

# Exhibit G

Your claim must be  
submitted online or  
postmarked by:  
**MONTH DD, 2024**

**SETTLEMENT CLAIM FORM**

*In re Luxottica of America Inc. Data Security Breach Litigation.*  
Case No. 1:20-cv-00908-MRB  
United States District Court Southern District of Ohio

**LUXOTTICA-  
A-1**

**USE THIS FORM  
ONLY IF YOU ARE A CATEGORY TWO SETTLEMENT CLASS MEMBER**

**GENERAL INSTRUCTIONS**

If you received Notice of this settlement, the Settlement Administrator identified you as eligible to apply for Category Two Settlement benefits because your personal identifiable information (“PII”) and personal health information (“PHI”) may have been accessed August 5-9, 2020, by an unauthorized person who gained access to an eye appointment scheduling application used by certain Luxottica eyecare brands and affiliated eyecare practices (the “Data Incident”). You may submit a claim for Settlement benefits, outlined below.

**The easiest way to submit a Claim is online at [www.LuxotticaDataSettlement.com](http://www.LuxotticaDataSettlement.com), or you can complete and mail this Claim Form to the mailing address below.**

*In re Luxottica of America, Inc. Data Security Breach Litigation  
c/o Kroll Settlement Administration  
PO Box 225391  
New York, NY 10150-5391*

**To receive any of these Category Two Benefits, you must submit the Claim Form below by <<DATE>>.**

**If you are unsure whether to submit a Claim for Category One or Category Two benefits, please contact Kroll at the number provided in this form. You may submit a Claim for the following benefits:**

1) **Expense Reimbursement:**

- a. **Documented Out-of-Pocket Losses:** You may submit a Claim for reimbursement of documented out-of-pocket losses reasonably and fairly traceable to the Data Incident. Out-of-Pocket Loss Claims will include Monetary Losses related to the Data Incident combined with a written attestation that such Monetary Losses were caused by the Data Incident. You must attest that the Documented out-of-pocket losses are fairly traceable to Data Incident and not incurred due to some other event or reason.
- b. **Lost Time Claims:** You may submit a Claim for up to four (4) hours of time spent related to the Data Incident at twenty dollars (\$20) per hour if you: (1) attest that any claimed lost time was spent related to or arising out of the Data Incident; and (2) select the applicable activity the time was spent on or provides a brief general description of how the claimed lost time was spent. No documentation need be submitted in connection with a Lost-Time Claim.

- 2) **California Cash Payment:** In addition to other benefits, California Class Members who attest in writing that, at the time of the Data Incident (August 5-9, 2020), they were a California resident and further provide a valid California residential address, may be eligible for an additional \$50.00 cash payment.

Questions? Go to [www.LuxotticaDataSettlement.com](http://www.LuxotticaDataSettlement.com) or call (833)-425-5439.

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**All Category Two Benefits will be subject to a \$300 maximum cap per Settlement Class Member.**

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

Please note: the Settlement Administrator may contact you to request additional documentation to process your Claim. For more information and complete instructions, please visit **www.LuxotticaDataSettlement.com**.

**Category Two Benefits will be distributed only after the settlement is approved by the Court.**

**I. 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 above.

**II. SETTLEMENT 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 Claim Form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address 1**

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Address 2

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ @ \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**III. PROOF OF DATA BREACH SETTLEMENT MEMBERSHIP**

Check this box to certify that you are an individual who may have been involved in the Data Incident and whose PII and PHI may have been impacted as a result of the Data Incident.

Enter the Settlement Class Member ID Number provided on your Short Notice:

Settlement Class Member ID : 0 0 0 0 0 \_\_\_\_\_

**IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES**

All Settlement Class Members are eligible to recover compensation for out-of-pocket losses incurred as a result of the Data Incident, including:

*Monetary Losses* incurred as a direct result of the Data Incident, including but not limited to:

- (i) unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees or accountants' fees; and fees for credit repair services
- (ii) costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Documentation supporting Monetary Losses may include receipts or other documentation, not "self-prepared" by the Claimant, that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but they can be considered to add clarity or support other submitted documentation.

**You must submit documentation to obtain this reimbursement.**

I have attached documentation showing that the Monetary Losses were more likely than not caused by the Data Incident. I have submitted reasonable documentation that the out-of-pocket expenses and charges claimed were both actually incurred and plausibly arose from the Data Incident. I understand that failure to provide supporting documentation of the out-of-pocket losses referenced above, as requested on the Claim Form, shall result in denial of a Claim and that "self-prepared" documents, such as handwritten receipts are, by themselves, insufficient to receive reimbursement but may be considered to add clarity or support other submitted documentation.

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Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Loss	Amount of Out-of-Pocket Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	07/17/20 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

**V. REIMBURSEMENT FOR LOST TIME**

**Lost Time.** Are you claiming a cash payment for up to \$80 for attested time spent dealing with the Data Incident (\$20 per hour, up to 4 hours)? If yes, fill out section below.

I affirm that I spent time dealing with the effects or perceived effects of the Data Incident, and (1) attest that any claimed lost time was spent related to or arising out of the Data Incident, and (2) I selected the applicable activity the time was spent on or provided a brief description of how the claimed lost time was spent, and stated the amount of time (up to 4 hours) that I spent dealing with the effects of the Data Incident.

Time Spent: (maximum of 4 hours) x \$20/hour = \$ \_\_\_\_\_.

***In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident. Check all activities, below, which apply.***

Calling bank/credit card customer service lines regarding fraudulent transactions.

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- 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.
- Other. Provide description(s) here:

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**VI. CALIFORNIA CASH PAYMENT**

**California Cash Payment.** Check the box if you wish to receive a Cash Payment in the amount of \$50. Settlement Class Members eligible for Category Two benefits who attest in writing that, at the time of the Data Incident (August 5-9, 2020), they were a California resident and who further provide a valid California residential address, may submit a Claim for a cash payment in the amount of fifty dollars (\$50).

*In order to receive this payment, you must provide your California residential address (at the time of the Data Incident) and attest that you were a California resident .*

I affirm that I was a California resident at the time of the Data Incident (August 5-9, 2020).

Address 1

Address 2

City

State

Zip Code

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**VII. ATTESTATION & SIGNATURE**

I swear and affirm under the laws 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

\_\_\_\_\_  
Print Name

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