

CLAIM FORM

In re Red Roof Inns, Inc. Data Incident Litigation
Case No. 2:23-cv-04133-SDM-CMV
United States District Court, Southern District of Ohio
SUBMIT BY JULY 7, 2025

This claim form should be filled out online or submitted by mail if you received a notification from Red Roof Inns, Inc. ("Red Roof") that your personal information was or may have been compromised in the data security incident in or about September 2023 (the "Data Incident"), and you had out-of-pocket losses as a result of the Data Incident, and/or you wish to claim a pro rata cash payment. You may get a check or electronic payment 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 establishes a \$550,000 fund to compensate Settlement Class Members for their out-of-pocket losses and/or claims for pro rata cash payments, as well as for the costs of notice and administration, certain taxes, service award payment(s), and attorney fee awards and costs as awarded by the Court.

The settlement notice describes your legal rights and options. Please visit the official Settlement Website, www.redroofdatasettlement.com, or call **1-866-742-4955** 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. The **DEADLINE** to submit this claim form online (or have it postmarked for mailing) is **July 7, 2025**.

Si necesita ayuda en español, comuníquese con el administrador al 1-866-742-4955.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

Telephone: _____ Email: _____

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Section III through V of the Settlement Agreement (available at www.redroofdatasettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed. 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 benefits you would like to claim. **You may submit a claim for one or more of these benefits, including that you may receive each of an Out-of-Pocket Loss payment and/or a Pro Rata Cash payment.**

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

a. Out-of-Pocket Losses Resulting from the Data Incident:

_____ I incurred unreimbursed charges as a result of the Data Incident.

Examples - unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after September 21, 2023 through July 7, 2025 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other

miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after September 21, 2023 through July 7, 2025. **I understand that any monetary compensation I may receive under the settlement is capped at \$10,000.00.**

Total amount for this category \$ _____

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between September 21, 2023 through July 7, 2025 please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

b. Pro rata cash payment:

_____ I would like to claim a pro rata cash payment.

The Settlement provides for a pro rata cash payment of up to \$100.00 to any class member who timely claims it.

_____ **Check here if you would like to receive payment for your approved claim, if any, via electronic means.**

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence 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 executed on the date set forth below. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Print Name

____/____/____
Date

4. MAIL YOUR CLAIM FORM, OR SUBMIT YOUR CLAIM FORM ONLINE.

This claim form must be postmarked by **July 7, 2025** and mailed to: **Red Roof Data Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479**; OR emailed by midnight on **July 7, 2025** to **redroofdatasettlement@rg2claims.com**; OR submitted through the Settlement Website by midnight on **July 7, 2025** at: **www.redroofdatasettlement.com**.