



731350000000

Your claim must be submitted online or postmarked by: **January 5, 2024**

CLAIM FORM FOR INLINE NETWORK INTEGRATION LLC DATA SECURITY INCIDENT SETTLEMENT

INLINE-C

Cline v. Inline Network Integration LLC

Case No.: 2023LA000402

In the Circuit Court of the Eighteenth Judicial Circuit Dupage County, Illinois

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you are a member of the Settlement Class, you are eligible to complete this Claim Form to claim (1) up to \$500 for (i) reimbursement for documented ordinary out-of-pocket expenses and/or (ii) up to 3 hours of lost time compensable at \$20 per hour; (2) if you were the victim of actual documented identity theft, you may claim up to \$5,000 for reimbursement of documented extraordinary losses; and/or (3) credit monitoring and identity theft protection with \$1 million in insurance coverage.

Please refer to the Notice posted on the Settlement Website www.inlinedatasettlement.com, for more information on submitting a Claim Form and information on the aggregate cap on claims.

To receive any of these benefits, you must submit the Claim Form below by January 5, 2024.

This Claim Form may be submitted electronically *via* the Settlement Website at www.inlinedatasettlement.com or completed and mailed to 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:

*Cline v. Inline Network Integration LLC
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324*

I. 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

Address 2

Questions? Go to www.inlinedatasettlement.com or call (833) 933-6680.



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City _____ State _____ Zip Code _____

Email Address (optional): _____ @ _____

Telephone Number: (_____) _____ - _____

II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you are a Person residing in the United States to whom Inline sent its notice of a Data Security Incident that Inline discovered on or about March 12, 2022.

Enter the Class Member ID Number provided on your postcard Notice or the last four digits of your Social Security Number:

Class Member ID : 7 3 1 3 5 _____

Social Security Number (last four digits only): _____

III. IDENTITY THEFT PROTECTION

Check this box if you did *not* enroll in credit monitoring previously offered by Inline—and you wish to receive free credit monitoring and identity protection with \$1 million in insurance. If you check this box (because you did *not* enroll in credit monitoring previously), you will be offered 2 years of credit monitoring.

Check this box if *already* enrolled in credit monitoring previously offered by Inline—and you wish to receive free credit monitoring and identity protection with \$1 million in insurance. If you check this box (because you *already* enrolled in credit monitoring previously), you will be offered one additional year of credit monitoring.

IV. COMPENSATION FOR LOST TIME

All members of the Settlement Class who have spent time dealing with the Data Security Incident may claim up to three (3) hours for lost time at a rate of \$20 per hour. Any payment for lost time is included in the \$500 cap per Settlement Class Member (no documentation is required for this compensation for lost time).

Hours claimed (up to 3 hours – check one box) 1 Hour 2 Hours 3 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Security Incident.

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

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

V. REIMBURSEMENT FOR ORDINARY EXPENSES

All members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of documented out-of-pocket expenses, not to exceed \$500 per Settlement Class Member, that were incurred as a result of the Data Security Incident.

You must submit documentation to obtain this reimbursement.

Table with 3 columns: Cost Type (Fill all that apply), Approximate Date of Loss (mm/dd/yy), Amount of Loss (\$). Includes a row for Out-of-pocket expenses incurred as a result of the Data Security Incident.

Examples of Supporting Third Party Documentation: Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses, receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services, or invoices or statements reflecting payments made for professional fees/services. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make claims for any documented out-of-pocket losses that you believe are reasonably related to the Data Security Incident or to mitigating the effects of the Data Security Incident.



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VI. REIMBURSEMENT FOR EXTRAORDINARY LOSS EXPENSES

Members of the Settlement Class who were a victim of actual documented identity theft may submit a Claim Form for reimbursement of **documented** extraordinary loss expenses, not to exceed \$5,000 per Settlement Class Member, that were incurred as a result of the Data Security Incident. Generally, an extraordinary loss expense is unreimbursed financial loss as the direct result of financial fraud or stolen identity.

An extraordinary loss must meet the following criteria: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Security Incident; (iii) the loss occurred between March 12, 2022, and the date of the Settlement Agreement; (iv) the loss is not already covered by one or more of the normal reimbursement categories; and (v) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. **You must submit documentation to obtain this reimbursement.**

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Extraordinary loss expenses incurred as a result of the Data Security Incident	____/____/____ (mm/dd/yy)	\$ ____
Provide a written description of your extraordinary loss expenses: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

YOU MUST SUBMIT DOCUMENTATION OF YOUR EXTRAORDINARY LOSS EXPENSES.



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VII. PAYMENT SELECTION

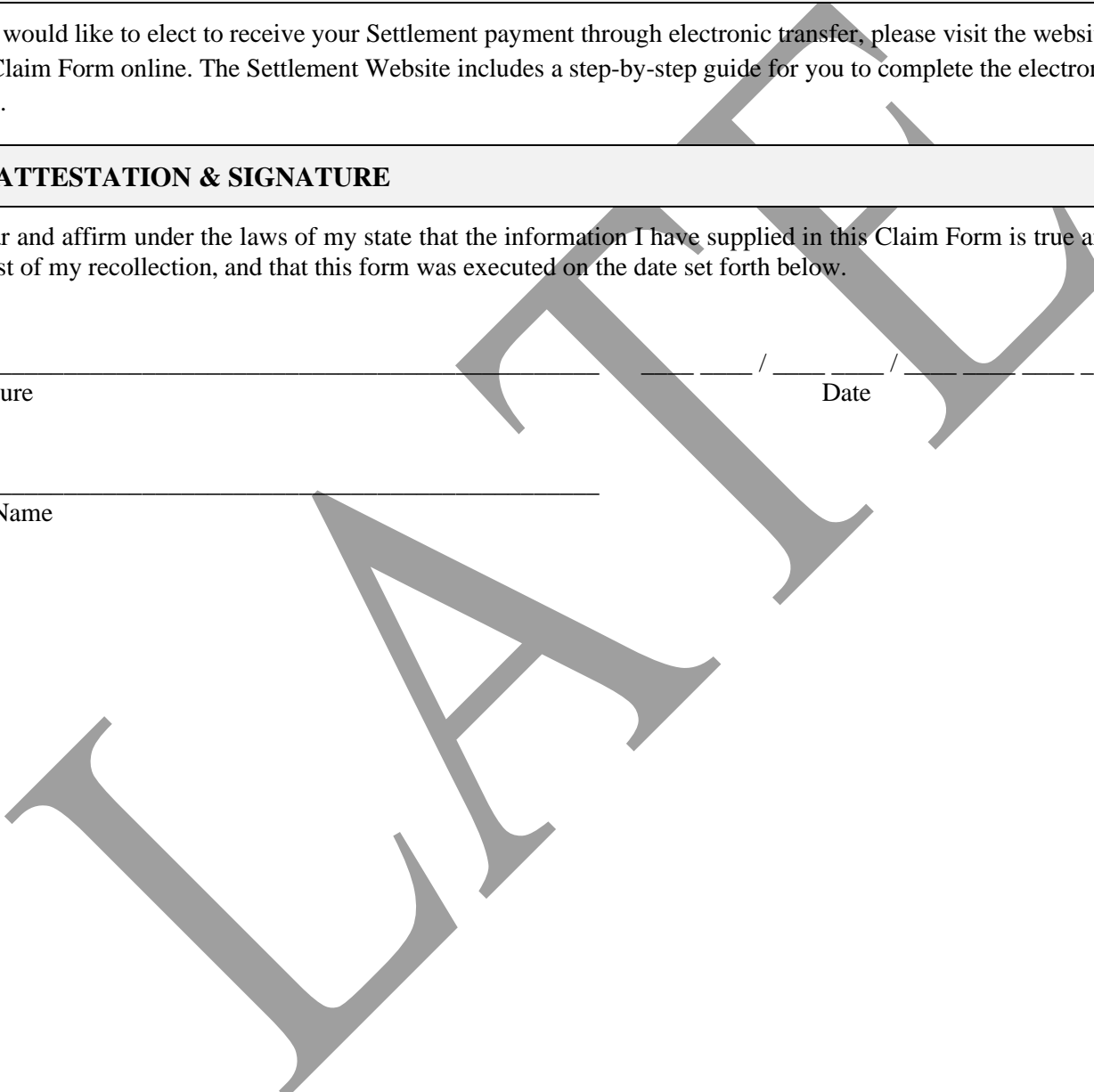
If you would like to elect to receive your Settlement payment through electronic transfer, please visit the website and file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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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