

Centerstone Settlement Administrator
P.O. Box 43434
Providence, RI 02940-3434



C4K

*Kenney, et al. v.
Centerstone of America, Inc., et al.*
US DISTRICT COURT, MIDDLE
DISTRICT OF TENNESSEE

Case No. 3:20-cv-01007

**Must Be Postmarked
No Later Than
August 21, 2021**

Claim Form

CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City										State		Zip Code									
Foreign Province										Foreign Postal Code						Foreign Country Name/Abbreviation					

This Claim Form should be filled out online or submitted by mail if you received a notification from Centerstone of America, Inc., Centerstone of Indiana, Inc., or Centerstone of Tennessee, Inc. (collectively "Centerstone") relating to the unauthorized access of certain of Centerstone's employee's email accounts in December 2019 (the "Data Breach"), and you wish to make a claim for Identity Theft Monitoring Services, had out-of-pocket expenses, fraudulent charges, lost time spent dealing with the Data Breach, or unreimbursed extraordinary monetary losses as a result of the Data Breach. You may get a check and/or a code for Monitoring Services if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible.

The Settlement Notice describes your legal rights and options. Please visit the official settlement administration website, www.centerstonesettlement.com, or call 1-866-204-9286 for more information.

If you wish to submit a claim for a Settlement payment or Identity Theft Monitoring Services, you need to provide the information requested below. Please type or print clearly in blue or black ink. This Claim Form must be submitted online OR mailed and postmarked by **August 21, 2021**.

1. CLASS MEMBER INFORMATION

Email Address (REQUIRED)																					
[]		[]		[]		[]		[]		[]		[]		[]		[]		[]		[]	
Telephone Number (REQUIRED)																					

2. IDENTITY THEFT MONITORING SERVICES

I would like to receive an enrollment code for Identity Theft Monitoring Services.
 I do NOT want to receive an enrollment code for Identity Theft Monitoring Services.



FOR CLAIMS PROCESSING ONLY	OB [] []	CB [] []	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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3. PAYMENT ELIGIBILITY INFORMATION

Please review the Notice and paragraphs 39 through 42 of the Settlement Agreement (available at www.centerstonesettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a Settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Fill in the circle for each category of out-of-pocket expenses, fraudulent charges, or lost time that you incurred/experienced as a result of the Data Breach. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

a. Ordinary Expenses Resulting from the Data Breach:

Ordinary Unreimbursed charges incurred as a result of the Data Breach.

Total amount for this category (Up to \$500) \$.

Examples: Bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel incurred between December 12, 2019 and May 7, 2021. Other examples include: fees for credit reports, credit monitoring, or other identity theft insurance product purchased between October 22, 2020 and May 7, 2021.

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between October 22, 2020 and May 7, 2021, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Centerstone Data Breach and not for any other purpose.)

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Between one and three hours of documented time spent dealing with the Data Breach

Total number of hours claimed

Examples: You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Breach. **Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total.**

If the time was spent online or on the telephone, briefly describe what you did, or attach a copy of any letters or emails you wrote. If the time was spent trying to reverse fraudulent charges, briefly describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated. If the time spent related to your medical records or treatment, briefly describe what you did.

You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.



b. Extraordinary Expenses:

- **Extraordinary Unreimbursed expenses resulting from identity theft or fraud.**

Total amount for this category (Up to \$2,500) \$.

Attach a copy of statements that demonstrate that identity theft or fraud occurred and any correspondence showing that you reported the fraud. If you do not have anything in writing, tell us the approximate date that you reported and to whom you reported the fraud.

You may mark out any information that is not relevant to your claim before sending in the documentation.

Date reported / /

Description of the person(s) to whom you reported the fraud

- **Fill in this circle to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.**

4. Sign and Date Your Claim Form

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

5. Mail Your Claim Form

This Claim Form must be submitted online or postmarked by **August 21, 2021** and mailed to:

Centerstone Settlement Administrator
P.O. Box 43434
Providence, RI 02940-3434



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