

Thyssenkrupp Settlement Administrator
P.O. Box 6929
Portland, OR 97228-6929

**ALL CLAIM FORMS MUST BE SUBMITTED
NOT LATER THAN MARCH 8, 2023**

Crawford v. Thyssenkrupp Materials NA, Inc.

Circuit Court of the City of St. Louis, State of Missouri

CLAIM FORM

This claim form should be filled out online or submitted by mail if you are an individual who was notified of the Data Incident by letter from thyssenkrupp Materials NA, Inc., and you wish to sign up for TransUnion Interactive's myTrueIdentity credit monitoring and identity protection services or had out-of-pocket expenses or lost time spent dealing with the Data Incident. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, **www.CrawfordClassAction.com**, or call **1-877-750-0348** for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by **March 8, 2023**. Alternatively, you may submit a claim using the online form located on the settlement website listed above.

TO BE ELIGIBLE TO RECEIVE BENEFITS FROM THIS SETTLEMENT IN THE EVENT OF ITS APPROVAL, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE.

1. Class Member Information.

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address: Street Address / P.O. Box (include Apartment/Suite/Floor Number)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Email Address (Optional)

Current Phone Number (Required)

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Unique ID (Required)

2. Transunion Interactive myTrueIdentity Services.

Two years of myTrueIdentity Services

Check the box above if you wish to receive two years of credit monitoring and identity theft protection services (including \$1,000,000 in identity theft insurance) through TransUnion Interactive’s myTrueIdentity product offered at no cost by Defendants. If your claim is approved you will receive information on how to activate the service by mail or email. If you select this benefit, you may also claim reimbursement for economic losses and Lost Time.

3. Payment of Economic Losses and Lost Time.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of out-of-pocket expenses or lost time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation as described (if you provide account statements as part of proof for any part of your claim, you may mark out any unrelated transactions if you wish).

Lost Time attributable to the Data Incident

Settlement Class Members may make a claim for self-certified time spent related to addressing the effects or potential effects of the Data Incident. Each Settlement Class Member may claim up to 6 hours of time by simply attesting to the fact that they expended such time and describing how the time was spent. Lost Time will be compensated at a rate of \$25/hour.

I spent this many hours of time related to the Data Incident: • (round to the nearest 0.1 (6 minutes), maximum 6 hours).

Briefly describe how you spent that time in the space below:

Ordinary Losses attributable to the Data Incident

Settlement Class Members may make a claim for documented Ordinary Losses related to the Data Incident, up to a maximum amount of \$200.00.

Ordinary Losses include **only** the following expenses and only if you have not otherwise been reimbursed or compensated for these expenses: bank fees, long distance phone charges, cell phone and data charges (if charged by usage), postage expenses, fuel expenses, parking expenses, fees to replace a card or identification (e.g., a driver's license), fees for additional credit reports, and costs of credit monitoring or identity theft insurance products purchased between December 28, 2020, and November 8, 2022.

Total amount claimed for this category: \$ • (maximum \$200.00)

Please describe the categories of Ordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

Extraordinary Losses attributable to the Data Incident

Settlement Class Members may make a claim for documented Extraordinary Losses related to the Data Incident, up to a maximum amount of \$8,000.00.

Extraordinary Losses include monetary losses arising from financial fraud or identity theft if **all of the following criteria are met**:

- 1) the loss is an actual, documented, and unreimbursed monetary loss that has not been compensated by a third party (such as a bank or credit card company);
- 2) the loss is attributable to the Data Incident (i.e., it occurred after December 28, 2020), and involved data elements potentially exposed as part of the Data Incident;
- 3) the loss is not already covered as an Ordinary Loss or Lost Time, above; and
- 4) you made reasonable efforts to avoid, mitigate, or seek reimbursement for the loss.

By submitting a claim for Extraordinary Losses, you certify that all four of these requirements are met.

Total amount claimed for this category: \$ • (maximum \$8000.00)

Please describe the amount of Extraordinary Losses you are claiming (up to \$8,000), the categories of Extraordinary Losses you are claiming, and be sure to attach all documentation you have relating to those expenses:

4. Sign and Date Your Claim Form.

I declare that the information supplied above is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information from the Settlement Administrator before my claim is considered complete and valid. I understand that including any false statements may violate state or federal law.

Signature

Date - -
MM DD YYYY

Printed Name

5. Reminder Checklist.

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at www.CrawfordClassAction.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Unique ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain personal information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please visit the Settlement website at www.CrawfordClassAction.com and provide these documents by completing the Secure Contact Form or by mail.
- For more information, please visit the settlement website at www.CrawfordClassAction.com, or call the Settlement Administrator at 1-877-750-0348. Please do not call the Court or the Clerk of the Court for additional information.