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**The DEADLINE
to submit or mail this
Claim Form is:
December 11, 2025**

**CLAIM FORM FOR
TATE, et al. v. EYEMED VISION CARE, LLC
DATA INCIDENT
CLASS ACTION SETTLEMENT BENEFITS**

For Office Use Only

**USE THIS FORM TO MAKE A CLAIM FOR A PRO RATA CASH PAYMENT,
LOST TIME PAYMENT, AND/OR OUT-OF-POCKET LOSS PAYMENT**

For more information, call (833) 621-8389 or visit the Settlement Website www.eyemeddatasettlement.com

**The DEADLINE to submit this Claim Form online (or have it postmarked for mailing) is:
DECEMBER 11, 2025**

I. GENERAL INSTRUCTIONS

If you were notified that your Personal Data was potentially compromised on or around June 24, 2020 data incident experienced by EyeMed Vision Care, LLC (“EyeMed”), you are a Class Member. The event that caused your data to be lost is referred to here as the “Data Incident.”

The Settlement establishes a \$5,000,000 fund to compensate Class Members for their lost time and out-of-pocket losses or expenses, as well as for the costs of notice and Cost of Settlement Administration, Service Awards to Class Representatives and attorneys’ fees and expenses as awarded by the Court. As a Class Member, you are eligible for cash payments as reimbursement for your 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 caused by the Data Incident. You must fill out this Claim Form to receive these benefits. **You may submit a Claim for one or more of these benefits, including that you may receive each of a lost time payment, out-of-pocket loss payment, and/or *pro rata* cash payment. All payments for Valid Claims under the Settlement, including those for Lost Time and Out-of-Pocket Expenses, may be reduced *pro rata* based on the total number of Valid Claims.**

The benefits are as follows:

a. \$50 Estimated Pro Rata Cash Payment

After distributing funds for the Claims payments set forth above to Claimants, as well as attorneys’ fees, Class Counsel’s expenses, and Cost of Settlement Administration, if there is any money left over, the Settlement Administrator will make *pro rata* settlement payments of the remaining Settlement fund to each Class Member who submits a cash payment Claim. The remaining amount of the Settlement fund will be distributed *pro rata* for each Settlement Class Member who submits a Valid Claim, which may increase or decrease the estimated \$50 cash payment amount.



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b. 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 for a maximum of 4 hours, **up to \$100 in total**. By filling out this Claim Form, you must 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 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.**

c. Out-of-Pocket Expenses

You are eligible to receive reimbursement for money you paid to protect yourself from 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:

- Unreimbursed losses relating to fraud or identity theft;
- Professional fees including attorneys' fees, accountants' fees, and fees for credit repair services;
- Costs associated with freezing or unfreezing credit with any credit reporting agency;
- Credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission;
- Parking expenses or other transportation expenses (including the cost of fuel) for trips to a financial institution to address fraudulent charges or receive a replacement payment card;
- Instances of verified fraud such as fraudulent bank or credit card charges, fraudulent tax filings, fraudulent opening/closing of bank or credit accounts, unemployment filings, or other fraudulent actions taken using your information from the Data Incident; and
- Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.
- Other expenses that are reasonably attributable to the Data Incident that were not reimbursed.

These out-of-pocket expenses 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.

Completing the Claim Form

This Claim Form may be submitted online at **www.eyemeddatasettlement.com** or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. If submitting by U.S. mail, mail your completed Claim Form, including any supporting documentation, to:

Tate v EyeMed Vision Care LLC
c/o Kroll Settlement Administration LLC
P.O Box 225391
New York, NY 10150-5391





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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 Line 2

City State Zip Code

Class Member ID: 83242 _____

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 submit a Claim for one or more of these benefits:

1) CASH PAYMENT

Pro Rata Cash Payment: Would you like to receive a cash payment under the Settlement? **(check one)**

_____ **Yes** _____ **No**

** The payment under this option will originally be set at \$50; however, the value of the 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 and attorneys' and Settlement Administrator fees and expenses.



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2) LOST TIME PAYMENT

☐ Please check this box here 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.

Class Members who elect to submit a Claim for Lost Time payment may claim no more than \$100 at \$25/hour for up to four 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 below.

I _____ [Name] swear and affirm, under penalty of perjury, that I spent the amount of time noted in response to the EyeMed Data Incident.

Specifically, I spent the following number of hours in response to the Data Incident:

(check only one) ____1 ____2 ____3 ____4

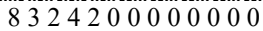
3) REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

☐ Please check this box here if you are electing to seek reimbursement for unreimbursed **out-of-pocket expenses** and such claimed losses above will total no more than \$10,000. You must provide reasonable documentation of the claimed out-of-pocket expenses. Self-attested documentation will not suffice.

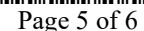
Making a Claim for Out-of-Pocket Expenses

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 Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-pocket expenses 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> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div></div> <div></div>	<p>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.</p> <p>Your documents: _____</p>
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns.	<div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div></div> <div></div>	<p>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</p> <p>Your documents: _____</p>
<input type="checkbox"/> Credit freeze.	<div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div></div> <div></div>	<p>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</p> <p>Your documents: _____</p>
<input type="checkbox"/> Credit Monitoring ordered after receipt of the Data Incident Notice.	<div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div></div> <div></div>	<p>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</p> <p>Your documents: _____</p>
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, fuel, copying, mileage, and long-distance telephone charges.	<div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div></div> <div></div>	<p>Examples: Example: 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.</p> <p>Your documents: _____</p>
<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> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div></div> <div></div>	<p>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive federal and/or state tax refund and the amount of any tax refund that you did not receive due to the tax fraud.</p> <p>Your documents: _____</p>





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<input type="checkbox"/> Other (provide detailed description).	<div><div></div><div>/</div><div></div><div>/</div><div></div></div> <div>(mm/dd/yy)</div>	<div>\$</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>.</div> <div></div> <div></div>	Please provide detailed description below or in a separate document submitted with this Claim Form. Your documents: _____ _____
<input type="checkbox"/> Fraudulent bank or credit card charges.	<div><div></div><div>/</div><div></div><div>/</div><div></div></div> <div>(mm/dd/yy)</div>	<div>\$</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>.</div> <div></div> <div></div>	Examples: Account statement with unauthorized charges highlighted; correspondence with credit card company disputing the charges. Your documents: _____ _____
<input type="checkbox"/> Fraudulent tax filings.	<div><div></div><div>/</div><div></div><div>/</div><div></div></div> <div>(mm/dd/yy)</div>	<div>\$</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>.</div> <div></div> <div></div>	Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return. Your documents: _____ _____
<input type="checkbox"/> Opening of bank accounts and/or credit cards in your name.	<div><div></div><div>/</div><div></div><div>/</div><div></div></div> <div>(mm/dd/yy)</div>	<div>\$</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>.</div> <div></div> <div></div>	Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account. Your documents: _____ _____
<input type="checkbox"/> Government benefits taken in your name.	<div><div></div><div>/</div><div></div><div>/</div><div></div></div> <div>(mm/dd/yy)</div>	<div>\$</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>.</div> <div></div> <div></div>	Examples: Notification of unemployment benefits being taken; correspondence with agency regarding issue. Your documents: _____ _____

If you **do not submit** reasonable documentation supporting a claim for out-of-pocket expenses, or your Claim for an out-of-pocket expenses payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your for Lost Time Claim and/or Pro Rata Cash Claim, if such Claims are made, will be considered.

III. 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 Claims for payments under this Settlement 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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