

**Your claim must
be submitted
online or
postmarked by:
February 5, 2026**

Hart v. DecoPac, Inc.
Case No. 27-CV-25-11487
Hennepin County (Minnesota) District Court

DPH

CLAIM FORM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a member of the Settlement Class, defined as: **All living individuals in the United States whose PII was potentially compromised in the Data Incident.**

All capitalized terms in this document have the same meanings as set forth in the Settlement Agreement. This includes the term **Data Incident** which means the unauthorized access to or acquisition of Plaintiff's and Settlement Class members' PII in Defendant's possession that was announced by Defendant on or about December 6, 2024.

You can submit a Claim Form online at www.DPDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than **February 5, 2026**.

SETTLEMENT CLASS MEMBER BENEFITS

The following Settlement provides for the following benefits:

Credit Monitoring Services. Settlement Class Members shall be offered an opportunity to enroll in three years of one-bureau Credit Monitoring Services with at least \$1,000,000 in identity protection insurance.

Compensation for Documented Out-of-Pocket Losses. Compensation for documented out-of-pocket unreimbursed losses that are fairly traceable to the Data Incident, may be up to a total of \$4,000.00 per person. Settlement Class Members must submit third-party documentation supporting their Claims for ordinary losses. This documentation may include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source. These losses may include the following:

- Out-of-pocket expenses incurred as a result of the Data Incident, including 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; and
- Fees for credit reports, credit monitoring, or other identity theft insurance product purchased between December 6, 2024, and February 5, 2026.
- Monetary losses due to fraud or identity theft that are (ii) fairly traceable to the Data Incident; (iii) occurred after the Data Incident and before February 5, 2026; and (iv) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

Flat Cash Payment. In addition to a Cash Payment made to Settlement Class Members for documented, out-of-pocket losses, Settlement Class Members who submit Valid Claims may also Claim an undocumented loss flat cash payment in the amount of \$95.00 each (subject to *pro rata* reduction).

Defendant shall pay each Settlement Class Member who submits a Valid Claim either compensation for documented out-of-pocket losses or a flat cash payment as set forth below. Under no circumstances shall Defendant be obligated to pay more than a total amount of \$400,000.00 in Cash Payments in connection with this Settlement. This amount represents the maximum total liability of Defendant for Cash Payments under this Agreement, and the Parties agree that any Valid Claims that would cause the total amount of Cash Payments paid by Defendant to exceed \$400,000.00 shall be subject to a *pro rata* reduction as necessary to ensure that Defendant's total Cash Payment obligation does not exceed this cap.

QUESTIONS? VISIT WWW.DPDATASETTLEMENT.COM OR CALL TOLL-FREE 1-866-280-4186.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if your contact information changes after you submit your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. CREDIT MONITORING

☐ Check this box if you wish to receive Credit Monitoring. Submitting this Claim Form will not automatically enroll you into Credit Monitoring. To enroll, you must follow the instructions sent to your email address (that you provide in Section I above) after the Settlement is approved and becomes final (the "Effective Date").

III. COMPENSATION FOR DOCUMENTED OUT-OF-POCKET LOSSES

☐ Check this box if you are seeking reimbursement for documented out-of-pocket losses incurred as a result of the Data Incident.

You must submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

<i>Description of Documentation Provided</i>	<i>Amount</i>
Total Documented Losses:	

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IV. FLAT CASH PAYMENT

☐ Check this box if you wish to receive the Flat Cash Payment in the amount of \$95.00.

The Flat Cash Payment amount may be subject to a *pro rata* decrease depending on the funds available for this payment. In addition, Settlement Class Members who receive compensation for documented out-of-pocket losses may receive flat cash payments only to the extent the flat cash payment amount exceeds the amount a Settlement Class Member will receive for documented out-of-pocket losses.

V. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account: _____

Mobile Number: _____ - _____ - _____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your Email Address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VIII. CERTIFICATION

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

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SUBMITTING YOUR CLAIM FORM

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form, including any supporting documentation to:

DecoPac Data Incident Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103