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*Michael W. Tilleman et al. v. LeafFilter North, LLC and LeafFilter North of Texas, LLC*

UNITED STATES DISTRICT COURT, WESTERN DISTRICT OF TEXAS

Case No. 5:18-cv-1153-DAE (W.D. Texas)

**Must Be Postmarked No Later Than  
November 5, 2019**

## Claim Form

### CLAIMANT INFORMATION

First Name			M.I.	Last Name		
Primary Address						
Primary Address Continued						
City				State	Zip Code	
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation		

**ATTENTION:** This Claim Form is to be used to apply for benefits from the settlement of a lawsuit with LeafFilter North, LLC and LeafFilter North of Texas, LLC (referred to collectively as “LeafFilter” or “Defendants”) as a result of an unauthorized intrusion into three LeafFilter employee email accounts as the result of a phishing incident between April 1 and August 21, 2018, during which time certain personally identifying information was accessed or viewed (“Lawsuit”). The information accessed or viewed may have included some combination of a person’s social security number, bank account number, payment card number and card expiration date(s), external card security code, driver’s license number, or social insurance number for persons in Canada (“The Incident”). To recover as part of this settlement, you *must* provide the information requested in this Claim Form for each applicable claim. PLEASE BE ADVISED that any documentation you provide must be submitted with this Claim Form.

**You may submit claims in each applicable category from Group A or B below:**

**GROUP (A): Settlement Class Members who HAVE NOT, as of the time they submit their claim to the Settlement Administrator, experienced identity theft or other fraud or misuse of their personally identifiable information shall be entitled to receive the following: (1) Compensation for lost time** of at least one (1) hour and up to four (4) hours for time spent dealing with issues relating to The Incident at the rate of \$22.00 per hour; and **(2) Reimbursement for out-of-pocket costs** to mitigate or prevent damage due to The Incident (not to exceed \$275.00 per person), including: (a) Costs associated with credit monitoring or identity theft insurance purchased directly by the claimant, provided that the product was purchased primarily as a result of The Incident; (b) Costs associated with requesting a credit report, provided that the claimant requested the report primarily as a result of The Incident; (c) Costs associated with a credit freeze, provided that the claimant requested the freeze primarily as a result of The Incident; (d) Costs associated with cancelling a payment card and/or obtaining a replacement payment card, provided that the claimant requested the cancellation and/or replacement was primarily the result of The Incident; (e) Costs associated with closing a bank account and/or opening a new bank account, provided that the claimant requested the closing and/or opening was primarily the result of The Incident; and (f) Postage, long-distance phone charges, express mail, and other incidental expenses, provided that the claimant provides documentation of the charges and an explanation of their relationship to The Incident.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**GROUP (B): Settlement Class Members who HAVE, as of the time they submit their claim to the Settlement Administrator, experienced identity theft or other fraud or misuse of their personally identifiable information shall be entitled to receive the following: (1) Compensation for lost time** of at least one (1) hour and up to ten (10) hours for time spent dealing with issues relating to The Incident at the rate of \$22.00 per hour; and **(2) Reimbursement for out-of-pocket costs** to discover, mitigate or prevent damage due to The Incident and losses associated with identity theft, fraud, and other actual misuse of personal identifying information (not to exceed \$7,500.00 per person), including but not limited to: (a) Costs associated with credit monitoring or identity theft insurance purchased directly by the claimant, provided that the product was purchased primarily as a result of The Incident; (b) Costs associated with requesting a credit report, provided that the claimant requested the report primarily as a result of The Incident; (c) Costs associated with a credit freeze, provided that the claimant requested the freeze primarily as a result of The Incident; (d) Costs associated with cancelling a payment card and/or obtaining a replacement payment card, provided that the claimant requested the cancellation and/or replacement primarily as a result of The Incident; (e) Costs associated with closing a bank account and/or opening a new bank account, provided that the claimant requested the closing and/or opening primarily as a result of The Incident; (f) Postage, long-distance phone charges, express mail, and other incidental expenses, provided that the claimant provides documentation of the charges and an explanation of their relationship to The Incident; (g) Overdraft and/or overdraft protection fees, provided that the fees were incurred as a result of The Incident; (h) Late and/or missed payment fees and/or charges, provided that the fees and/or charges were incurred as a result of The Incident; (i) The increase in interest on credit cards or other loans caused by a late or missed payment that was a result of The Incident; and (j) Damage to credit and costs associated with a decreased credit score if plausibly the result of The Incident.

**Reimbursement will be limited to costs incurred and time spent between April 1, 2018 and June 1, 2019.** For further information on each type of claim, please see the Notice.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, [www.ConsumerProductSettlement.com](http://www.ConsumerProductSettlement.com) and follow the instructions on the "Submit a Claim" page. If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to *Tilleman v. LeafFilter* Settlement Administrator, P.O. Box 43502, Providence, RI 02940-3502, postmarked by **November 5, 2019**. Please print clearly in blue or black ink.

**CLAIM INFORMATION:**

**LOST TIME: To obtain reimbursement under this category, you must identify whether you are making a claim under "GROUP A" or "GROUP B" and provide the following information:**

- **GROUP A:** I am requesting reimbursement for lost time (at least 1 hour and up to 4 hours) spent dealing with issues related to The Incident. **I HAVE NOT**, as of the time I submit this claim to the Settlement Administrator, experienced identity theft or other fraud or misuse of my personally identifiable information as a result of The Incident.
- **GROUP B:** I am requesting reimbursement for lost time (at least 1 hour and up to 10 hours) spent dealing with issues related to The Incident. **I HAVE**, as of the time I submit this claim to the Settlement Administrator, experienced identity theft or other fraud or misuse of my personally identifiable information as a result of The Incident.

How many hours did you spend in total dealing with issues relating to The Incident?

Total number of hours claimed:

Please provide documentation or a narrative explanation of the activities related to The Incident for which the time was spent, and the amount of time spent for each of those activities.

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If you require more space, please provide further information on a separate sheet and submit that sheet with this Claim Form. Persons in Group B who seek reimbursement for over 4 hours **MUST** provide documentation or, if no documentation is available, provide a narrative explanation plausibly establishing that the time was spent dealing with issues relating to The Incident, identity theft, fraud or other misuse of personal identifying information.



**REIMBURSEMENT OF COSTS: To obtain reimbursement under this category, you must identify whether you are making a claim under “GROUP A” or “GROUP B” and attest to the following:**

- **Reimbursement of Costs (GROUP A):** I am requesting reimbursement for out-of-pocket costs to mitigate or prevent damage due to The Incident. **I HAVE NOT**, as of this time, experienced identity theft or other fraud or misuse of my personally identifiable information as a result of The Incident.
- **Reimbursement of Costs (GROUP B):** I am requesting reimbursement for out-of-pocket costs to discover, mitigate or prevent damage due to The Incident and losses associated with identity theft, fraud, and other actual misuse of my personal identifying information. **I HAVE**, as of this time, experienced identity theft or other fraud or misuse of my personally identifiable information as a result of The Incident.
- I attest that I incurred out-of-pocket expenses as a result of The Incident; **AND** I affirm that I have documentation, an explanation, or other proof that such out-of-pocket expenses and the charges claimed were actually incurred and plausibly a result of The Incident, and have submitted such documentation, explanation or other proof with this Claim Form; **AND** I affirm that none of the claimed out-of-pocket expenses have already been reimbursed by Experian or another source.

For each out-of-pocket expense as a result of The Incident, please provide a description of the expense, the date of loss, the dollar amount of the loss (or approximate amount), and supporting documentation, explanation, or other proof you will be submitting to support the loss. **You must provide ALL of this information for this Claim to be processed.**

<b>Description of the Expense:</b> <i>Examples: Fraud alert placed on credit account, Mailed police report to credit card companies.</i>	
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<b>Date of Loss:</b>	<b>Amount:</b>
MM / DD / YYYY	\$ .
<b>Type of Supporting Documentation, Explanation, or Proof:</b> <i>Examples: Copy of invoice/billing statement, Copy of receipt from U.S. Post Office</i>	
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**Experian Identity Theft Protection**

Class Members may sign up for 24 months of Experian’s IdentityWorks service, which is the same service initially offered by LeafFilter in response to The Incident.

- I DID** previously enroll in Experian’s IdentityWorks service and elect to sign up for an additional 24 months of the IdentityWorks service.
- I DID NOT** previously enroll in Experian’s IdentityWorks service and now elect to enroll in Experian’s IdentityWorks for 24 months.

**Certification**

I understand that my claim and the information provided above will be subject to verification.

By submitting this Claim Form, I declare under penalty of perjury under the law of the United States of America or Canada that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Please include your name in both the Claimant Signature and Printed Name fields below.

Claimant Signature: \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address											
Area code			Telephone number (home)			Area code			Telephone number (work)		

**THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY  
NOVEMBER 5, 2019 IN ORDER TO BE TIMELY AND VALID.**



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