

**CLAIM FORM FOR INCIDENT BENEFITS**

*Blankenship v. Leonard’s Express, Inc.*  
Case No. 1:24-cv-00618-JLS (W.D.N.Y)

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **JULY 03, 2025**  
AT **WWW.LEONARDEXPRESSSETTLEMENT.COM** OR FILE BY MAIL POSTMARKED BY **JULY 03, 2025**.

*You **must** use this form to make a claim for out-of-pocket loss payments and free credit monitoring or the alternative cash payment.*

Questions? Call 1-888-324-9833 or visit the website, **www.LeonardsExpressSettlement.com**.

**CLASS MEMBER INFORMATION**

CPT ID: \_\_\_\_\_

Full Name: \_\_\_\_\_

Parent or Legal Guardian Full Name (if submitting on behalf of a minor child): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(This field is required to receive credit monitoring. If provided, we will also communicate with you about your claim primarily by email.)

*If you received a notice of this Settlement by U.S. mail, your CPT ID is on the postcard. If you misplaced your notice, please contact the Claims Administrator at 1-888-324-9833 or by email at [LeonardsExpressSettlement@cptgroup.com](mailto:LeonardsExpressSettlement@cptgroup.com). If you do not include your CPT ID, your claim will be denied.*

**SETTLEMENT OVERVIEW**

**Compensation for Out-of-Pocket Expenses:** If you have incurred actual, unreimbursed expenses as a result of the cybersecurity Incident, you can make a claim for reimbursement for up to \$650.00. Out-of-Pocket Expenses include: (i) unreimbursed bank or credit card fees; (ii) long distance phone charges (only if charged by the minute); (iii) long distance or cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; (vi) professional fees (e.g. attorneys, credit repair professionals, IT professionals); (vii) gasoline for local travel; and/or (viii) credit monitoring or other identity theft monitoring purchased by Settlement Class Members between November 30, 2023 and the Notice Date. You must include documentation to support that the out-of-pocket expenses were the result of the cybersecurity Incident.

**Credit Monitoring:** With this Settlement, you can submit a claim for one year of credit monitoring protection services.

**Alternative Cash Payment:** In lieu of submitting a claim for out-of-pocket losses, Settlement Class members may submit a claim for a one-time cash payment of \$29. This alternative cash payment may not be combined with a request for Credit Monitoring.

**ALL BENEFITS (AND THE AMOUNT PAID TO SETTLEMENT CLASS MEMBERS UNDER THIS SETTLEMENT) MAY BE LOWER DEPENDING ON THE TOTAL AMOUNT OF APPROVED CLAIMS. TO THE EXTENT VALID CLAIMS FOR OUT-OF-POCKET EXPENSES AND ALTERNATIVE CASH PAYMENTS EXCEEDS \$325,000 COLLECTIVELY, THOSE CLAIMS WILL BE REDUCED ON A PRO RATA BASIS.**

**Failure to provide all required information will result in your claim being rejected by the Claims Administrator.**

**CLAIM FOR CREDIT MONITORING**

1. Do you wish to receive one year of credit monitoring protection services? [Note you must provide a valid email address above to receive this benefit]

Yes  (Please include your email on the first page and proceed to Question 2 or to Certification and Signature )

No  (Proceed to Question 2 or 3).

**CLAIM FOR REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES**

2. Do you have documentation supporting that you experienced: (i) unreimbursed bank or credit card fees; (ii) long distance phone charges (only if charged by the minute); (iii) long distance or cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; (vi) professional fees (e.g. attorneys, credit repair professionals, IT professionals); (vii) gasoline for local travel; and/or (viii) credit monitoring or other identity theft monitoring charges incurred between November 30, 2023 and the Notice Date. You may submit a claim, with supporting documentation, for up to \$650.00 in out-of-pocket expenses.

Yes  (Please complete the chart below and then proceed to Certification and Signature)

No  (You are not eligible to submit a claim for out-of-pocket expenses. Please proceed to Question 3)

<b>Loss Type</b> (Check all that apply)	<b>Date of Loss</b>	<b>Amount of Loss</b>	<b>Description of Supporting Documentation</b> (Identify what you are attaching and why)
<input type="checkbox"/> Bank fees incurred as a result of the cybersecurity Incident			<i>Example: Account statement with fees incurred as a result of the cybersecurity Incident highlighted.</i> <i>The description of the fees in the documentation must be specific enough to enable the Claims Administrator to determine why the fees were incurred and you must explain why the fees were incurred as a result of the cybersecurity Incident.</i>
<input type="checkbox"/> Long distance phone charges incurred as a result of the cybersecurity Incident			<i>Example: Phone bills with long distance telephone calls made as a result of the cybersecurity Incident, and corresponding charges, highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the cybersecurity Incident.</i> <i>You must explain who the calls were made to and why they were made as a result of the cybersecurity Incident. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the cybersecurity Incident.</i>

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Cell phone charges (only if charged by the minute) incurred as a result of the cybersecurity Incident			<p><i>Example: Cell phone bill with calls made as a result of the cybersecurity Incident, and corresponding charges, highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the cybersecurity Incident.</i></p> <p><i>You must explain who the calls were made to and why they were made as a result of the cybersecurity Incident. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the cybersecurity Incident.</i></p>
<input type="checkbox"/> Data charges (only if charged based on the amount of data used) incurred as a result of the cybersecurity Incident			<p><i>Example: Cell phone bill with data charges incurred as a result of the cybersecurity Incident, and corresponding charges, highlighted, along with an explanation of what the data charges are for and why they were incurred as a result of the cybersecurity Incident.</i></p> <p><i>You must explain what activities the data charges correspond to and why they were incurred as a result of the cybersecurity Incident. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific activities that incurred data charges that you undertook as a result of the cybersecurity Incident.</i></p>

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Postage charges incurred as a result of the cybersecurity Incident			<p><i>Example: Receipts from the United States postal service or other shipping companies, along with an explanation of what you sent and why you sent it.</i></p> <p><i>You must explain what you sent to incur the charges, to whom you sent it, and why you sent it as a result of the cybersecurity Incident.</i></p>
<input type="checkbox"/> Professional fees			<p><i>Example: Bills for services provided by attorneys, credit repair professionals, and/or IT professionals as a result of the cybersecurity Incident highlighted.</i></p> <p><i>The description of the fees in the documentation must be specific enough to enable the Claims Administrator to determine why the fees were incurred and you must explain why the fees were incurred as a result of the cybersecurity Incident.</i></p>
<input type="checkbox"/> Gasoline charges for local travel incurred as a result of the cybersecurity Incident			<p><i>Example: Gasoline receipt for gasoline used driving to the police station to file a police report regarding the cybersecurity Incident.</i></p> <p><i>You are only entitled to claim reimbursement for the gasoline you used as a result of the cybersecurity Incident, which may be less than a full tank. You must describe where you drove, the distance you traveled, why the travel was connected to the cybersecurity Incident, and the portion of any gasoline receipt that you attribute to the trips that you made as a result of the cybersecurity Incident.</i></p>
<input type="checkbox"/> Credit monitoring or other mitigating costs (such as costs associated with accessing, freezing, or unfreezing credit reports with any credit reporting agency) that were incurred on or after November 30, 2023 through			<p><i>Example: Receipts or account statements reflecting charges incurred to view a credit report.</i></p>

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
the date of submission of this Claim Form			

**CLAIM FOR ALTERNATIVE CASH PAYMENT**

3. Do you wish to receive an alternative cash payment of \$29? [Note this benefit may not be combined with any other benefit, including either reimbursement for out-of-pocket losses or credit monitoring. Also note the cash payment may be reduced if the total number of valid claims submitted exceeds \$325,000.]

Yes  (Please include your email on the first page and proceed to Certification and Signature )  
 No  (Proceed to Question 1 or 2).

**CERTIFICATION AND SIGNATURE**

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the cybersecurity Incident.

I understand that this claim may be subject to audit, verification, and Court review and that the Claims 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, depending on the type of claim and the determinations of the Claims Administrator.

Name: \_\_\_\_\_

Relationship to Settlement Class Member (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

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