

Aon Corporation Data Breach  
Settlement Administrator  
P.O. Box 301134  
Los Angeles, CA 90030-1134



**AOFL**

VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*FLORES, ET AL. V. AON CORPORATION*  
CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Case No. 2022-CH-06132

**Must Be Postmarked  
No Later Than  
May 8, 2025**

## Claim Form

### USE THIS FORM TO MAKE A CLAIM FOR A PRO RATA CASH PAYMENT AND/OR OUT-OF-POCKET LOSS PAYMENT

For more information, call 1-833-419-4927 or visit the website ([www.aondatabreachlitigation.com](http://www.aondatabreachlitigation.com)).  
*Para una notificación en Español, pueda llamar 1-833-419-4927 o visitar nuestro sitio de web ([www.aondatabreachlitigation.com](http://www.aondatabreachlitigation.com)).*

**The DEADLINE to submit this Claim Form online (or have it postmarked for mailing) is May 8, 2025.**

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

If you were notified that your private information was potentially compromised in a cybersecurity attack experienced by Defendant, Aon Corporation (“Aon” or “Defendant”), you are a Class Member. The event that caused your data to be lost is referred to here as the “Data Breach.”

The Settlement establishes a \$1,500,000.00 fund to compensate Class Members for their lost time and out-of-pocket losses or expenses as well as for the costs of notice and administration, and attorneys’ fees and expenses as awarded by the Court. As a Class Member, you are eligible for cash payments as reimbursement for your time and money spent in response to the Data Breach (such as money spent on credit monitoring), as well as for any money you lost as a result of incidents of fraud or identity theft caused by the Data Breach. You must fill out this Claim Form to receive these benefits. **You may submit a claim for one or more of these benefits. All payments for valid claims under the Settlement, including those for Pro Rata Cash Payment and Out-of-Pocket Expenses, may be reduced pro rata based on the total number of valid claims.**

The benefits are as follows:

##### **a. Pro Rata Cash Payment**

After distributing funds for the claims payments set forth above to claimants, as well as attorneys’ fees, Class Counsel’s litigation expenses, and Administrative Fees, if there is any money left over, the Settlement Administrator will make a pro rata settlement payment of the remaining Settlement Fund to each Settlement Class Member who submits a valid claim for a cash payment using this Claim Form.

##### **b. Out-of-Pocket Expenses**

You are eligible to receive reimbursement for money you paid to address or protect yourself from the Data Breach, such as money spent on a credit monitoring service. You are also eligible to receive reimbursement for money you lost as a result of fraud or identity theft, if that money has not been reimbursed from another source. This includes:

- 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 the Data Breach through the date of claim submission;
- Parking expenses or other transportation expenses for trips to a financial institution to address fraudulent charges or receive a replacement payment card;
- Instances of verified fraud such as fraudulent bank or credit card charges, fraudulent tax filings, fraudulent opening/closing of bank or credit accounts, unemployment filings, or other fraudulent actions taken using your information from the Data Breach;
- Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and
- Other expenses that are reasonably attributable to the Data Breach that were not reimbursed.

These Out-of-Pocket Expenses must be documented. You must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Out-of-Pocket Cost Type (Fill all that apply)	Approximate Date of Loss (mm/dd/yyyy)	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching)
<input type="radio"/> Unreimbursed fraud losses or charges.	/ /	\$ .	<p><i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.</i></p> Your documents: _____
<input type="radio"/> Professional fees incurred in connection with identity theft or falsified tax returns.	/ /	\$ .	<p><i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i></p> Your documents: _____
<input type="radio"/> Credit freeze.	/ /	\$ .	<p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p> Your documents: _____
<input type="radio"/> Credit Monitoring ordered after receipt of the Data Breach Notice.	/ /	\$ .	<p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p> Your documents: _____
<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	/ /	\$ .	<p><i>Examples: 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 Data Breach.</i></p> Your documents: _____
<input type="radio"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing.	/ /	\$ .	<p><i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive federal and/or state tax refund and the amount of any tax refund that you did not receive due to the tax fraud.</i></p> Your documents: _____
<input type="radio"/> Other (provide detailed description).	/ /	\$ .	<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i></p> Your documents: _____

Out-of-Pocket Cost Type (Fill all that apply)	Approximate Date of Loss (mm/dd/yyyy)	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching)
<input type="radio"/> Fraudulent bank or credit card charges.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></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="radio"/> Fraudulent tax filings.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></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="radio"/> Opening of bank accounts and/or credit cards in your name.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i> Your documents: _____ _____
<input type="radio"/> Government benefits taken in your name.	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i> Your documents: _____ _____

If you **do not submit** reasonable documentation supporting a claim for Out-of-Pocket Expenses, or your claim for an Out-of-Pocket Expenses payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claim for a Pro Rata Cash Payment, if such claim is made, will be considered.

**III. 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 claims for payments under this Settlement 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 (mm/dd/yyyy): \_\_\_\_\_

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