## Grogan v. McGrath Rentcorp

Civil Action No. 22-cv-490

## (United States District Court for the Northern District of California)

## **REIMBURSEMENT FORM**

Eligible Settlement Class Members may submit one or more Reimbursement Claims for documented Economic Losses related to the Incident that have not been reimbursed by other third parties, up to an aggregate total of \$5,000 per Settlement Class Member.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.McGrathRentCorpSettlement.com or by calling (833) 630-5629.

Settlement Class Members who wish to make a timely and properly supported Reimbursement Claim of Economic Losses related to the Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; (b) if applicable, a signed copy of IRS Form 14039 along with a statement under penalty of perjury that the form was submitted to the Internal Revenue Service; (c) the bills or invoices documenting the amount of the claim and proof that the bills or invoices were paid; and (d) a statement signed under penalty of perjury indicating that: (i) the Economic Losses claimed are fairly traceable to the Incident; and (ii) the total amount claimed has not been reimbursed by any other person or entity. Third-party documentation of Economic Losses is required to establish a claim. Economic Losses that are compensated under this Settlement are those that are reasonable and customarily incurred when responding to the type of fraud or identity theft suffered by the Settlement Class Member from the Incident.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

Grogan v. McGrath RentCorp c/o Kroll Settlement Administration PO Box 5324 New York, NY 10150-5324

If you have any questions, call (833) 630-5629 or go to <u>www.McGrathRentCorpSettlement.com</u> for more information.

Deadline: All claims must be submitted to the Settlement Administrator on or before November 6, 2023.



CLAIMAINT INFORMATION Please Type or Print in the Boxes Below						
First Name	MI	Last Name	2			
Mailing Address (Street, PO Box, Suite or Office Number)						
City		State	Zip Code	Zip4 (optional)		
Additional Information						
Last Four Digits of Social Security Number:			$\mathbf{X}$			
Email Address (optional):@						
Telephone Number (optional): ( ) )						
I declare under penalty of perjury that:						
The Economic Loss I have claimed on this form is related to the Incident; and						
The total amount claimed has not been reimbursed by any other third party.						
You may submit one or more reimbursement requests, but all of your requests cannot exceed an aggregate \$5,000. Only one (1) form is needed for multiple costs incurred from the Incident.						
Amount Requested:						
\$						
Documentary proof must be submitted to support your exact claim amount.						







Please provide a brief description of Economic Loss in this claim, as well as an explanation of how such losses are related to the Incident. (You may attach additional pages if necessary).

	Date: / /			
Signature:				
	Your claim will be submitted to the Settlement			
Print Name:	Administrator for review. If your Reimbursement Claim is incomplete, untimely, or contains false			
	information, it may be rejected by the Settlement			
	Administrator. If your claim is approved, you			
	will be issued a payment using the email or street			
	address you provide. This process takes time;			
	please be patient.			

## REIMBURSEMENT CLAIMS MUST BE POSTMARKED NO LATER THAN NOVEMBER 6, 2023 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT WW.MCGRATHRENTCORPSETTLEMENT.COM OR MAIL THIS CLAIM FORM TO GROGAN V MCGRATH RENTCORP C/O KROLL SETTLEMENT ADMINISTRATION, PO BOX 5324, NEW YORK, NY 10150-5324.





