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CLAIM FORM***In re Stanley Steemer International Data Breach Litigation*
Case No. 2:23-cv-03932-SDM-EDP
United States District Court, Southern District of Ohio****SUBMIT BY Monday, April 28, 2025**

This Claim Form should be filled out online or submitted by mail if you received a notification from Stanley Steemer International, Inc. (“Stanley Steemer”) that your personal information was or may have been compromised in the data security incident that occurred in or about February 2023 (the “Data Incident”), and you had Out-of-Pocket Losses as a result of the Data Incident and/or wish to claim a Pro Rata Cash Payment. You may get a check or electronic payment if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment. The Settlement establishes a \$700,000 fund to compensate Settlement Class Members for their out-of-pocket losses and/or claims for pro rata cash payments, as well as for the Notice and Administrative Expenses, certain taxes, Service Award Payment(s), and attorney Fee Award and Costs as awarded by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, **StanleySteemerSettlement.com** or call **1-888-846-1020** for more information.

If you wish to submit a claim for a Settlement Payment, you need to provide the information requested below. Please print clearly in blue or black ink. The **DEADLINE** to submit this Claim Form online (or have it postmarked for mailing) is **Monday, April 28, 2025**.

Si necesita ayuda en español, comuníquese con el administrador al 1-888-846-1020.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED)

First Name:

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Last Name:

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Address:

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City:

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State:

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ZIP Code:

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Telephone:

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Email:

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2. PAYMENT ELIGIBILITY INFORMATION

Please review the Notice and Section III through V of the Settlement Agreement (available at **StanleySteemerSettlement.com**) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed. Please provide as much information as you can to help us figure out if you are entitled to a Settlement Payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Fill out the section for each category of benefits you would like to claim.

You may submit a claim for one or more of these benefits, and you may receive both an Out-of-Pocket Loss payment and/or a Pro Rata Cash Payment.

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in italics. (If you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish.)



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Documented Losses

Out-of-Pocket Losses Resulting from the Data Incident

Examples: unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after February 10, 2023, through April 28, 2025, associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage, and long-distance telephone charges that were incurred on or after February 10, 2023, through April 28, 2025. **I understand that any monetary compensation I may receive under the Settlement is capped at \$10,000.**

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred. If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between February 10, 2023, and April 28, 2025, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased.

(Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose.)

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Loss Type and Examples of Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents <i>(Identify what you are attaching, and why it's related to the Data Security Incident)</i>
Costs related to credit monitoring purchases/freezing/unfreezing between February 10, 2023 , and April 28, 2025 . <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after February 10, 2023 , and fairly traceable to the Data Incident <i>Examples: Account statement with unauthorized charges circled; police report; IRS document; FTC Identity Theft Report; letter refusing to refund fraudulent charges; receipt for your credit monitoring services purchase</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



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<p>Expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident</p> <p><i>Examples: Phone bills, receipts, detailed list of addresses you traveled (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return), and number of miles you traveled</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>MM DD YYYY</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Unreimbursed Bank Fees</p> <p><i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft, and late fees, circled and statements from bank that they are not reimbursing even though due to fraudulent activities</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>MM DD YYYY</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Pro Rata Cash Payment

I would like to claim a Pro Rata Cash Payment.

Please check here if you would like a Cash Payment.

The Settlement provides for a Pro Rata Cash Payment of up to \$100.00 for members of the Employee Subclass and \$50.00 for members of the Customer Subclass to any Settlement Class Member who timely claims it. **If you have any questions about whether you are a member of the Employee Subclass or the Customer Subclass, please contact the Settlement Administrator.**

Payment Selection

Please choose one of the following payment methods, which will be used if you qualify for a Settlement Payment:

Check mailed to me

Digital payment

If you choose the digital payment option and your claim is approved, you will receive an email from noreply@EpiqPay.com at the email address provided on Page 1 of this Claim Form. This email will prompt you to select your preferred method of digital payment. Please ensure your email address is current and complete. If you do not provide a valid email address or opt for a physical check, the Settlement Administrator will send a check in the mail via USPS to the physical address listed on Page 1 of this Claim Form.



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Sign and Date Your Claim Form

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Date: - -
MM DD YYYY

Print Name

3. MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE

This Claim Form must be postmarked by **Monday, April 28, 2025**, and mailed to Stanley Steemer International, Inc., c/o Settlement Administrator, P.O. Box 2088, Portland, OR 97208-2088; OR submitted through the Settlement Website by midnight on **Monday, April 28, 2025**, at StanleySteemerSettlement.com.