

Your claim must
be submitted online
or postmarked by:
AUGUST 24, 2026

CLAIM FORM

*Caroline Edri, et al v. Advanced Recovery
Equipment & Supplies, LLC.
Case No. 529489/2024*

New York Supreme Court, Kings County

GENERAL INSTRUCTIONS

You are a Settlement Class Member if your personal identifying information was compromised in the Data Security Incident announced by Advanced Recovery in or around October 2024 (the “Data Security Incident”). You may submit a claim for settlement benefits, outlined below. Please refer to the Settlement Agreement posted on the Settlement Website www.AdvancedRecoveryDataSettlement.com, for more information on submitting a Claim Form.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Advanced Recovery Data Incident Settlement

c/o RG/2 Claims Administration LLC

P.O. Box 59479

Philadelphia, PA 19102-9479

You may submit a claim for any or all of the following benefits:

- 1) **Cash Payment:** Settlement Class Member may also claim a cash payment in the amount of \$50.00. This amount is subject to change based upon the number of valid claims filed;
- 2) **Credit Monitoring:** In addition to electing any of the other benefits, Settlement Class Members may claim two (2) years of one-bureau Credit Monitoring with \$1,000,000 in identity theft/fraud insurance;
- 3) **Documented Ordinary Out-Of-Pocket Expenses:** Settlement Class Members may submit a claim for Ordinary Out-of-Pocket Losses up to \$750.00 per individual. “Ordinary Out-of-Pocket Losses” are actual, documented, and unreimbursed costs or expenditures incurred as a result of the Incident. Please refer to the Settlement Agreement found on the Settlement Website www.AdvancedRecoveryDataSettlement.com for a complete detail of expenditures included; and
- 4) **Documented Extraordinary Out-Of-Pocket Expenses:** Settlement Class Members may submit a claim for Extraordinary Out-of-Pocket Losses up to \$3,500.00 per individual. “Extraordinary Out-of-Pocket Losses” are actual, documented, and unreimbursed costs or expenditures incurred by a Settlement Class Member that are more likely than not directly arising from identity theft or other fraud perpetrated against the Settlement Class Member as a result of the Data Security Incident. Please refer to the Settlement Agreement found on the Settlement Website www.AdvancedRecoveryDataSettlement.com for a complete detail of expenditures included.

Questions? Go to www.AdvancedRecoveryDataSettlement.com or call 1-866-742-4955

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name, contact information, and unique claim ID below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address:

@

Telephone Number: (_____) _____ - _____

Unique Claim ID

III. CASH PAYMENT

All Settlement Class Members may make a claim for a \$50.00 cash payment. This amount is subject to *pro rata* reduction in the event the total payments under this category exceed \$325,000.00, depending on the number of valid claims submitted.

Yes, I want to receive a Cash Payment estimated at \$50.00.

IV. CREDIT MONITORING

In addition to electing to receive monetary compensation, all Settlement Class Members may also elect to receive two (2) years of one-bureau Credit Monitoring with \$1,000,000 in identity theft/fraud insurance.

Yes, I want to receive two years of Credit Monitoring.

V. REIMBURSEMENT FOR DOCUMENTED OUT-OF-POCKET LOSSES

a. Ordinary Expenses:

Check this box if you wish to submit a claim for Documented Ordinary Expenses.

All Settlement Class Members may submit a claim for up to seven hundred fifty dollars and zero cents (\$750.00) for actual, documented, and unreimbursed monetary losses occurring between July 27, 2023, and the Claims Deadline, that are fairly traceable to the Incident.

Total amount for this category \$ _____ (not more than \$750.00)

Examples of kinds of documented out-of-pocket losses that may be claimed include, in part: unreimbursed bank fees, long distance phone charges, cell phone charges (only in charged by the minute), data charges (only if charged based on the amount of data used), postage, or gas for local travel; fees for credit reports, credit monitoring, or any other insurance product purchased between June 27, 2023 and the date of the Claims Deadline

Settlement Class Members must also have made reasonable efforts to avoid, or seek reimbursement for, such losses, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. Settlement Class Members with losses must submit substantial and plausible documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

Supporting documentation must be provided. If a Settlement Class Member does not submit reasonable documentation supporting the loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure the Claim, the Claim will be rejected.

b. Extraordinary Expenses:

Check this box if you wish to submit a claim for Extraordinary losses. Settlement Class Members will be eligible for compensation up to \$3,500 for proven extraordinary losses provided that (1) the loss is an actual, documented, and unreimbursed loss; (2) the loss was more likely than not caused by the Incident; (3) the loss occurred during the specified period; and (4) the loss is not already covered by one or more of the other categories of settlement benefits, and the 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.

Total amount for this category \$ _____ (not more than \$3,500.00)

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

_____/_____/_____
Date

Print Name