

Your claim must  
be submitted  
online or  
postmarked by:  
**JUNE 22, 2026**

**CLAIM FORM FOR MIPS HOLDING, INC.**  
**DATA SECURITY INCIDENT SETTLEMENT**

*Raj Kumar Singh Parihar v. MIPS Holding, Inc.*  
Case No. 24CV448267  
Superior Court of California, County of Santa Clara

**MIPS  
Data Security  
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, the Claims Administrator identified you as an individual residing in the United States whose Personal Information was compromised in the Data Security Incident experienced by MIPS Holding, Inc. in June 2024, including all those who received notice of the Data Security Incident.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website [www.MIPSDataSettlement.com](http://www.MIPSDataSettlement.com), for more information on submitting a Claim and for information on the aggregate cap on claims.

**To receive any benefits, you must submit the Claim Form below by JUNE 22, 2026.**

**Credit Monitoring:** All Settlement Class Members will be eligible to claim 36-months free credit monitoring services through IDX upon submission of a valid Claim Form. IDX Identity Protection Services provides single-bureau credit monitoring, dark web monitoring, \$1,000,000 in reimbursement insurance, and fully managed identity recovery and lost wallet assistance. If the Settlement is finally approved by the Court, Settlement Class Members who make timely, valid claims for IDX Identity Protect Services will be provided with codes required to activate these services. The Settlement Class Member must activate the service within 180 days from the date that the activation codes are sent. Defendant will pay for the credit monitoring services separate and apart from other settlement benefits.

**Documented Ordinary Loss Expense Reimbursement:** All Settlement Class Members who, on a timely basis, submit a valid claim using the Claim Form are eligible for the following documented (except lost time, as defined below) ordinary loss expense reimbursement, not to exceed \$500 per Settlement Class Member: unreimbursed third-party documented out-of-pocket expenses that were incurred as a result of the Data Security Incident, which may include: (a) attorneys' fees, (b) accountants' fees, (c) fees for credit repair services, (d) costs associated with freezing or unfreezing credit with any credit reporting agency, (e) fees for credit reports, credit monitoring, or other identity theft insurance products purchased between June 26, 2024 to June 22, 2026; and (f) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

**Lost Time Reimbursement:** Settlement Class Members are also eligible to receive reimbursement for up to four (4) hours of lost time actually spent responding to issues raised by the Data Security Incident (calculated at the rate of \$20 per hour to a maximum of \$80 per person), if at least one (1) full hour was spent dealing with the Data Security Incident. Settlement Class Members may receive reimbursement for lost time if the Settlement Class Member timely submits a valid Claim Form providing a specific written description of how the time was spent and attests under penalty of perjury that the lost time was spent responding to the Data Security Incident. Claims made for lost time can be combined with reimbursement for documented ordinary loss expense reimbursement and counts toward the \$500 cap for all Settlement Class Members for ordinary loss expense reimbursement.

**Documented Extraordinary Loss Reimbursement:** Settlement Class Members are also eligible to receive reimbursement for unreimbursed documented extraordinary losses, not to exceed \$3,000 per Settlement Class Member who was the victim of actual fraud or identity theft for proven actual monetary loss upon timely submission of a valid Claim Form signed under penalty of perjury and supporting third-party documentation, provided that: (i) the loss is an actual, documented, and unreimbursed monetary loss arising from fraud, identity theft or misuse; (ii) the fraud, identity theft or misuse was more likely than not caused by the Data Security Incident; (iii) the loss is not already covered by the Ordinary Loss or Lost

Time categories; (iv) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; and (v) the identity theft occurred between June 26, 2024 and June 22, 2026. The maximum amount any one Settlement Class Member may recover for documented extraordinary losses is \$3,000.

**Alternative Cash Payment:** Settlement Class Members may claim an Alternative Cash Payment of \$75.00 in lieu of claims for Credit Monitoring, Ordinary Losses, Lost Time, and Extraordinary Losses. If a Settlement Class Member claims the Alternative Cash Payment, they cannot also receive compensation for Ordinary Losses, Lost Time, or Extraordinary Losses, nor can they receive Credit Monitoring.

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.MIPSDataSettlement.com](http://www.MIPSDataSettlement.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:

MIPS Data Breach Settlement  
c/o Settlement Administrator  
PO Box 2003  
Chanhassen, MN 55317-2003

## 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 MIPS Holding, Inc. mailed notice of the Settlement.

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

Notice ID Number

PIN

### III. IDENTITY THEFT PROTECTION

Check this box if you wish to receive three (3) years of free identity protection and credit monitoring service.

### IV. LOST TIME REIMBURSEMENT

Settlement Class Members are also eligible to receive reimbursement for up to four (4) hours of lost time actually spent responding to issues raised by the Data Security Incident (calculated at the rate of \$20 per hour to a maximum of \$80 per person), if at least one (1) full hour was spent dealing with the Data Security Incident. Settlement Class Members may receive reimbursement for lost time if the Settlement Class Member timely submits a valid Claim Form providing a specific written description of how the time was spent and attests under penalty of perjury that the lost time was spent responding to the Data Security Incident. Claims made for lost time can be combined with reimbursement for documented ordinary loss expense reimbursement and counts toward the \$500 cap for all Settlement Class Members for ordinary loss expense reimbursement.

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 Security Incident.

***In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Security Incident. Examples of activities could include, but are not limited to, 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, reviewing or monitoring health insurance statements or accounts for fraudulent activity, contacting health insurance providers regarding suspicious or fraudulent transactions, and time spent dealing with a fraudulent change-of-address.***

Provide description(s) here:

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### V. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSSES REIMBURSEMENT

All Settlement Class Members who on a timely basis submit a valid claim using the Claim Form are eligible for the following documented (except lost time, as defined below) ordinary loss expense reimbursement, not to exceed \$500 per Settlement Class Member: unreimbursed third-party documented out-of-pocket expenses that were incurred as a result of the Data Security Incident, which may include: (a) attorneys' fees, (b) accountants' fees, (c) fees for credit repair services, (d) costs associated with freezing or unfreezing credit with any credit reporting agency, (e) fees for credit reports, credit monitoring, or other identity theft insurance products purchased between June 26, 2024 to June 22, 2026; and (f) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. Settlement Class Members with ordinary losses must submit documentation supporting their claims.

Check this box if you are claiming **ORDINARY** loss expenses in the amount of \$\_\_\_\_\_.

Settlement Class Members are also eligible to receive reimbursement for unreimbursed documented extraordinary losses, not to exceed \$3,000 per Settlement Class Member who was the victim of actual fraud or identity theft for proven actual monetary loss upon timely submission of a valid Claim Form signed under penalty of perjury and supporting third-party

documentation, provided that: (i) the loss is an actual, documented, and unreimbursed monetary loss arising from the fraud, identity theft or misuse; (ii) the fraud, identity theft or misuse was more likely than not caused by the Data Security Incident; (iii) the loss is not already covered by one or more of the Ordinary Loss or Lost Time categories; (iv) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; and (v) the identity theft occurred between June 26, 2024 and June 22, 2026. The maximum amount any one Settlement Class Member may recover for documented extraordinary losses is \$3,000.

Check this box if you are claiming **EXTRAORDINARY** loss expenses in the amount of \$\_\_\_\_\_.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
<i>Example:</i> Identity Theft Protection Service	06 - 17 - 23 M M D D Y Y	\$ 500.00	Copy of identity theft protection service bill
<i>Example:</i> Fees paid to a professional to remedy a falsified tax return	02 - 28 - 24 M M D D Y Y	\$ 3000.00	Copy of the professional services bill
	- - - M M D D Y Y	\$ .	
	- - - M M D D Y Y	\$ .	
	- - - M M D D Y Y	\$ .	
	- - - M M D D Y Y	\$ .	
	- - - M M D D Y Y	\$ .	
	- - - M M D D Y Y	\$ .	

### VI. ALTERNATIVE CASH PAYMENT

Check this box if you wish to receive a cash payment of \$75.00.

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

### VII. PAYMENT SELECTION

By mailing this form to the Settlement Administrator, you will receive your Alternative Cash Payment in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at [www.MIPSDataSettlement.com](http://www.MIPSDataSettlement.com).

### VIII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature \_\_\_\_\_

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

Date Signed \_\_\_\_\_