

EQUIFAX DATA BREACH SETTLEMENT

Your Claim Summary

Your Information

First Name	Jeffrey
Last Name	Levine
Middle Initial	S
Alternative Name	
Mailing Address	PO Box 14995
Apt No	
City	Irvine
Country	United States of America
State	California
Zip Code	92623-4995
Phone Number	(949) 643-8411
Email Address	jsl@jeffscottlevine.com
Year of Birth	1963

Credit Monitoring: Free Service or Cash Payment

☒ Option 2, Cash Payment: I want a cash payment of \$125. I certify that I have credit monitoring and will have it for at least 6 months from today.

Cash Payment: Time Spent

Explanation of Time Spent

Dealing with a fraudulent credit card that was created and dealing with bank accounts that were compromised.

Approx**Month**

June

Approx Year

2018

Hours and**Minutes**

10 hours 0 minutes

Cash Payment: Money You Lost or Spent

☒ No money lost or spent

Supporting Documents

☒ No documents selected

How Would You Like to Receive Your Cash Payment

☒ Check

Your Signature

Your claim will not be received by the Settlement Administrator until you click the submit button after your electronic signature. For security reasons, once you hit submit, you **will not** be able to make any changes to your claim form through this portal, however, you will still be able to go into the portal to upload supporting documentation if you haven't done so. If you later decide you need to change any of the information on your claim form, you will need to reach out to the Settlement Administrator directly.



I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.



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

Jeffrey S Levine

Date July 26, 2019

[Privacy](#) - [Terms](#)

SUCCESS ✓

Your claim form has been submitted successfully

Your claim number is: **P6532-W48HS**