



722910000000

***Robin Forslund, et al. v. R.R. Donnelley & Sons Company, Case No. 1:22-cv-04260
R.R. Donnelley & Sons Company Settlement***

**ORDINARY AND/OR “EXTRAORDINARY” OUT-OF-POCKET LOSSES AND ATTESTED LOST TIME
AND CASH PAYMENT CLAIM FORM**

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.RRDDATASETTLEMENT.COM NO LATER THAN FEBRUARY 28, 2024 AT 11:59 P.M. CT.

If you wish to select an electronic payment method you must submit a Claim Form through the Settlement Website.

***ATTENTION:** This Claim Form is to be used to apply for relief related to the Data Incident that occurred on or after November 29, 2021, and potentially affected all individuals to whom R.R. Donnelley & Sons Company (“Defendant”) sent notice. There are two (2) types of damages for which these individuals may be eligible: 1) for all Class Members, reimbursement of actual out-of-pocket losses that are reasonably traceable to the Data Incident, including Attested Lost Time (as defined below) spent remediating issues related to the Data Incident, and 2) for all Class Members, the option of a cash payment up to \$50 in the alternative to Ordinary and/or Extraordinary Out-of-Pocket Losses (as defined below) and Attested Lost Time.*

*To submit a Claim, you must have been identified as a Person to whom Defendant sent notice of the Data Incident on or around August 5, 2022, and received Notice of the Settlement with a **Unique ID**.*

*You may apply to be reimbursed for Ordinary Out-of-Pocket Losses and Extraordinary Out-of-Pocket Losses. Ordinary Out-of-Pocket Losses consist of unreimbursed costs or expenditures incurred by a Class Member in responding to notice of the Data Incident. You also may be reimbursed for lost time spent remediating the issues related to the Data Incident (“Attested Lost Time”), at \$25 per hour for up to 10 hours, such as time spent remediating identity theft or fraud, including misuse of personal information and credit monitoring or freezing credit reports. Attested Lost Time claims are capped at \$250. Class Members may submit multiple Claims for Ordinary Out-of-Pocket Losses and Attested Lost Time; however, the total of all amounts recovered for Ordinary Out-of-Pocket Losses and Attested Lost Time may not exceed \$750. You may also apply to be reimbursed for documented Extraordinary Out-of-Pocket Losses, not to exceed \$5,000 per Class Member, for documented monetary losses that are fairly traceable to and arising from the Data Incident. Alternatively, Class Members can choose to make a Claim for a cash payment of up to \$50 in lieu of claiming reimbursement for Ordinary and/or Extraordinary Out-of-Pocket Losses and Attested Lost Time (“Alternative Cash Payment”). **Please be advised that any documentation you provide must be submitted with this Claim Form.***

Note, you MUST apply for Ordinary Out-of-Pocket Losses, Attested Lost Time, Extraordinary Out-of-Pocket Losses, and the Alternative Cash Payment using this Claim Form.

***CLAIM VALIDATION:** All Claims are subject to validation. You will be notified if additional information is needed to validate your Claim.*

***ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement Website at www.RRDDatasettlement.com for additional information or contact the Settlement Administrator, by calling toll-free at (833) 747-4224.*

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of this Claim Form, may result in denial of the Claim, delay its processing, or otherwise adversely affect the Claim.



72291



LCF



Page 1 of 7



7229100000000

I. REGISTRATION

First Name MI Last Name

Mailing Address

Mailing Address 2 (apt., unit, suite, etc.)

City State Zip Code

(____) _____ - _____
Telephone Number

E-mail Address @

Please provide the Unique ID identified on the Notice that was sent to you:

7 2 2 9 1 _____

Instructions. Please follow the instructions below and answer the questions as instructed.

II. CLAIM INFORMATION

Section A. Confirm Your Eligibility

Did you receive a Unique ID indicating that you may be a member of the Settlement Class?

Yes No

If yes, continue to the next question. If no, you are not a member of the Class and do not qualify to file a Claim.

Did you suffer any financial expenses or other financial losses that you believe were incurred as a result of the Data Incident or did you spend time remedying issues related to the Data Incident? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc., or did you spend time monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc., related to the Data Incident?

Yes No

If yes, you may be eligible to fill out Section B of this form and provide supporting documentation.

Section B. Monetary Relief

If you suffered verifiable financial losses that were more likely than not caused by the Data Incident or spent time remedying issues related to the Data Incident, you may be eligible to receive a payment to compensate you for these financial losses and lost time spent.



72291



LCF



Page 2 of 7



722910000000

Ordinary Out-of-Pocket Losses

If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** proof of your losses and the dollar amount of those losses, you will be eligible to receive a payment of up to **\$750** compensating you for your documented Ordinary Out-of-Pocket Losses. Ordinary Out-of-Pocket Losses include: **(1)** costs incurred on or after November 29, 2021 associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; **(2)** other miscellaneous expenses incurred on or after November 29, 2021 related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; **(3)** credit monitoring or other mitigative costs that were incurred on or after November 29, 2021 through the date of your Claim submission.

Class Members who elect to submit a Claim for reimbursement of Ordinary Out-of-Pocket Losses must provide to the Settlement Administrator the information required to evaluate the Claim, including: **(1)** the Class Member's name and current address; **(2)** documentation supporting their Claim; **(3)** a brief description of the documentation describing the nature of the loss, if the nature of the loss is not apparent from the documentation alone; and **(4)** a verification, stating that the Claim is true and correct, to the best of the Class Member's knowledge and belief, and is being made under penalty of perjury. Documentation supporting Ordinary Out-of-Pocket Losses can include receipts or other documentation not "self-prepared" by the Class Member that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

Attested Lost Time

You may also be eligible to receive a payment reimbursing you for the amount of lost time you spent remedying issues related to the Data Incident, at \$25 per hour, for up to 10 hours. You may submit multiple Claims for Ordinary Out-of-Pocket Losses and Attested Lost Time; however, the total of all amounts recovered for Ordinary Out-of-Pocket Losses and Attested Lost Time may not exceed **\$750**. To be eligible to receive a payment for Attested Lost Time, you must attest that any lost time was spent related to the Data Incident. Examples of Attested Lost Time may include: time spent monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. Providing adequate proof of your losses does not guaranty that you will be entitled to receive the full amount claimed. All Valid Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of Valid Claims exceeds the maximum amount of money available under the Settlement Agreement, then the payment for all Valid Claims will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Payment for Valid Claims submitted by mail will be paid by check. If you prefer to receive payment electronically, you must submit your Claim Form on the Settlement Website, www.RRDdatasettlement.com.

Reimbursement for Ordinary Out-of-Pocket Losses

Class Members may submit a Claim for Ordinary Out-of-Pocket Losses, which are unreimbursed costs or expenditures incurred in responding to the notice of the Data Incident. Ordinary Out-of-Pocket Losses may include, without limitation, the following: **(1)** costs incurred on or after November 29, 2021 associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; **(2)** other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; **(3)** credit monitoring or other mitigative costs that were incurred on or after November 29, 2021 through the date of the Claim submission.

For each loss that you believe was incurred as a result of the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed.** Supporting documents must be submitted as part of this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at www.kroll.com/en/settlement-administration.



72291



LCF



Page 3 of 7



722910000000

With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this Action. Please do not directly communicate with Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of such losses include unreimbursed payments for identity theft protection or credit monitoring services and financial losses due to stolen identity incurred as a result of the Data Incident, etc. These are only examples and do not represent a complete list of losses eligible for compensation. Please provide a description of any loss that you claim was incurred as a result of the Data Incident.

Examples of documentation include receipts for identity theft protection services, fees paid to a professional to remedy a falsified tax return, etc.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	07-17-2022 MM-DD-YYYY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	02-30-2022 MM-DD-YYYY	\$25.00	Copy of the professional services bill
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	
	____-____-____ MM DD YYYY	\$____.____	



72291



LCF



Page 4 of 7



722910000000

Reimbursement for Attested Lost Time

Class Members may submit a Claim for up to ten (10) hours of time spent remedying issues related to the Data Incident. Ten (10) hours of lost time may be reimbursed, at \$25 per hour, if you provide an attestation as to the time you spent remedying issues related to the Data Incident. Examples of lost time spent remedying issues related to the Data Incident may include time spent remedying identity theft, fraud, misuse of personal information, credit monitoring, or freezing credit reports.

If you spent time remedying issues related to the Data Incident, please list the number of hours you spent here: _____.

By checking the below box, I hereby declare under penalty of perjury under the laws of the State of Illinois that the information provided in this Claim Form to support my seeking relief for Attested Lost Time (up to \$250) is true and correct.

Yes, I understand that I am submitting this Claim Form and the affirmation it makes as to my seeking relief for Attested Lost Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Attested Lost Time to be invalid.

Reimbursement for Extraordinary Out-of-Pocket Losses

In addition to reimbursement for Ordinary Out-of-Pocket Losses and Attested Lost Time (or the Alternative Cash Payment), you are also eligible to receive reimbursement for documented Extraordinary Out-of-Pocket Losses, not to exceed \$5,000, for documented monetary loss that is, among other things, arising from financial fraud or identity theft if:

- (1) The loss is an actual, documented, and unreimbursed monetary loss;
- (2) The loss is more likely than not caused by the Data Incident;
- (3) The loss occurred on or after November 29, 2021;
- (4) The loss is not already covered as an “Ordinary Out-of-Pocket Loss” as described above; and
- (5) You provide documentation that you made reasonable efforts to avoid, or seek reimbursement for, the losses, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

For each loss that you believe is more likely than not caused by the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss.

You must provide ALL this information for this Claim to be processed. Supporting documents must be submitted as part of this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator’s privacy policy is available at www.krroll.com/en/settlement-administration. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this Action. Please do not directly communicate Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Unauthorized credit card charge	07 - 17 - 2022 MM-DD-YYYY	\$50.00	Letter from Bank
	____ - ____ - ____ MM DD YYYY	\$ ____ . ____	
	____ - ____ - ____ MM DD YYYY	\$ ____ . ____	



72291



LCF



Page 5 of 7



722910000000

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
	MM - DD - YYYY	\$ _____ . _____	
	MM - DD - YYYY	\$ _____ . _____	
	MM - DD - YYYY	\$ _____ . _____	
	MM - DD - YYYY	\$ _____ . _____	
	MM - DD - YYYY	\$ _____ . _____	
	MM - DD - YYYY	\$ _____ . _____	
	MM - DD - YYYY	\$ _____ . _____	

Alternative Cash Payment

Class Members may, in lieu of making a Claim for reimbursement of Ordinary and/or Extraordinary Out-of-Pocket Losses and Attested Lost Time, elect to receive an Alternative Cash Payment in an amount up to \$50 on a claims-made basis.

By checking the below box, I choose an Alternative Cash Payment of up to \$50 instead of compensation for Ordinary and/or Extraordinary Out-of-Pocket Losses and Attested Lost Time.

NOTE: YOU MAY NOT FILE FOR ORDINARY AND/OR EXTRAORDINARY OUT-OF-POCKET LOSSES OR ATTESTED LOST TIME IF YOU ARE FILING FOR THE ALTERNATIVE CASH PAYMENT IN THIS SECTION.

Yes, I choose an Alternative Cash Payment of up to \$50 instead of compensation for Ordinary and/or Extraordinary Out-of-Pocket Losses and Attested Lost Time.

Section C. Payment

By mailing this Claim Form to the Settlement Administrator, you will receive any payment you are entitled to under the Settlement Agreement in the form of a check. If you wish to receive any payment you are entitled to under the Settlement Agreement electronically, you must submit your Claim Form online at www.RRDdatasettlement.com.

Section D. Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from Defendant that I have been identified as a potential Class Member. As I have submitted Claims of losses due to the Data Incident, I declare that I suffered these losses.



72291



LCF



Page 6 of 7



722910000000

I understand that my Claim and the information provided above will be subject to validation.

I also understand that I may not be entitled to recover under the Settlement Agreement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this Action, and/or am employed by the Defendant or anyone acting on their behalf.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Yes, I understand that my failure to check this box may render my Claim invalid.

Please provide your name in both the signature and printed name fields below and date your signature below.

_____/_____/_____
Signature Date: MM/DD/YYYY

Printed Name

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2024 AT 11:59 P.M. CT.