

**UNITED STATES DISTRICT COURT**  
**FOR THE MIDDLE DISTRICT OF FLORIDA**

*Emmanuel Llamas v. TrueFire, LLC and TrueFire, Inc.*, No. 8:20-cv-00857-WFJ-CPT

**REIMBURSEMENT FORM**

Any Settlement Class Member may submit one Claim for reimbursement, for time spent remediating fraudulent charges on their payment card as a result of the Data Breach, for an amount of \$20.00 per hour that is capped at a maximum of three (3) hours per Claimant. Reimbursement Claims must be submitted using this Reimbursement Form in accordance with the reimbursement terms under the provisions of this Agreement.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at [www.TrueFireDataBreachSettlement.com](http://www.TrueFireDataBreachSettlement.com) or by calling 1-844-996-1466.

Settlement Class Members who wish to make a timely and properly supported Reimbursement Claim must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; (b) a written accounting of the tasks associated with remediating any fraudulent charges on their payment card as a result of the Data Breach that includes time spent performing such tasks calculated in fifteen (15) minute increments; and (c) a statement signed under penalty of perjury indicating that: (i) the individual performed the tasks associated with remediating the fraudulent charges on the Claimant's payment card; and (ii) the fraudulent charges on the Claimant's payment card are fairly traceable to the Data Breach.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

TrueFire Data Breach Settlement Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

If you have any questions, call 1-844-996-1466 or go to [www.TrueFireDataBreachSettlement.com](http://www.TrueFireDataBreachSettlement.com) for more information.

**Deadline:** All Claims must be submitted to the Settlement Administrator on or before **July 20, 2021**.

**CLAIMANT INFORMATION**

**Please Type or Print in the Boxes Below**

First Name

MI

Last Name

Mailing Address (Street, PO Box, Suite or Office Number)

City

State

Zip Code

**Additional Information**

Email Address (optional)

Telephone Number (optional)

I declare under penalty of perjury that the time spent remediating payment card issues claimed on this form is related to the Data Breach.

You may submit one reimbursement request and your request cannot exceed an \$60.

**Amount**

\$    .

**Documentary proof must be submitted to support your exact claim**

Please provide a brief description of time spent remediating payment card issues related to the Data Breach requested in this Claim calculated in fifteen (15) minute increments, as well as an explanation of how such activities are related to the Data Breach. (You may attach additional pages if necessary).


Signature: _____	Date: _____
Print Name: _____	Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

**REIMBURSEMENT FORMS MUST BE POSTMARKED NO LATER THAN JULY 20, 2021 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT [WWW.TRUEFIREDATABREACHSETTLEMENT.COM](http://WWW.TRUEFIREDATABREACHSETTLEMENT.COM) OR MAIL THIS CLAIM FORM TO:**

**True Fire Data Breach Settlement Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103**