

ACUITY DATA BREACH
CLAIM FORM

This Claim Form should be filled out and submitted by mail if you were sent Notice of the Data Security Incident that involved Acuity – CHS, LLC (“Acuity”) that was announced on or about February 15, 2022.

You may receive a payment if you properly and timely complete and submit this Claim Form, the settlement is approved, and you are found to be eligible for a payment.

The Notice describes your legal rights and options. You can obtain the Notice and further information about the Lawsuit, the Settlement Agreement and Release (“Settlement Agreement”), and your legal rights and options on the official Settlement Website, www._____.com, or by calling 1-xxx-xxx-xxxx.

Your claim must be submitted online or postmarked by _____, 2023 to be considered for payment. You can submit your claim for a settlement award in two ways:

1. Online at www._____.com by following instructions on the “Submit a Claim” page; or
2. By mail to the Claims Administrator at this address: [INSERT CLAIMS ADMINISTRATOR ADDRESS].

Only one Claim Form may be submitted per Settlement Class Member.

1. CLASS MEMBER INFORMATION (REQUIRED)

Name (First, Middle Initial, Last):

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (if any): _____

Also, please provide the Class Member ID the Claims Administrator provided to you in the letter or email notifying you of the Settlement. If you do not have this information but believe you may be a class member, please contact the Claims Administrator at <<Phone Number>>.

Class Member ID: _____

2. PAYMENT ELIGIBILITY INFORMATION AND CREDIT MONITORING SERVICES (REQUIRED)

For more information about this Section of the Claim Form and the types of awards available and rules for receiving an award, please review the Notice and Section 3 of the Settlement Agreement (available at www._____.com). You may select any or all of the awards for which you are eligible.

A. Lost-Time Reimbursement.

You may be eligible for reimbursement of up to three (3) hours of lost time spent dealing with issues related to the Data Security Incident (at \$20 per hour with a maximum payment for lost time of \$60) with an attestation that you spent the number of hours claimed responding to issues raised by the Data Security Incident.

You must have spent at least one full hour to make a claim. Check only one box.

How much time did you spend (check one)?

- 1 Hour (\$20) 2 Hours (\$40) 3 Hours (\$60) None or less than one hour

Attestation

- I swear and affirm that I spent the number of hours claimed above responding to issues raised by the Data Breach.

B. Documented Ordinary Out-of-Pocket Expenses.

You may receive reimbursement for documented out-of-pocket expenses or costs incurred as a result of the Data Security Incident, up to a total of \$500. The maximum amount Acuity is required to pay per Claim for ordinary out-of-pocket expenses is \$500. To do so, (1) itemize your expenses or out-of-pocket costs in the chart below; (2) sign the certification at the end of this Claim Form, attesting that all information submitted is true and correct, that you incurred these expenses as a result of the Data Security Incident, and that none of your claimed out-of-pocket expenses have already been reimbursed by any other source; (3) include with this Claim Form documentation supporting each claimed expense or cost; and (4) provide your address above.

Documentation is required for claimed expenses. You must provide documentation to claim reimbursement.

Date	Description	Amount

Total: _____

Documentation: Attach supporting documentation. For example, a bank statement showing claimed fees (you may redact unrelated transactions and all but the last four digits of any account number).

C. Documented Out-Of-Pocket- Extraordinary Expense Reimbursement.

A Settlement Class Member who was the victim of actual documented identity theft may receive reimbursement for documented extraordinary out-of-pocket expenses or costs incurred as a result of

the Data Breach, up to \$3,500. The maximum amount Acuity is required to pay per Claim for out-of-pocket extraordinary expenses is \$3,500. To do so, (1) the loss must be an actual, documented and unreimbursed monetary loss; (2) the loss must be more likely than not caused by the Data Security Incident; (3) the loss must have occurred between September 30, 2020 and the date of the Settlement Agreement; and (4) the loss must not be already covered by one or more of the reimbursement categories listed for Ordinary Expenses and you must have 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. Include with this Claim Form documentation supporting each claimed expense or cost and provide your address above.

You must provide documentation of identity theft and documentation of the claimed expense with a detailed description below or in a separate document submitted with this Claim Form.

Date	Description	Amount

Total: _____

3. CREDIT MONITORING SERVICES

All Settlement Class Members may claim two (2) years of free credit monitoring services.

Yes, I want to claim two (2) years of free Credit Monitoring services.

If you select “YES” for this benefit, you will be mailed an activation code and instructions to the address you provided in Section 1 above after the Settlement is final. You will need to follow the instructions and use the activation code that you receive in the mail to enroll in the credit monitoring services. Credit monitoring protections will not begin until you use your activation code to enroll in the services. If you prefer to receive your instructions and activation code by email rather than by mail, please provide your email address below:

Email address: _____

4. PAYMENT METHOD

If you prefer to receive payment via Venmo, PayPal, Zelle, Prepaid Mastercard or Direct Deposit (instead of a check), you must submit a Claim Form online on the Settlement Website at www._____.com.5. CERTIFICATION

The information I have supplied in this Claim Form is true and correct to the best of my recollection and this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature: _____

Print Name: _____

Date: _____

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by _____, 202__.

[INSERT CLAIMS ADMINISTRATOR ADDRESS]