

**Your claim must
be submitted
online or
postmarked by:
July 29, 2026**

Viviali v. One Point HR Solutions, LLC
Case No. 26-CI-00098
16th Judicial Circuit, Kenton County, Kentucky

**OPHR-
CLAIM**

DATA INCIDENT SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a member of the Settlement Class, which includes:

All individuals residing in the United States whose Personal Information was potentially compromised in the Data Incident experienced by One Point HR Solutions, LLC, including all those who received notice of the Data Incident.

Settlement Class Members can submit a Claim Form online at www.OPHRDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than July 29, 2026.

SETTLEMENT BENEFITS & REIMBURSEMENT

The Settlement provides for the following Settlement Benefits and Reimbursement options. Please review the benefit descriptions and documentation requirements (where applicable).

Credit Monitoring Services. Includes two (2) years of one-bureau credit monitoring and \$1 million in identity theft protection insurance, among other features.

In addition to Credit Monitoring Services, Participating Class Members may submit a Claim Form for one of the following Cash Benefit options.

Cash Benefit A – Includes Ordinary Losses, Lost Time, and/or Extraordinary Losses.

- **Ordinary Losses.** Compensation up to a total of \$400.00 per Participating Settlement Class Member upon submission of a valid documented claim and supporting third-party documentation for each item of expenditure claimed. This can include receipts or other documentation not “self-prepared” by the claimant that document 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. Ordinary Losses would include, without limitation and by way of example:
 - i. *Out of pocket expenses actually incurred* as a result of the Data Incident, including, without limitation, and by way of example, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after April 30, 2026, through the date of this Claim Form submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges reasonably related to the Data Incident.
 - ii. Fees for credit reports, credit monitoring or other identity theft insurance products purchased as a result of the Data Incident.
- **Lost Time.** Reimbursement of up to 3 hours at a rate of \$30.00 per hour (for a total of \$90.00) per Participating Settlement Class Member for time actually spent responding to issues raised by the Data Incident provided that no claim can be submitted unless at least one full hour was spent dealing with the Data Incident. Participating Settlement Class Members must submit a valid claim form identifying the activities engaged in and the time spent on each such activity and provide attestation, under penalty

**QUESTIONS? VISIT WWW.OPHRDATASETTLEMENT.COM OR CALL TOLL-FREE
1-844-747-4257**

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of perjury, on the Claim Form that the activities they performed were related to the Data Incident.
Claims for Lost Time are subject to the \$400.00 cap for Ordinary Losses.

- **Extraordinary Losses.** Claim up to a total of \$5,000.00 per Participating Settlement Class Member who was the victim of actual fraud or identity theft in compensation on submission of a valid and timely claim form for monetary losses with third party documentation that meets the following conditions:
 - i. The loss is an actual, documented, and unreimbursed monetary loss stemming from fraud or identity theft;
 - ii. The submitted documentation is not “self-prepared” by the claimant. “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;
 - iii. The loss from fraud or identity theft was more likely than not caused by the Data Incident;
 - iv. The loss was incurred after July 3, 2023 and before July 29, 2026;
 - v. The loss is not already covered by the Ordinary Loss or Lost Time categories;
 - vi. The Participating 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; and

Cash Benefit B

- **Alternative Cash Payment.** Participating Settlement Class Members may claim an Alternative Cash Payment of \$65.00 per Settlement Class Member in lieu of claims for Ordinary Losses, Lost Time, and Extraordinary Losses. In other words, if a Settlement Class Member claims the Alternative Cash Payment, they cannot also receive compensation for Ordinary Losses, Lost Time, or Extraordinary Losses. However, Participating Settlement Class Members can claim both the Alternative Cash Payment and Credit Monitoring Services. To receive this benefit, Settlement Class Members must submit a valid claim form, but no documentation is required to make a claim.

AGGREGATE CAP

The Defendant will pay, up to an aggregate cap of \$750,000, Approved Claims for Ordinary Losses, Extraordinary Losses, and/or Lost Time Reimbursement, or, in the alternative, Alternative Cash Payments, as described above. In the event that the total Cash Benefits exceed \$750,000, Approved Claims and Alternative Cash Payments will be decreased *pro rata* to stay within the maximum \$750,000 cap.

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: **OPHR Data Incident Settlement, Attn: Claim Form Submissions, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.**

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I. PARTICIPATING 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 SERVICES

Check this box if you wish to receive Credit Monitoring Services.

Checking this box and submitting this Claim Form will not automatically enroll you in Credit Monitoring Services. To enroll, you must follow the instructions that will be sent to the email address that you provide in Section I above after the Settlement is approved and becomes final (the "Effective Date").

III. CASH BENEFIT A - ORDINARY LOSSES

Check this box if you are claiming Ordinary Losses up to \$400.

You must submit supporting documentation demonstrating unreimbursed expenses and fees actually incurred or spent as a result of the Data Incident between July 3, 2023, and July 29, 2026. Complete the chart below describing the supporting documentation you are submitting, and the amount you are seeking in compensation.

Description of Documentation Provided	Amount
Total Documented Ordinary Losses Claimed:	

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IV. CASH BENEFIT A - LOST TIME

Check this box if you are seeking reimbursement for time actually spent responding to issues raised by the Data Incident (up to \$90.00 and subject to the \$400.00 Ordinary Loss cap).

Indicate the number of hours spent: 1 Hour 2 Hours 3 Hours

I hereby attest under penalty of perjury that I was engaged in the following activities responding to issues raised by the Data Incident (describe the activities engaged in and time spent on each activity):

V. CASH BENEFIT A - EXTRAORDINARY LOSSES

Check this box if you are claiming Extraordinary Losses up to \$5,000.00.

You must submit supporting documentation demonstrating the actual, unreimbursed monetary loss stemming from fraud or identity theft that was more likely than not caused by the Data Incident. Complete the chart below describing the supporting documentation you are submitting, and the loss amount(s) claimed.

Description of Documentation Provided	Amount
Total Documented Extraordinary Losses Claimed:	

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VI. CASH BENEFIT B - ALTERNATIVE CASH PAYMENT

Check this box if you are claiming the Alternative Cash Payment in the amount of \$65.00. You are not eligible for this Cash Benefit if you are claiming one of the Cash Benefit A options.

VII. PAYMENT SELECTION

Please select one of the following payment options:

PayPal Venmo Zelle Virtual Prepaid Card Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: _____

***Payment via check will be mailed to the address provided in Section I above.**

VIII. CERTIFICATION & SIGNATURE

I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this claim form and any documents submitted with this claim form are true and correct to the best of my knowledge or recollection. 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