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# SETTLEMENT CLAIM FORM

Submit this Claim Form by mail if you used a credit or debit card to make a purchase at an affected Dickey’s Barbecue Pit® location (“Dickey’s”) at any time during the Security Incident Period of April 23, 2019, to October 29, 2020, (“Security Incident”). You may receive monetary reimbursement, a lump-sum cash payment, or credit monitoring services if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a benefit.

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. DickeysClassAction.com](http://www.DickeysClassAction.com), or call toll-free 800-658-3921. Claim Forms must be **postmarked by April 22, 2023**.

You can submit your claim by mailing this Claim Form to the Notice and Claims Administrator at:

*Kostka v. Dickey’s Barbecue Restaurants, Inc.* Notice and Claims Administrator  
P.O. Box 5736  
Portland, OR 97228-5736

You can also file a Settlement Claim online by going to [www.DickeysClassAction.com](http://www.DickeysClassAction.com). Only one Settlement Claim may be submitted per Settlement Class Member, and only one Settlement Claim may be submitted per credit or debit card.

## 1. CLASS MEMBER INFORMATION

*Required Information (by completing this section you attest that you used a credit or debit card to make a purchase at a Dickey’s Barbecue Pit® location listed here ([www. DickeysClassAction.com](http://www.DickeysClassAction.com)) at any time during the Security Incident Period of April 23, 2019, to October 29, 2020):*

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| First:               | M:                   | Last:                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Business Name:

Address:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City:                | State:               | ZIP:                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Current Phone Number:

 -  - 

Email Address:

***Any information that you provide as part of this settlement—including your name, email address, mailing address, or any other contact information—will not be used by Dickey’s or any third-party for any marketing purpose, or for any other reason that is unrelated to the administration of this settlement.***

## 2. PAYMENT ELIGIBILITY INFORMATION

Please review the settlement notice and Section III of the Settlement Agreement, available at [www.DickeysClassAction.com](http://www.DickeysClassAction.com), for more information on the types of benefits available and rules for receiving benefits.

There are three types of relief available to Settlement Class Members: (A) Expense Reimbursement (up to a maximum of \$5,000); (B) Cash Payment Option (estimated to be \$100 for California residents and \$50 for other Class Members), and (C) Credit Services Option. You are entitled to compensation in only one category and are required to select one option below. In order to claim a reimbursement under the Expense Reimbursement category, you must provide related documentation with your Claim Form as set forth below. You do not need to provide any documentary proof beyond this Claim Form if you are electing to receive a Cash Payment or the Credit Services Option.



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Please indicate which type of award you are making a claim for, and complete *only* that section below:

- Expense Reimbursement
- Cash Payment
- Credit Services Option

If you checked Expense Reimbursement or Cash Payment above, please indicate below whether you would like to receive a payment by a paper check or receive a digital payment if your claim is approved:

- Paper Check
- Digital Payment

#### A. Expense Reimbursement

***You can receive reimbursement for up to \$5,000 for documented out-of-pocket expenses incurred as a result of the Data Incident. You must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid. This may include receipts or other documentation. "Self-prepared" documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.***

***Examples:*** Out-of-pocket expenses may include, but are not limited to, actual money spent or lost because of unreimbursed fraud charges, bank fees, replacement card fees, late fees from transactions with third parties that were delayed due to fraud or card replacements, credit freeze fees, parking expenses or transportation expenses for trips to a financial institution to address fraudulent charges or receive a replacement payment card, and other expenses reasonably attributable to the Security Incident.

I attest as follows:

- (Required):*** I experienced an out-of-pocket monetary loss in connection with an actual or attempted fraudulent transaction reasonably attributable to the Security Incident.



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| Expense Types                               | DATE           | DESCRIPTION | AMOUNT |
|---|----------------|-------------|--------|
| Unreimbursed Fraud Charges                  | MM / DD / YYYY |             | \$     |
| Bank Fees                                   | MM / DD / YYYY |             | \$     |
| Card Fees                                   | MM / DD / YYYY |             | \$     |
| Late Fees                                   | MM / DD / YYYY |             | \$     |
| Credit Freeze Fees                          | MM / DD / YYYY |             | \$     |
| Parking Expenses or Transportation Expenses | MM / DD / YYYY |             | \$     |
| Other                                       | MM / DD / YYYY |             | \$     |

Expenses listed must be supported by reasonable documentation submitted along with this claim form.

The total amount of out-of-pocket loss that I am claiming is \$



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**B. Cash Payment**

I attest that at the time of the Security Incident I was *(Required)*:

- A resident of the state of California.
- Not a resident of the state of California.

**C. Credit Services Option**

I elect to receive my Credit Services activation code at the following address *(select one)*:

- Via email
- Via postal mail

**3. CERTIFICATION**

I declare that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection and that this form was signed and executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Notice and Claims Administrator before my claim will be considered complete and valid.

Print Name:

Signature:

Date:

|    |  |   |    |  |   |      |  |  |  |
|----|--|---|----|--|---|------|--|--|--|
|    |  | - |    |  | - |      |  |  |  |
| MM |  |   | DD |  |   | YYYY |  |  |  |

Once you've completed all applicable sections, please print and mail this Claim Form and all required supporting documentation, to the address provided below, postmarked by **April 22, 2023**.

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