Your claim must be submitted online or postmarked by:

January 27, 2026

CLAIM FORM

McClintock et al. v. Elyria Foundry Holdings, LLC
Case No. 24-cv-214017
Court of Common Pleas of Lorain County, Ohio

Elyria Data Settlement

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Claims Administrator identified you as an individual residing in the United States whose Personal Information was compromised in the Data Security Incident discovered by Elyria in June 2024, including those individuals who received notice of the breach.

To receive any Settlement benefits, you must submit the Claim Form below by JANUARY 27, 2026.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.ElyriaDataSecurityIncident.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Elyria Data Settlement
c/o Claims Administrator
PO Box 2005
Chanhassen, MN 55317-2005

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address (optional) | Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Notice ID Number and PIN provided on your Postcard Notice:

Notice ID Number

PIN

III. IDENTITY THEFT PROTECTION

All Settlement Class Members are eligible to claim two (2) years of one-bureau credit monitoring with at least $1,000,000 in identity theft protection insurance.

☐ Check this box if you wish to receive two (2) years of free identity protection and credit monitoring service.

IV. LOST TIME REIMBURSEMENT

All Settlement Class Members are eligible to receive reimbursement for up to four (4) hours of Lost Time at a rate of $20.00 per hour (for a maximum total of $80) for time actually spent responding to issues raised by the Data Security Incident.

Hours claimed (up to 4 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

☐ I swear under penalty of perjury that, to the best of my knowledge and belief, any claimed lost time was spent related to the Data Incident.

V. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSS EXPENSE REIMBURSEMENT

All Settlement Class Members are eligible for reimbursement of **ORDINARY** Losses, not to exceed $400 per Settlement Class Member, with supporting third-party documentation for out-of-pocket expenses actually incurred because of the Data Security Incident and which have not already been reimbursed by a third party or other source, including costs for fraud or identity protection, professional fees, credit repair services, and other expenses, so long as the costs were incurred between June 24, 2024, and the date of the Preliminary Approval Order. Third-party documentation supporting claimed Ordinary Losses is REQUIRED.

☐ Check this box if you are claiming **ORDINARY** loss expenses in the amount of $_____.

All Settlement Class Members are eligible for reimbursement of **EXTRAORDINARY** Losses, not to exceed $5,000 per Settlement Class Member, with supporting third-party documentation provided that (1) the loss is an actual, unreimbursed monetary loss arising from identity theft, fraud, or similar misuse, supported by third-party documentation; (2) the loss from identity theft, fraud, or misuse was more likely than not caused by the Data Security Incident; (3) the actual identity theft, misuse, or fraud loss is not already covered by one or more of the other reimbursement categories; (4) the claimant made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; and (5) the actual misuse or fraud loss occurred between June 24, 2024, and the close of the Claims Period. Third-party documentation supporting claimed Extraordinary Losses is REQUIRED.

☐ Check this box if you are claiming **EXTRAORDINARY** loss expenses in the amount of $_____.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 6 – 1 7 – 2 2 (M M – D D – Y Y)	$ 5 0 . 0 0	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 – 2 8 – 2 3 (M M – D D – Y Y)	$ 3 0 0 . 0 0	Copy of the professional services bill
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	

VI. ALTERNATIVE CASH PAYMENT

All Settlement Class members are eligible to receive a cash payment of $60 as an alternative to claiming any other Settlement benefit. You are **not** entitled to this Alternative Cash Payment if you have made a claim under Sections III, IV, and/or V.

☐ Check this box if you wish to receive a cash payment of $60.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

_____ _____ _____

Signature Printed Name Date Signed

FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.ElyriaDataSecurityIncident.com.

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.ELYRIADATASECURITYINCIDENT.COM NO LATER THAN JANUARY 27, 2026.