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





VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED OR 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). Para una notificación en Español, pueda llamar 1-833-419-4927 o visitar nuestro sitio de web (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.

## **Completing the Claim Form**

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

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

## II. <u>CLAIMANT INFORMATION</u>

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.

First Name	M.I.	Last Name			
Drimon Address					
Primary Address					
Primary Address Continued					
City			State	ZIP Code	
Oity			Otate	Zii Gode	
Foreign Province	Foreign Postal	Code	Foreign Country	Name/Abbreviation	
Email Address (optional)					
Area Code Telephone Number (Daytime	e)	Area Code	Telephone Number (I	Evening)	
Claim ID					
If you received a notice of this Settlement by U.S. mail, your Class Member ID is on the envelope or postcard.					
If you received a notice of this Settlement by en					

## You may submit a claim for one or more of these benefits:

## 1) CASH PAYMENT

**Pro Rata Cash Payment:** Would you like to receive a cash payment under the Settlement? **(circle one)** Yes No

\*\* The payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits and attorneys' fees, and Settlement Administrator fees and expenses, and the number of Settlement Class Members who submit valid claims for payment.

## 2) REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

Please fill in the circle if you are electing to seek reimbursement for unreimbursed **Out-of-Pocket Expenses** and such claimed losses above will total no more than \$10,000.00. You must provide reasonable documentation of the claimed Out-of-Pocket Expenses. Self-attested documentation will not suffice.

In order to make a claim for Out-of-Pocket Expenses, **you must** (i) fill out the information below or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket Expenses need to be deemed fairly traceable to the Data Breach by the Settlement Administrator based on the documentation you provide and the facts of the Data Breach.

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

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)
Unreimbursed fraud losses or charges.		\$ .	Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges. Your documents:
Professional fees incurred in connection with identity theft or falsified tax returns.		\$ .	Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.  Your documents:
Credit freeze.		\$ .	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.  Your documents:
Credit Monitoring ordered after receipt of the Data Breach Notice.		\$ .	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.  Your documents:
Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.		\$ .	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.  Your documents:
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing.		\$	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.  Your documents:
Other (provide detailed description).		\$ .	Please provide detailed description below or in a separate document submitted with this Claim Form.  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)
Fraudulent bank or credit card charges.		\$ .	Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.  Your documents:
Fraudulent tax filings.		\$ .	Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.  Your documents:
Opening of bank accounts and/or credit cards in your name.		\$ .	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.  Your documents:
Government benefits taken in your name.		\$ .	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.  Your documents:
Expenses paymen Rata Cash Paymen Rata Cash Paymen III. CERTIF By submitting thi Claim Form and a that the foregoing Settlement Admin for payments under the companyment of the companyme	bmit reasonable documentation supporting the is rejected by the Settlement Administration, if such claim is made, will be considered as Claim Form, I certify that I am eligible any attachments are true and correct. I decay is true and correct. I understand that the interest is settlement are subject to the available and the determinations of the Settlement A	to make a claim in this Settlement an lare under penalty of perjury under this claim may be subject to audit, verifies Claim or additional information fro ility of settlement funds and may be reasonable.	d that the information provided in this e laws of the United States of America ication, and Court review and that the m me. I also understand that all claims
Signature:		Date (mm/dd/yyyy):	

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