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# HY-VEE SETTLEMENT CLAIM FORM

This Claim Form should be either filled out online or submitted by mail if you used a payment card to make a purchase at a Hy-Vee, Inc. (“Hy-Vee”) fuel pump, drive-thru coffee shop, or restaurant (including Hy-Vee Market Grille Expresses, the Wahlburgers locations owned and operated by Hy-Vee, and the cafeteria at Hy-Vee’s West Des Moines corporate office) during the time period specified for each location on the Settlement Website, and you had out-of-pocket expenses, fraudulent charges, lost time spent relating to, or unreimbursed extraordinary monetary losses as a result of the Hy-Vee Security Incident. If you fill out this claim form and have a valid claim, you will be entitled to a check if the Settlement is approved.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website, [www.GrocerySecurityIncidentSettlement.com](http://www.GrocerySecurityIncidentSettlement.com), or call toll-free 1-833-644-1595.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, [www.GrocerySecurityIncidentSettlement.com](http://www.GrocerySecurityIncidentSettlement.com), and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to *Perdue, et al. v. Hy-Vee, Inc.*, c/o Settlement Administrator P.O. Box 29, Philadelphia, PA 19105-0029, postmarked by June 24, 2021. Please print clearly in blue or black ink.

## 1. CLASS MEMBER INFORMATION

*Required Information:*

\_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
First Name

\_\_\_\_\_  
Address1

\_\_\_\_\_  
Address2

\_\_\_\_\_ - \_\_\_\_\_  
City State ZipCode Zip4 (optional)

\_\_\_\_\_  
Country

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*Optional Information:* Email: \_\_\_\_\_ @ \_\_\_\_\_

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**2. PAYMENT ELIGIBILITY INFORMATION**

To prepare for this section of the Claim Form, please review the Settlement Notice and Sections 2.1 through 2.3 of the Settlement Agreement (available for download at [www.GrocerySecurityIncidentSettlement.com](http://www.GrocerySecurityIncidentSettlement.com) ) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

To help us determine if you are entitled to a settlement payment, please provide as much information as reasonably possible.

**A. Verification of Class Membership**

You are only eligible to file a claim if you used a credit or debit card at an affected Hy-Vee location during the time of the Hy-Vee Security Incident. The affected dates vary by location and you are only eligible to submit a claim if you used a credit or debit card at an affected Hy-Vee location during that location’s exposure window. Go to the Settlement Website, [www.GrocerySecurityIncidentSettlement.com](http://www.GrocerySecurityIncidentSettlement.com), to see a list of affected locations and each location’s affected time period. Payments made inside convenience stores; at front-end checkout lanes, pharmacies, customer service counters, wine & spirits locations, floral departments, clinics, and all other food service areas; and through Aisles Online were not affected.

By submitting a claim and signing the certification below, you are verifying that you used a credit or debit card at a Hy-Vee affected location during the time specified for each location.

In addition, to allow the Settlement Administrator to confirm your membership in the Class, you must provide a response to **ONE** of the following:

- (1) If you received notice of the Settlement by email or postcard, in the boxes provided below, please provide the unique Claim ID from that notice:

**CLAIM ID**

**OR**

- (2) To the best of your recollection, in the boxes provided below, please provide the last four digits of each credit or debit card that you used at a Hy-Vee affected location during the time specified for each location on the Settlement Website. For each credit or debit card number, provide the location of the Hy-Vee fuel pump, drive-thru coffee shop, or restaurant at which you used the credit or debit card and the date(s) of the transaction(s).

**LAST FOUR DIGITS**

**OR**

- (2) Attach and identify the documentation that reflects your use of a payment card at an affected Hy-Vee fuel pump, drive-thru coffee shop, or restaurant during the Security Incident. Please note that the documentation must reflect the use of a payment card, the location of the fuel pump, drive-thru coffee shop, or restaurant, and the date of the transaction.

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### B. Out-Of-Pocket Expenses

Check the box for each category of out-of-pocket expenses, fraudulent charges, or lost time that you incurred as a result of the Hy-Vee Security Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in **bold type** (if you are asked to provide account statements as part of required proof for any part of your claim, you should redact unrelated transactions and all but the last four digits of any account number, if you wish). Please round total amounts to the nearest dollar.

#### I. Ordinary Expenses Resulting from the Hy-Vee Security Incident

Fees or other charges from your bank or credit card company due to fraudulent activity on your card incurred between December 14, 2018 and the Claims Deadline due to the Hy-Vee Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

**Required: A copy of a bank of credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but last four digits of any account number).**

Fees or other charges relating to the reissuance of your credit or debit card incurred between December 14, 2018 and the Claims Deadline due to the Hy-Vee Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Fees that your bank charged you because you requested a new credit or debit card.

**Required: Attach a copy of a bank or credit card statement or other receipt showing these fees or charges (you may redact unrelated transactions and all but the last four digits of any account number).**

Fees relating to your account being frozen or unavailable incurred between December 14, 2018 and the Claims Deadline due to the Hy-Vee Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: You were charged interest by a payday lender due to card cancellation or due to an over-limit situation. You had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card.

**Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the last four digits of any account number).**

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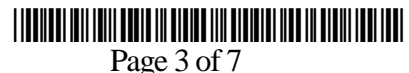
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Other incidental telephone, internet, or postage expenses directly related to the Hy-Vee Security Incident incurred between December 14, 2018 and the Claims Deadline due to the Hy-Vee Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

**Required: Attach a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions and all but the last four digits of any account number).**

Credit Reports or credit monitoring charges purchased between December 14, 2018 and the Claims Deadline due to the Hy-Vee Security Incident.

To obtain reimbursement under this category, you must attest to the following:

I purchased credit reports between December 14, 2018 and the Claims Deadline, primarily due to the Security Incident and not for other purposes.

DATE	COST

Examples: The cost of a credit report(s) that you purchased after hearing about the Security Incident.

**Required: Attach a copy of a receipt or other proof of purchase for each product purchased (you should redact unrelated transactions). If you made the purchase prior to August 14, 2019, you must also identify a fraudulent charge associated with the Hy-Vee Security Incident (i.e., made to an affected account after December 14, 2018 but prior to your purchase) that prompted you to make the purchase.**

Between one (1) and three (3) hours of documented time spent dealing with replacement card issues or in reversing fraudulent charges between December 14, 2018 and the Claims Deadline that occurred as a result of the Hy-Vee Security Incident (round to the nearest hour and check only one box).

- 1 Hour                     
 2 Hours                     
 3 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or emails, or on the internet to get fraudulent charges reversed, in updating automatic payment programs because your card number changed, or in researching the matter. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

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**Required: If time was spent on the telephone or online, describe what you did in the space below or attach a copy of any letters or emails that you wrote. Examples: If the time was spent trying to reverse fraudulent charges, describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated.**

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II. Reimbursed Fraudulent Charges

Did you also have fraudulent charges to a credit or debit card account that were reversed or repaid? If so, in addition to your out-of-pocket expenses, you are eligible to claim a \$20 cash payment for each debit or credit card on which fraudulent charges were made and reversed or repaid, to compensate for lost time associated with seeking reimbursement for the fraud. (See Section 2.1 of the Settlement Agreement.)

LAST FOUR DIGITS OF CARD	DATE CHARGES REVERSED (ONLY 1 PER CARD REQUIRED)

**Required: For each card, provide a card statement or other documentation showing (1) one or more fraudulent charges were posted to your account that you believe were caused by the Hy-Vee Security Incident, and (2) the charges were later reversed or reimbursed by the bank or credit card company (you may redact unrelated transactions and all but the last four digits of any account number).**

III. Extraordinary Expenses

If you have expenses related to the Security Incident that are more than the value or different than the type of ordinary expenses covered in the categories in Sections I and II above, you may be entitled to compensation for your extraordinary expenses. To obtain reimbursement under this category, you must attest to the following:

I incurred out-of-pocket unreimbursed expenses that occurred more likely than not as a result of the Security Incident during the time period from December 14, 2018 through the end of the Claims Deadline other than those expenses covered by one or more of the categories above, and I made reasonable efforts to avoid or seek reimbursement for the loss, including exhausting all available credit monitoring insurance and identity theft insurance.

Unreimbursed fraudulent charges incurred between December 14, 2018 and the Claims Deadline due to the Hy-Vee Security Incident.

DATE	DESCRIPTION	AMOUNT

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Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company, charges to a credit or debit card issued in a foreign country where financial institutions are not required to reimburse cardholders for fraudulent credit or debit card charges. *Note: most banks are required to reimburse customer in full for fraudulent charges on payment cards that they issue.*

**Required: The bank statement or other documentation reflecting the fraudulent charges, as well as documentation reflecting the fact that the charge was fraudulent (you should redact unrelated transactions and all but the last four digits of any account number). If you do not have anything in writing reflecting the fact that the charge was fraudulent (e.g., communications with your bank or a police report), please identify the approximate date that you reported the fraudulent charge, to whom you reported it, and the response.**

Date reported: \_\_\_\_\_

Description of the person(s) to whom you reported the fraud: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

Other unreimbursed out-of-pocket expenses that were incurred between December 14, 2018 and the Claims Deadline as a result of the Hy-Vee Security Incident that are not accounted for in your response above.

DATE	DESCRIPTION	AMOUNT

Examples: This category includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answers to the questions above, including any expenses or charges that you believe were the result of an act of identity theft. This category also includes documented time spent dealing with replacement card issues or in reversing fraudulent charges between December 14, 2018 and the Claims Deadline that you incurred in excess of five hours as a result of the Hy-Vee Security Incident, compensated at the same rate and in the same manner as described above, although you will need to prove that you spent the time on issues related to the security incident through documentation.

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**Required: Describe the expense and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any receipts, police reports, or other documentation supporting your claim. For claims of reimbursement for lost time in excess of five hours, you must provide actual documentation reflecting the amount of time you spent dealing with replacement card issues or in reversing fraudulent charges sufficient to prove how much time was spent, on what, and that the time was spent on issues related to the Hy-Vee Security Incident. The Settlement Administrator may contact you for additional information before processing your claim.**

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Check this box to confirm that you have exhausted all credit monitoring insurance and identity theft insurance you might have for these out-of-pocket expenses before submitting this Claim Form.

**C. Certification**

I declare under penalty of perjury under the laws of the United States and the State of \_\_\_\_\_ that the information supplied in this Claim Form by the undersigned is true and correct to the best of my belief and recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

Signature: \_\_\_\_\_

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

**D. Submission Instructions**

Once you have completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by June 22, 2021.

*Perdue, et al. v. Hy-Vee, Inc.*  
c/o Settlement Administrator  
P.O. Box 29  
Philadelphia, PA 19105-0029

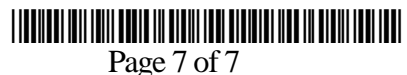
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