

Riley v. Centerstone of America, Inc., et al.
P.O. Box 3354
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted
On or Before March 27, 2024**

Riley v. Centerstone of America, Inc., et al.
United States District Court for the Middle District of Tennessee
(Civil Action No. 3:22-cv-00662)

Claim Form

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., and Centerstone of Tennessee, Inc. (collectively "Centerstone") relating to the unauthorized access of certain of Centerstone's employee's email accounts in or around November 2021 (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 Identity Theft 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.Riley-CenterstoneSettlement.com, or call 1-844-624-2006 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 and mail this Claim Form to PO Box 3354, Baton Rouge, LA 70821, postmarked by March 27, 2024. Please type or print clearly in blue or black in. This claim form may be submitted online at www.Riley-CenterstoneSettlement.com OR mailed and postmarked by **March 27, 2024**.

To receive benefits from this settlement, you **must** provide all of the required (*) information below and you **must** sign this claim form. This claim form should only be used if a claim is being mailed in and is not being filed online. You may also file your claim online at www.Riley-CenterstoneSettlement.com.

1. CLASS MEMBER INFORMATION.

<input type="text"/>															<input type="text"/>											
*First Name															Middle Initial											
<input type="text"/>															<input type="text"/>											
*Last Name															Suffix											
<input type="text"/>																										
*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)																										
<input type="text"/>															<input type="text"/>			<input type="text"/>								
*City															*State			*Zip Code								
<input type="text"/>																										
*Current Email Address																										
<input type="text"/>			-			<input type="text"/>			-			<input type="text"/>			-			<input type="text"/>								
*Current Phone Number												*Settlement Claim ID (Required)														

Settlement Claim ID: Your Settlement Claim ID can be found on the Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1-844-624-2006.

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.

3. PAYMENT ELIGIBILITY INFORMATION

Please review the notice and paragraph 39 of the Settlement Agreement (available at www.Riley-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:

Check the box 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.

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 November 1, 2021 and March 27, 2024, fees for credit reports, credit monitoring, or other identity theft insurance product purchased between August 2, 2022 and March 27, 2024.

Total amount for this category \$ _____

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 another identity theft insurance product purchased between August 2, 2022 and March 27, 2024, 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 four hours of documented time spent dealing with the Data Breach

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, or 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.

Total Number of Hours Claimed (Check One Box):

1 Hour 2 Hours 3 Hours 4 Hours

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.

Description of the documented time spent dealing with the Data Breach

b. Extraordinary Expenses

Extraordinary Unreimbursed expenses resulting from identity theft or fraud.

Total amount for this category \$_____

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 documented time spent dealing with the Data Breach

Check this box 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	Print Name	Date
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5. 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.Riley-CenterstoneSettlement.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.Riley-CenterstoneSettlement.com or call the Claims Administrator at 1-844-624-2006. Please do not call the Court or the Clerk of the Court for additional information.
4. This claim form must be postmarked by **March 27, 2024** and mailed to: Centerstone Claims Administrator, P.O. Box 3354, Baton Rouge, LA 70821.