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CLAIM FORM FOR PARKER-HANNIFIN DATA INCIDENT BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR LOST TIME PAYMENTS AND OUT-OF-POCKET LOSS PAYMENTS

For more information, call 1-833-630-4779 or visit the website www.phdatasettlement.com
Para una notificación en Español, puede llamar 1-833-630-4779 o visitar nuestro sitio de web www.phdatasettlement.com.

The DEADLINE to submit this Claim Form online (or mail it postmarked) is July 14, 2023.

I. GENERAL INSTRUCTIONS

If you were notified that your Private Information was potentially compromised in a cybersecurity attack on Parker Hannifin, you are a Settlement Class Member. The event that caused your data to be lost is referred to herein as the “Data Incident.”

The Settlement establishes a \$1,750,000.00 fund to compensate Settlement Class Members for their lost time and out-of-pocket losses as well as for the costs of notice and administration, Plaintiffs’ service awards, and attorneys’ fees and expenses as awarded by the Court. As a Settlement Class Member, you are eligible for cash payments as reimbursement for time and money spent in response to the Data Incident (such as money spent on credit monitoring), as well as for any money you lost as a result of incidents of fraud or identity theft connected to the Data Incident. You must fill out this Claim Form to receive these benefits.

The benefits are as follows:

Lost Time Claims

You may submit a claim for reimbursement for time spent resolving issues attributable to the Data Incident. You will be reimbursed at \$25/hour of time spent, **up to \$100 total**. By filling out this Claim Form, you can attest to the amount of time you spent attempting to mitigate the effects of the Data Incident on your life. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent researching the Data Incident, time spent monitoring accounts, or time spent freezing your credit. **You do not have to include documentation of your lost time. Instead, you can swear, under penalty of perjury, to the amount of time you spent.**

Out-of-Pocket Losses

You are eligible to receive reimbursement for money you paid to protect yourself after the Data Incident, such as money spent on a credit monitoring service. You are also eligible to receive reimbursement for money you lost as a result of fraud or identity theft, if that money has not been reimbursed from another source. This includes:

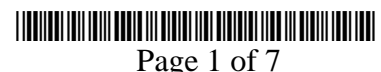
- Late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, and/or card cancellation or replacement fees;
- Late fees from transactions with third parties that were delayed due to fraud or card replacement;
- Unauthorized charges on credit, debit or other payment cards that were not reimbursed;
- Parking expenses or other transportation expenses for trips to a financial institution to address fraudulent charges or receive a replacement payment card;
- Credit freeze fees, or credit monitoring costs that were incurred on or after March 11, 2022; and
- Other expenses that are reasonably attributable to the Data Incident that were not reimbursed.



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These losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

Verified Fraud

For each documented and verified instance of identity fraud you have suffered, you are entitled to \$250, regardless of whether you have been reimbursed for that fraud.

Verified Fraud Claims include:

- Fraudulent bank or credit card charges,
- Tax filings,
- Opening of bank and/or credit accounts,
- Unemployment filings,
- Other fraudulent actions taken using your information from the Data Incident.

Settlement Class Members with Verified Fraud claims must submit documentation and attestation supporting their claims. Receipts or other documentation, not “self-prepared” by the claimant, that documents the incident are required. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

California Residents

Settlement Class Members who were California residents at the time of the breach may be entitled to an additional payment of \$100. To prove California residency, you may swear, under penalty of perjury, to the span of time you lived in California.

\$50 Pro-Rata Residual Cash Payment

After distributing funds for the claims payments set forth above to claimants, as well as attorneys’ fees, Class Counsel’s litigation expenses, Administrative Fees, and Service Awards, if there is any money left over, the Settlement Administrator will make *pro rata* settlement payments of the remaining Settlement Fund to each Class Settlement Member who submits a cash payment claim. The remaining amount of the Settlement Fund will be distributed pro rata for each Class Member who submits a claim, which may increase or decrease the \$50 cash payment amount.

Completing the Claim Form

This Claim Form may be submitted online at www.phdatasettlement.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:

Migliaccio v. Parker Hannifin
Settlement
c/o Kroll Settlement Administration
PO Box 5324
New York, NY 10150-5324



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II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

Claimant Name: _____
First Name MI Last Name

_____ Street Address

_____ Street Address Second Line

City: _____ State: _____ Zip Code: _____

Class Member ID: 6 9 8 0 8 _____

If you received a notice of this settlement by U.S. mail, your Class Member ID is on the envelope or postcard. If you received a notice of this settlement by email, your Class Member ID is in the email.

E-mail Address: _____

[optional] Daytime Phone Number: (_____) - _____ - _____

[optional] Evening Phone Number: (_____) - _____ - _____

You may select a:

III. CASH PAYMENT

Cash Payment: Would you like to receive a cash payment under the settlement? (circle one)

Yes No

** The payments under this option will originally be set at \$50, however, the value of cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, attorneys' and settlement administrator fees and expenses.

IV. LOST TIME PAYMENT

Please check off this box for this section if you are electing to seek reimbursement for Lost Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Incident.

Settlement Class Members who elect to submit a Claim for Lost Time Payment may claim, together with out-of-pocket losses, no more than \$100 at \$25/hour for four (4) hours of time actually spent addressing issues arising from the Data Incident. If you are selecting reimbursement for lost time, you must fill in the blanks in this section and sign the certification at the end of the Claim Form.

I, _____, declare that I suffered lost time as a result of the Data Incident.
/Name/

Specifically, I spent the following number of hours attempting to prevent fraud or mitigate fraud and identity theft related to the Data Incident: _____ hours (rounded to the nearest half-hour).

V. CASH PAYMENT TO CALIFORNIA RESIDENTS

Due to the heightened statutory damages available to them under California law, California residents may elect to receive a \$100 cash payment under the settlement.

If you are a California resident, would you like to receive a \$100 cash payment under the settlement? (**circle one**)

Yes No

** The payments under this option will originally be set at \$100, however, the value of cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, attorneys' and settlement administrator fees and expenses.

VI. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES AND/OR VERIFIED FRAUD

Please check off this box for this section if you are electing to seek reimbursement for unreimbursed **Out-of-Pocket Losses** and such claimed losses above will total no more than \$5,000.00. You must provide reasonable documentation of the claimed out-of-pocket losses. Self-attested documentation will not suffice.

Please check off this box for this section if you are electing to seek reimbursement for one or more incidents of **Verified Fraud**. Such claimed payments will be \$250/incident, but in total no more than \$5,000.00. You must provide reasonable documentation for **each** instance of fraud. Self-attested documentation will not suffice.

Making a Claim for Out-of-Pocket Expenses

In order to make a claim for out-of-pocket expenses, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section V); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket losses need to be deemed fairly traceable to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.



Out-of-Pocket Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)																			
<input type="checkbox"/> Unreimbursed fraud losses or charges	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i></p> <p>Your documents:</p> <hr/>
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<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns.	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i></p> <p>Your documents:</p> <hr/>
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<input type="checkbox"/> Credit freeze	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Examples: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i></p> <p>Your documents:</p> <hr/>
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<input type="checkbox"/> Credit Monitoring ordered after receipt of the Data Incident Notice.	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Examples: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i></p> <p>Your documents:</p> <hr/>
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<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office) why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Data Incident</i></p> <p>Your documents:</p> <hr/>
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<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of</i></p> <p>Your documents:</p> <hr/>
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<input type="checkbox"/> Other (provide detailed description)	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/dd/yy) </div>			/			/			<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form</i></p> <p>Your documents:</p> <hr/>
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If you **do not submit** reasonable documentation supporting a claim for out-of-pocket losses, or your claim for an out-of-pocket loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for lost time, if such claims are made, will be considered.

Verified Fraud Claims

You are eligible for an up to \$250 payment for each incident of verified fraud you have suffered. Please use the checkboxes below to indicate what kind of fraud you've suffered and describe the documents you're submitting to substantiate the fraud. The payments for verified Fraud Claims are also subject to the \$5,000 cap that applies to out-of-pocket losses.

Verified Fraud Type (Fill all that apply)	Approximate Date of Fraud	Amount Defrauded (even if reimbursed)	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Fraudulent bank or credit card charges	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> / / </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">\$.</div>	<i>Examples: Account statement with unauthorized charges highlighted; correspondence with credit card company disputing the charges</i> Your documents: _ _____ _____
<input type="checkbox"/> Fraudulent tax filings	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> / / </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">\$.</div>	<i>Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return</i> Your documents: _____ _____ _____
<input type="checkbox"/> Opening of bank accounts and/or credit cards in your name.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> / / </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">\$.</div>	<i>Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account</i> Your documents: _____ _____ _____
<input type="checkbox"/> Government benefits taken in your name	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> / / </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">\$.</div>	<i>Examples: Notification of unemployment benefits being taken; correspondence with agency regarding issue</i> Your documents: _____ _____ _____

If you **do not submit** reasonable documentation supporting a claim for Verified Fraud payments, or your claim for a Verified Fraud payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for lost time, if such claims are made, will be considered.

VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature: _____

Date: _____

Print Name: _____



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