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**JEFFERSON CIRCUIT COURT**

*Goodlett, et al. v. Brown-Forman Corporation*, No. 20-CI-005631

**CLAIM FORM (OTHER BENEFITS)**

If you were notified by Brown-Forman that your personal information was or may have been compromised in the Data Breach disclosed by Brown-Forman in or about August 2020 (the “Data Breach”), you may submit a claim for one or more of the following benefits:

1. **Reimbursement for Out-of-Pocket Losses.** If you incurred expenses that are fairly traceable to the Data Breach, such as money spent remediating identity theft or identity fraud or freezing/unfreezing credit reports with any credit reporting agency, you can be reimbursed up to \$5,000. You must submit documents supporting your claim, including denial of the claim by Experian IdentityWorks<sup>SM</sup>.
2. **Reimbursement for Attested Time.** If you spent time remediating issues related to identify theft directly caused by the Data Breach, you can recover \$20 per hour for up to eight (8) total hours.
3. **Cash Payment for Inconvenience.** If you submitted and received an insurance payment through Experian IdentityWorks<sup>SM</sup> relating to the Data Breach, you can receive a cash payment of \$250.

**Submit this Claim Form via [www.BrownFormanBreachSettlement.com](http://www.BrownFormanBreachSettlement.com) or mail this Claim Form to Goodlett v. Brown-Forman, c/o Settlement Administrator, P.O. Box 99, Warminster, PA 18974-0099. The deadline to submit this Claim Form is no later than the date on which your Experian IdentityWorks<sup>SM</sup> provided under the Settlement expires, and if submitted by mail it must be postmarked by that date.**

The detailed Notice and Settlement Agreement contain additional information and are available at [www.BrownFormanBreachSettlement.com](http://www.BrownFormanBreachSettlement.com) or by calling 833-326-0772.

**IMPORTANT:** If you are submitting a claim for identity protection, please make sure the complete the separate **CLAIM FORM (IDENTITY PROTECTION)**.



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**A. CONTACT INFORMATION**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address2

\_\_\_\_\_  
City State Zip Code Zip 4

E-mail: \_\_\_\_\_@\_\_\_\_\_

**B. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES**

If you lost or spent money trying to prevent or recover from fraud or identity theft caused by the Data Breach, and Experian IdentityWorks<sup>SM</sup> denied your claim for reimbursement, you can receive reimbursement for up to \$5,000.

You must attach documents that show what happened and how much you lost or spent so that you can be repaid. You must also submit documents that show Experian IdentityWorks<sup>SM</sup> denied your claim. Handwritten receipts are, by themselves, not enough to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

Description of Loss or Money Spent and Supporting Documents (Identify each document you are attaching, and explain why it is related to the Data Breach)	Date	Amount
	__/__/____	
	__/__/____	
	__/__/____	
	__/__/____	
	__/__/____	



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**C. REIMBURSEMENT FOR ATTESTED TIME**

If you spent time remedying issues related to identity theft directly caused by the Data Breach, you can be compensated \$20 per hour for up to eight (8) hours.

You must describe the actions you took in response to the Data Breach and the time each action took.

**Total time spent remedying issues related to the Data Breach:** \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Explanation of Time Spent (Identify what you did and why)	Date	Number of Hours and Minutes
	__ / __ / ____	
	__ / __ / ____	
	__ / __ / ____	
	__ / __ / ____	
	__ / __ / ____	

**D. CASH PAYMENT FOR INCONVENIENCE**

If you submitted and received an insurance payment through Experian IdentityWorks<sup>SM</sup> relating to the Data Breach, you can receive a cash payment of \$250.

You must provide documentation showing the insurance payment by Experian IdentityWorks<sup>SM</sup>.

**Place an “x” or “yes” in the space provided to confirm your election.**

\_\_\_\_\_ I wish to receive a Cash Payment for Inconvenience of \$250.



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**E. ATTESTATION UNDER PENALTY OF PERJURY**

By submitting this Claim Form, I declare under penalty of perjury under the laws of the State of Kentucky that the information I have provided is true and accurate and that I am a member of the Class defined as follows: “all individuals who were or will be notified by Brown-Forman that their personal information was or may have been compromised in the data breach initially disclosed by Brown-Forman in or about August 2020.”

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date (mm/dd/yyyy)

*Typing your name constitutes your legal signature,  
in the same manner as if you signed by hand*

**THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED TO THE SETTLEMENT ADMINISTRATOR BY THE DATE ON WHICH YOUR EXPERIAN IDENTITYWORKS<sup>SM</sup> PROVIDED UNDER THE SETTLEMENT EXPIRES.**

IF YOU HAVE ANY QUESTIONS ABOUT THIS LAWSUIT, YOUR RIGHTS, OR COMPLETING THIS CLAIM FORM, PLEASE CONTACT CLASS COUNSEL AT [ContactUs@theemploymentattorneys.com](mailto:ContactUs@theemploymentattorneys.com) or 585-272-0540.

YOU CAN ALSO CONTACT THE SETTLEMENT ADMINISTRATOR AT [info@brownformanbreachsettlement.com](mailto:info@brownformanbreachsettlement.com) or 833-326-0772.



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