

**Your claim  
must be  
submitted  
online or  
postmarked  
by:  
October 31,  
2024**

*McDowell v. Fontainebleau Florida Hotel, LLC*  
*Case No. 1:23-CV-22042*  
*United States District Court for the Southern District of Florida*  
**FONTAINEBLEAU MIAMI BEACH LITIGATION SETTLEMENT  
CLAIM FORM**

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**GENERAL INSTRUCTIONS**

If you are a part of the Settlement Class you may use this form to make a claim for reimbursement for documented out-of-pocket expenses, attested lost time, and/or extraordinary losses, as well as enroll in free credit monitoring services.

The **Settlement Class** includes: All individuals in the United States who were impacted by the Data Incident, including all who were sent a notice of the Data Incident that occurred on or around August 30 to September 2, 2022.

**Data Incident** means the data security incident alleged in the Complaint whereby between August 30, 2022 and September 2, 2022, an unknown and unauthorized criminal actor gained access to Fontainebleau's network and accessed certain current and former employees' Private Information that Fontainebleau collected and maintained.

**Private Information** means the information potentially accessed during the Data Incident, including individual names, Social Security numbers, and financial account numbers.

**COMPLETE THIS CLAIM FORM IF YOU ARE A SETTLEMENT CLASS MEMBER AND WISH TO  
RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS**

**AVAILABLE BENEFITS**

You are not limited to one benefit. If you are eligible for multiple benefits, as described below, you may file a claim for each of them.

**Documented Out-of-Pocket Expenses Incurred as a Result of the Data Incident.** All Participating Settlement Class Members who submit a Valid Claim using the Claim Form, including providing necessary supporting documentation, are eligible to be reimbursed for any documented ordinary losses that were incurred as a result of the Data Incident, including but not limited to: (i) unreimbursed bank fees; (ii) long distance phone charges; (iii) 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) gasoline for local travel; and (vii) fees for credit reports, credit monitoring, or other identity theft insurance product purchased between August 30, 2022 and October 31, 2024 ("Out-of-Pocket Expenses"). To receive reimbursement for Out-of-Pocket Expenses, Participating Settlement Class Members must submit documentation supporting their claims, to the Settlement Administrator.

**Reimbursement for Attested Lost Time.** Participating Settlement Class Members are also eligible to receive reimbursement for up to six (6) hours of lost time spent dealing with the Data Incident (calculated at the rate of \$25.00 per hour). Participating Settlement Class Members may receive up to three (3) hours

**QUESTIONS? VISIT [www.FontainebleauDataSettlement.com](http://www.FontainebleauDataSettlement.com) OR CALL TOLL-FREE 1-866-742-4955**

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of lost time if the Participating Settlement Class Member attests that any claimed lost time was spent responding to issues raised by the Data Incident (“Lost Time”).

Participating Settlement Class Members may also claim an additional three (3) hours of lost time if that lost time can be supported by reasonable documentation establishing a connection between the lost time and the Data Incident, which may not be self-prepared, whereby the Settlement Administrator shall have final authority to determine if the submitted documentation supports the requested hours (“Additional Lost Time”).

The total amount validly claimed by each Participating Settlement Class Member for documented Out-of-Pocket Expenses, Lost Time, and Additional Lost Time may not exceed \$1,000.00 per Participating Settlement Class Member.

**Compensation for Extraordinary Losses for a Victim of Actual Identity Theft.** Participating Settlement Class Members are eligible for the following compensation for actual identity theft, not to exceed \$4,000.00 per Participating Settlement Class Member, for proven monetary losses as a result of actual identity theft if: (i) the loss was an actual, documented, and unreimbursed monetary loss; (ii) the loss was directly related to the Data Incident; (iii) the loss occurred between August 30, 2022, and October 31, 2024; (iv) the loss is not already covered by one of the documented Out-of-Pocket Expenses categories; and (v) 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 (“Extraordinary Losses”).

**Identity Theft Protection and Credit Monitoring.** Participating Settlement Class Members who did not previously enroll in the credit monitoring offered by Fontainebleau may submit a Claim to accept two years of free credit monitoring services. Participating Settlement Class Members who did previously enroll in the credit monitoring offered by Fontainebleau may submit a Claim to accept one year of free credit monitoring services in addition to the one year of credit monitoring they are already enrolled in for a total of two years of such credit monitoring. The services shall provide three-bureau monitoring and shall include: (i) real time monitoring of credit file at all three bureaus; (ii) dark web scanning with immediate notification of potential unauthorized use; (iii) comprehensive public record monitoring; (iv) medical identity monitoring; (v) identity theft insurance (with no deductible); and (vi) access to fraud resolution agents.

Settlement Class Members will need to enroll to receive this benefit. Fontainebleau will pay for the credit monitoring services separate and apart from other Settlement benefits.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT  
[www.FontainebleauDataSettlement.com](http://www.FontainebleauDataSettlement.com).**

You may also print out and complete this Claim Form, and submit it by U.S. mail to: Fontainebleau Miami Beach Data Breach Settlement, c/o Settlement Administrator, P.O. Box 59479, Philadelphia, PA 19102-9479. An electronic image of the completed Claim Form can also be submitted by email to [FontainebleauDataSettlement@rg2claims.com](mailto:FontainebleauDataSettlement@rg2claims.com).

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The deadline to submit a Claim Form online is October 31, 2024. If you are mailing your Claim Form, it must be mailed with a postmark date no later than October 31, 2024.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form.

Form fields for First Name, Last Name, Street Address, City, State, Zip Code, Email Address, Notice ID, and Phone Number.

II. DOCUMENTED OUT-OF-POCKET EXPENSES (UP TO \$1,000.00)

Check this box if you are seeking reimbursement for documented Out-of-Pocket Expenses that were incurred as a result of the Data Incident. You must (i) fill out the information below and/or on a separate sheet submitted with this Claim form; (ii) submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement for; and (iii) sign the attestation at the end of this Claim Form (section VI).

Complete the chart below describing the supporting documentation you are submitting.

Table with 3 columns: Cost Type & Date, Description of Documentation Provided, Amount. Includes an example row and several empty rows for data entry.

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TOTAL OUT-OF-POCKET EXPENSES:

III. DOCUMENTED EXTRAORDINARY LOSSES (UP TO \$4,000.00)

Check this box if you are seeking reimbursement for actual, documented Extraordinary Losses that were incurred as a result of the Data Incident. You must (i) fill out the information below and/or on a separate sheet submitted with this Claim form; (ii) submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement for; and (iii) sign the attestation at the end of this Claim Form (section VI).

Complete the chart below describing the supporting documentation you are submitting.

Table with 3 columns: Cost Type & Date, Description of Documentation Provided, Amount. Includes an example row and a TOTAL LOSSES row.

IV. REIMBURSEMENT FOR ATTESTED LOST TIME (UP TO \$75)

Check this box if are seeking reimbursement for Lost Time spent dealing with the Data Incident. By checking this box, you are hereby attesting that the lost time claimed below was spent responding to issues raised by the Data Incident.

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

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**V. REIMBURSEMENT FOR ADDITIONAL LOST TIME (UP TO \$75)**

Check this box if you are seeking reimbursement for Additional Lost Time spent dealing with the Data Incident. By checking this box, you are hereby attesting that the lost time claimed below was spent responding to issues raised by the Data Incident.

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

Provide and identify here supporting documentation to show how the additional lost time you are claiming was spent related to the Data Incident:

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**VI. CREDIT MONITORING SERVICES**

Check this box if you wish to accept two years of free credit monitoring services or one additional year for Class Members who already enrolled in Fontainebleau's previous offer for one year of credit monitoring services. You must provide a valid email address in Section I to receive instructions for how to enroll in credit monitoring services.

**VII. PAYMENT SELECTION**

Please select **one** of the following payment options if you are seeking a Cash Fund Payment (Section III) or Reimbursement for Documented Losses (Section IV).

Electronic Payment - Once the Settlement is approved and if you are eligible for payment, you will receive an email from Huntington Bank's vendor advising you that your payment is ready and you may choose from Paypal; Venmo; Zelle; or Bank Transfer.

Physical Check - Payment will be mailed to the address provided above.

**VIII. ATTESTATION & SIGNATURE**

I swear and affirm that 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

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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