

_____	_____	_____
Signature	Printed Name	Date Signed