

Exhibit D

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Your claim must be submitted online or postmarked by: **Month xx, 2026**

CLAIM FORM

Dunn, et al. v. Complete Payroll Solutions, LLC
Case No. 1:25-CV-30045-LTS
United States District Court for the District of Massachusetts



GENERAL INSTRUCTIONS

If you received Notice of this Settlement, you have been identified as a Settlement Class Member whose Private Information was potentially impacted in the Data Incident. You may submit a claim for Settlement benefits as outlined below.

Please refer to the Long Form Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

To receive Credit Monitoring and reimbursement for Documented Monetary Losses and/or a Pro Rata Cash Payment, you must submit a Claim Form by **Month xx, 2026.**

Claims may be submitted online at [www.\[website\].com](http://www.[website].com) or by mail at 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:

Dunn, et al. v. Complete Payroll Solutions, LLC
c/o Kroll Settlement Administration LLC
P.O. Box **XXXX**
New York, NY 10150-**XXXX**

You may submit a claim for any or all of the following Settlement Benefits:

Documented Monetary Losses: Settlement Class Members may choose to receive up to \$5,000 for unreimbursed monetary losses and expenses incurred as a result of the Data Incident. Documentation must be provided. See Section III for a list of documented losses. If your Claim Form is incomplete, you will automatically receive a *Pro Rata* Cash Payment rather than your claim being rejected.

AND/OR

Pro Rata Cash Payment: Settlement Class Members may also submit a claim to receive a *Pro Rata* Cash Payment, estimated to be \$100. The exact amount of this payment will be determined later based on the total number of Valid Claims submitted, this is called a *pro rata* distribution.

AND/OR

Credit Monitoring: Settlement Class Members who choose to receive Credit Monitoring will receive a code to enroll in the program. The program will provide three (3) years of one-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to \$1,000,000, and fully managed identity recovery services.

I. NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

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City _____ State _____ Zip Code _____

Email Address: _____ @ _____

Telephone Number (optional): (_____) _____ - _____

II. PROOF OF SETTLEMENT CLASS MEMBERSHIP

Check this box to certify if you are an individual who received a Notice of Data Breach Letter from Defendant concerning the Data Incident.

Enter the Class Member ID Number provided on your Notice:

Class Member ID : X X X X X _____

III. REIMBURSEMENT FOR DOCUMENTED MONETARY LOSSES

Settlement Class Members may choose to receive up to \$5,000 for reimbursement of for out-of-pocket losses and expenses attributable to the Data Incident. Losses include, but are not limited to: (1) out-of-pocket credit monitoring costs that were incurred on or after March 10, 2024 through [Claims Deadline]; (2) unreimbursed losses associated with actual fraud or identity theft; and (3) unreimbursed bank fees, long distance phone charges, postage, or mileage.

To receive reimbursement for Documented Monetary Losses, Settlement Class Members must complete this Claim Form and submit it with “reasonable documentation” supporting the losses. Reasonable documentation is third-party documentation of losses and expenses such as identity theft monitoring expenses, credit card statements, phone bills, etc. If you do not provide documentation or complete the Claim Form properly, your claim will be considered incomplete, and you will automatically receive a *Pro Rata* Cash Payment rather than your claim being rejected.

Please confirm that you have attached documentation for your claim by checking the box below:

I have attached documentation showing that the losses and expenses listed below were incurred as a result of the Data Incident.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Credit Monitoring Service	07/17/25 (mm/dd/yy)	\$50.00	Copy of credit monitoring service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
	____/____/____ (mm/dd/yy)	\$ _____.	

IV. PRO RATA CASH PAYMENT

Settlement Class Members may also submit a claim to receive a *Pro Rata* Cash Payment, estimated to be \$100. The exact amount of this payment will be determined later based on the total number of Valid Claims submitted, this is called a *pro rata* distribution. **You may also submit a claim for Reimbursement For Documented Monetary Losses.**

Yes, I choose a *Pro Rata* Cash Payment.

V. CREDIT MONITORING

Settlement Class Members who choose to receive Credit Monitoring will receive a code to enroll in the program. The program will provide three (3) years of one-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to \$1,000,000, and fully managed identity recovery services.

Yes, I choose Credit Monitoring.

VI. PAYMENT SELECTION

If you would like to receive your cash payment through electronic transfer, please select from **one** of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your account: ____-____-____

Zelle - Enter the mobile number or email address associated with your account:

Mobile Number: ____-____-____ or Email Address: _____

If you do not select an electronic payment option, you will be mailed a paper check at the address you provided above.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

_____/_____/_____
Date (mm/dd/yyyy)

Print Name

For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator toll free at (xxx) xxx-xxxx.