

**Your claim must be  
submitted online or  
received by:  
MAY 28, 2023**

## **CLAIM FORM**

*Carmack v. Snap-on Incorporated  
Case No. 2:22-cv-00695-WED*

[www.SnapOnSecurityIncident.com](http://www.SnapOnSecurityIncident.com)

**SNA**

### **CLAIM FORM FOR SNAP-ON SECURITY INCIDENT BENEFITS**

**USE THIS FORM TO MAKE A CLAIM FOR LOST TIME PAYMENTS, OUT-OF-POCKET EXPENSE PAYMENTS, AND REIMBURSEMENT OF FRAUDULENT CHARGES**

#### **ADDITIONAL INFORMATION ABOUT ACTIVATING FREE CREDIT MONITORING BELOW**

*For more information, call 1-866-516-6668 or visit the website [www.SnapOnSecurityIncident.com](http://www.SnapOnSecurityIncident.com).*

*Para una notificación en Español, visita nuestro sitio web [www.SnapOnSecurityIncident.com](http://www.SnapOnSecurityIncident.com).*

**The DEADLINE to submit this Claim Form online or by mail is MAY 28, 2023.**

#### **I. GENERAL INSTRUCTIONS**

All individuals residing in the United States whose personal information was compromised in a security incident that is the subject of the data security incident notice that Snap-on Incorporated sent on or after April 7, 2022 are Settlement Class Members (referred to here as the "Security Incident").

As a Settlement Class Member, you are eligible for cash payments as reimbursement for time and documented costs of responding to the Security Incident, or for documented losses you may have suffered if you were a victim of identity theft or fraud as a result of the Security Incident. Independent of the cash payments, you have also been provided with a year of free Credit Monitoring services in addition to the 24 months of Credit Monitoring services provided in the Security Incident notice that Snap-on sent on or after April 7, 2022, as described below. You must fill out this Claim Form to receive cash payments and activate the code for the additional year of free Credit Monitoring services.

You may receive:

**Up to \$750** if you have **not** suffered fraud, identity theft, or misuse of your data. This money will be provided as reimbursement for the following items:

- **Out of Pocket Expenses.** You are eligible to receive reimbursement for money you paid to protect yourself after the Security Incident, such as money spent on a credit monitoring service, if such costs have not been previously reimbursed by an institution, such as through the IDX insurance previously offered to Settlement Class Members by Snap-on, other insurance coverage, or a financial institution. To receive reimbursement for these expenses, you must attach some documentation of these expenses, such as a receipt or a screenshot of a confirmation page. The date the expense was incurred and the total amount of the expense must be visible in the documentation you provide.
- **Lost Time.** By filling out this Claim Form, you can attest to the amount of time you spent preventing or mitigating fraud or identity theft following the Security Incident. For example, this can include time spent on the phone with banks, researching the Security Incident to determine if you were affected, or freezing your credit. You will be reimbursed for your Lost Time at your normal hourly wage, but in no case less than \$15/hour and no more than \$25/hour. As evidence of your Lost Time, you can complete and sign the Claim Form **under penalty of perjury**, identifying your normal hourly wage and the amount of time you spent and what you did to prevent fraud or identity theft following the Security Incident.

**Up to \$2,500** if you **have** suffered fraud, identity theft, or misuse, as reimbursement for the Documented Losses incurred if such losses have not been previously reimbursed by an institution, such as through the IDX insurance previously offered to Settlement Class Members by Snap-on, other insurance coverage, or a financial institution. This cash payment will be provided in addition to the up to \$750 reimbursement for Lost Time and Out-of-Pocket expenses described above, if also claimed. Documented Losses incurred from fraud include, for example, if money was stolen from your checking account, if you incurred late fees on your bank account or rent because of fraud, if your tax return was stolen, or if your credit score was declined because of fraudulent loans in your name and you faced higher borrowing costs. To receive money for these Documented Losses, you **must** include documentation of the fraud and damages you incurred.

**Free Credit Monitoring.** The Credit Monitoring and Insurance Services include the following services, among others: (i) up to \$1,000,000 of identity theft insurance coverage; (ii) three-bureau credit monitoring, providing, among other things, notice of changes to your credit profile; and (iii) practical help, such as managed fraud assistance and assistance in implementing further protections, including freezing and unfreezing credit. Snap-on has already given you an activation code for twenty-four (24) months of free credit monitoring services in the Security Incident notice that Snap-on sent you on or after April 7, 2022. To receive the additional year of credit monitoring benefit, you do not need to file a Claim Form. If you previously activated credit monitoring services when Snap-on offered them to you, your services will automatically be extended for an extra year, unless you decline the extension by visiting the Settlement Website. If you did not previously activate the credit monitoring services Snap-on offered to you, you may do so now with the activation code provided in this mailing.

Cash payment amounts may be reduced *pro rata* (equally among class members) depending on how many Settlement Class Members submit Claim Forms. Complete information about the Settlement and its benefits are available at [www.SnapOnSecurityIncident.com](http://www.SnapOnSecurityIncident.com).

This Claim Form may be submitted online at [www.SnapOnSecurityIncident.com](http://www.SnapOnSecurityIncident.com) or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Snap-on Security Incident Settlement  
Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

## II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

Claimant Name: \_\_\_\_\_  
First Name MI Last Name

Street Address: \_\_\_\_\_

Street Address Second Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Claim ID: \_\_\_\_\_

(If you received a notice of this Settlement by U.S. mail, your Claim ID is on the outside of the envelope above your name and address.)

If you are unable to locate your Claim ID, you may call the Settlement Administrator at 1-866-516-6668.

E-mail Address: \_\_\_\_\_

[optional] Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

[optional] Evening Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## III. PAYMENT FOR LOST TIME

☐ Please check this box if you are electing to seek reimbursement for Lost Time you undertook to prevent fraud and identity theft following the Security Incident.

Class Members who elect to submit a Claim for Lost Time Payment may claim no more than \$750 for time actually spent addressing issues arising from the Security Incident. If you are selecting reimbursement for Lost Time, you must fill in the blanks in this Section and sign the certification at the end of the claim form.

I declare that I suffered Lost Time. Specifically, I spent \_\_\_\_ hours attempting to prevent fraud and identity theft related to the Security Incident (rounded to the nearest half-hour). My rate of pay during the last shift I worked at Snap-on or my Snap-on franchise was \$\_\_\_\_ per hour. (This will be used to determine the hourly rate at which you will be reimbursed at for your lost time, except that the hourly rate for reimbursement will be a minimum of \$15 and a maximum of \$25).

**Failure to meet the requirements of this Section may result in your claim being rejected by the Settlement Administrator.**

**IF YOU ARE ONLY MAKING A CLAIM FOR LOST TIME AND YOU DID NOT HAVE ANY OUT-OF-POCKET EXPENSES OR DOCUMENTED LOSSES FOR WHICH YOU ARE SEEKING REIMBURSEMENT, PLEASE PROCEED TO SECTION V) AND VI) BELOW.**

**IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES INCURRED TO PREVENT IDENTITY THEFT OR FRAUD AND/OR REIMBURSEMENT FOR DOCUMENTED LOSSES DUE TO IDENTITY THEFT OR FRAUD**

☐ Please check this box if you (a) **have incurred Out-of-Pocket expenses to prevent identity theft or fraud** and are electing to seek reimbursement for such expenses up to \$750 (which claim will be limited by any claim for Lost Time you plan to make pursuant to Section III above), and/or (b) **have suffered actual identity theft or fraud** and are electing to seek reimbursement for up to \$2,500 of Documented Losses you incurred from identity theft or fraud resulting from the Security Incident, and (c) have not received reimbursement for such Out-of-Pocket expenses and/or Documented Losses from the IDX insurance previously offered to you by Snap-on, from any other insurance, or from a financial institution.

I declare that I incurred Out-of-Pocket expenses or Documented Losses (or both) as a result of the Security Incident as follows, and that for any amount sought below, I did not receive reimbursement through the IDX insurance previously offered to me by Snap-on.

In order to make a claim under this Section IV, **you must** (i) fill out the information below; (ii) select a payment method; (iii) sign the attestation at the end of this Claim Form (*see* Section VI below); and (iv) include documentation supporting each claimed Out-of-Pocket expense and/or Documented Loss along with this Claim Form. Any Out-of-Pocket expenses and/or Documented Losses claimed **must be deemed fairly traceable to the Security Incident** by the Settlement Administrator based on the documentation you provide and the facts of the Security Incident.

**The Settlement Administrator will determine whether your submission is an Out-of-Pocket loss incurred to prevent identity theft or fraud (in which case, the amount claimed will count toward the \$750 cap set forth in Section I above), or a Documented Loss incurred as a result of identity theft or fraud (in which case, the amount claimed will count toward the \$2,500 cap set forth in Section I above).**

**Failure to meet the requirements of this Section may result in your claim being rejected by the Settlement Administrator.**

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Credit monitoring ordered after receipt of the Security Incident Notice from Snap-on.	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i> Your documents: _____ _____
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Examples: Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office) why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Security Incident</i> Your documents: _____ _____
<input type="checkbox"/> Other (provide detailed description)	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Please provide a detailed description below or in a separate document submitted with this Claim Form</i> Your documents: _____ _____
<input type="checkbox"/> Unreimbursed fraud losses or charges.	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Examples: Account statement with unauthorized charges highlighted; correspondence from financial institution declining to reimburse you for fraudulent charges.</i> Your documents: _____ _____
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns.	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; accountant bill for re-filing tax return</i> Your documents: _____ _____
<input type="checkbox"/> Credit freeze.	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i> Your documents: _____ _____ _____

<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing.	<table border="1"> <tr> <td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td><td></td><td></td> </tr> </table> (mm/dd/yy)				/				/			<table border="1"> <tr> <td>\$</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td> </tr> </table>	\$								.			<i>Examples: Letter from IRS or state about tax fraud in your name; documents reflecting length of time you waited to receive tax refund and amount of the tax refund.</i> Your documents: _____ _____ _____
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If you **do not submit** documentation supporting the Out-of-Pocket Expenses and/or Documented Losses you claim, or your claim for such expenses and/or losses is rejected by the Settlement Administrator for any reason and you do not cure the defect, your claim will not be paid.

## 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:  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_
- ☐ **Virtual Prepaid Mastercard** - Enter your email address: \_\_\_\_\_
- ☐ **Physical Check** - Payment will be mailed to the address provided above.

## VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of Settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

\_\_\_\_\_  
 Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
 Print Name

Questions? Go to [www.SnapOnSecurityIncident.com](http://www.SnapOnSecurityIncident.com)