

Hymes, et al. v. Earl Enterprises Holdings, Inc.
PO Box 2867
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted On
Or Before 1/5/2024**

CLAIM FORM FOR DATA INCIDENT BENEFITS

If you made a credit or debit card purchase at any affected Earl Enterprises restaurant during the period of the Data Incident, you are a "Class Member." As a Class Member, you are eligible to receive monetary relief: in the form of i) if you have documented expenses incurred as a result of the Data Incident prior to September 4, 2020, reimbursement of up to \$5,000 for certain documented out-of-pocket expenses and lost time (up to 4 hours at \$20.00 per hour) that resulted from the Data Incident, or ii) if you spent material time taking action to deal with the repercussions of the Data Incident prior to September 4, 2020, compensation in the form of two (2) restaurant promotional cards valued at \$10.00 each that may be redeemed at either Buca di Beppo or Planet Hollywood restaurants for nondocumented losses.

This Claim Form may be submitted online at www.EarlSettlement.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, along with any supporting documentation, by U.S. Mail to:

Earl's Settlement Administrator
PO Box 2867
Baton Rouge, LA 70821

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY: JANUARY 5, 2024

Class Member Information (PLEASE PRINT)

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 the settlement benefits, you must notify the Settlement Administrator in writing at the address above or email info@EarlSettlement.com.

<input type="text"/>																								
First Name																								
<input type="text"/>																				<input type="text"/>				
Last Name																				Suffix				
<input type="text"/>																								
Mailing Address (including Apartment/Floor/Suite Number)																								
<input type="text"/>															<input type="text"/>					<input type="text"/>				
City															State					Zip Code				
<input type="text"/>																								
Telephone Number																								
<input type="text"/>																								
Email Address (Optional) : (if provided, we will communicate primarily by email about your claim)																								

Settlement Benefits

Documented Expense Reimbursement

If you have documentation establishing that prior to September 4, 2020 you suffered out-of-pocket losses, unreimbursed charges, or time spent remedying issues relating to the Data Incident, you can make a claim for reimbursement of up to \$5,000, including up to 4 hours of documented time at \$20 per hour. You must submit supporting documentation for this claim.

Attested Expense Reimbursement

If you do not have documentation, you will still be eligible to self-certify that you spent material time taking action to remedy issues relating to the Data Incident prior to September 4, 2020. As compensation, you can make a claim to receive two (2) restaurant promotional cards valued at \$10.00 each, which may be redeemed at either Buca di Beppo or Planet Hollywood restaurants.

1. Did you use a credit or debit card at an affected Earl Enterprises location during the exposure window for that particular location? (To view a list of the affected locations, please see attachment A at the end of this claim form)

Yes (Proceed to Question 2)

No (You are not eligible to submit a claim)

2. What is the restaurant name and number of the location where you made your purchase (list up to three) and the dates on which you made your purchases (list up to three)?

To view a list of the affected locations, please see attachment A at the end of this claim form.

	Restaurant Name	Restaurant Number	Date(s) Visited
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Do you have proof of your purchase using a credit or debit card at an affected Earl Enterprises location during the exposure window? (Examples: purchase receipt, credit card statement, bank statement)

Yes (Skip to Question No. 5)

No (Proceed to Question 4)

4. If you made a credit or debit card purchase at an affected Earl Enterprises location during the Data Incident exposure window, and spent material time prior to September 4, 2020 taking action to mitigate any potential fraud or identity theft as a result of the Data Incident, you can make a claim to receive two (2) restaurant promotional cards valued at \$10.00 each.

You must complete the following attestation and sign the Claim Form on the last page.

I, _____, attest (a) that I made a credit or debit card purchase at an affected Earl Enterprises location during the Data Incident exposure window as indicated in response to Question 2 above, and (b) that I spent material time prior to September 4, 2020 taking action to review financial documents, cancel payment cards, or to otherwise mitigate any potential fraud or identity theft as a result of the Data Incident.

I wish to receive promotional cards good to be used at (select one):

Buca di Beppo restaurants or Planet Hollywood restaurants

(NOTE: If you do not make a selection, Buca di Beppo promotional cards will be sent)

DOCUMENTED CLAIMS FOR OUT-OF-POCKET LOSSES, UNREIMBURSED CHARGES, OR TIME SPENT REMEDYING ISSUES RELATING TO THE DATA INCIDENT

5. Do you have documents proving that prior to September 4, 2020 you experienced out-of-pocket losses or unreimbursed charges incurred as a result of the Data Incident, or that you spent time remedying issues relating to the Data Incident? If so, you may submit a claim, with supporting documentation, for up to \$5,000 in out-of-pocket losses, unreimbursed charges, or time spent remedying issues related to the Data Incident.

Yes (Proceed to the chart below)

No (You are not eligible to submit a claim under this category. Go to Question 4, where you can make a claim to receive two (2) restaurant promotional cards valued at \$10.00 each.)

If you fail to provide the required documentation to support a claim under this category (or if the documentation you provide is deemed insufficient by the Settlement Administrator), your claim will be processed under Question 4. You will not be entitled to a cash payment. However, if your claim for undocumented losses is approved, you will still receive the two (2) restaurant promotional cards as discussed in Question 4.

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Costs and expenses spent addressing identity theft or fraud as a result of the Data Incident				<i>Example: Mailing costs or fax receipt for sending documentation to bank; Receipt for hiring service to assist you in addressing identity theft</i>
<input type="checkbox"/> Losses caused by restricted access to funds (i.e., costs of taking out a loan, ATM withdrawal fees) as a result of the Data Incident				<i>Examples: Account statement with ATM withdrawal fee highlighted; Loan agreement or bank statement with additional interest paid highlighted</i>
<input type="checkbox"/> Preventative costs including purchasing credit monitoring, placing security freezes on credit reports, or requesting copies of credit reports for review as a result of the Data Incident				<i>Example: Receipts or account statements reflecting purchases made for credit monitoring services or to place a credit freeze</i>

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, and/or card cancellation or replacement fees as a result of the Data Incident				<i>Examples: Account statements reflecting overdraft fees</i>
<input type="checkbox"/> <u>Documented</u> time spent remedying issues relating to the Data Incident		Number of Hours Spent _____ (max = 4 hours)	Describe what you did	<i>Example: Phone bill reflecting time spent on phone with bank. You may make a claim for up to 4 hours of <u>documented</u> time at \$20 per hour total.</i>

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Unauthorized charges on credit or debit card reasonably caused by the Data Incident that you sought to have reimbursed by the card issuer but that were not reimbursed				<p>The following is required to recover for this category of losses: (1) a copy of the statements that show the fraudulent charges, and (2) correspondence from financial institution declining to reimburse you the charges. If you do not have written correspondence, provide in writing the approximate date that you reported the fraud, how you reported it, what the card issuer's response was, and how the response was provided.</p>
<input type="checkbox"/> Other documented losses incurred as a result of the Data Incident (provide detailed description)				<p><i>Please provide detailed description and supporting documentation</i></p>

IMPORTANT: TO BE ELIGIBLE FOR MONETARY COMPENSATION, IN ADDITION TO THE DOCUMENTATION SUPPORTING YOUR EXPENSES, YOU MUST INCLUDE PROOF THAT YOU MADE A CREDIT OR DEBIT CARD PURCHASE AT AN AFFECTED EARL ENTERPRISES RESTAURANT DURING THE EXPOSURE WINDOW (SEE QUESTION 3).

Attestation and Signature

I do hereby swear (or affirm) that the information provided above is true and accurate to the best of my knowledge and that the compensation I am claiming is based on losses I reasonably believe to the best of my knowledge were the result of the Data Incident.

Name: _____

Signature*: _____

Date*: / /

Reminder Checklist

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at www.EarlSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. For more information, please visit the settlement website at www.EarlSettlement.com or call the Settlement Administrator at 1-844-976-1987. Please do not call the Court or the Clerk of the Court for additional information.
4. This claim form must be postmarked by **January 5, 2024** and mailed to: P.O. Box 2867, Baton Rouge, LA 70821.