

# CLAIM FORM FOR ACUITY BRANDS, INC. CYBERATTACK SETTLEMENT

IN THE STATE COURT OF FULTON COUNTY STATE OF GEORGIA  
*Melissa Stark, et al. v. Acuity Brands, Inc., Case No. 23EV006179*

---

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS  
TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES  
AND/OR COMPENSATION FOR UNREIMBURSED LOSSES**

**IF YOU WISH TO SUBMIT A CLAIM FOR SETTLEMENT BENEFITS, YOU MUST COMPLETE THE  
ONLINE FORM OR PROVIDE THE INFORMATION REQUESTED BELOW, SIGN, AND MAIL YOUR  
PAPER CLAIM FORM TO THE CLAIMS ADMINISTRATOR POSTMARKED BY MAY 17, 2024.**

## **GENERAL INSTRUCTIONS**

If you were notified by Acuity Brands, Inc. (“Acuity”) that your personal information was potentially compromised in the cyberattacks against Acuity (the “Cyberattacks”), you are a member of the Settlement Class and eligible to complete this Claim Form to request three years of identity protection and credit monitoring service free of charge, compensation for unreimbursed out-of-pocket expenses up to a total of \$500 (“Ordinary Losses”), and compensation for unreimbursed monetary losses up to a total of \$3,500 (“Extraordinarily Losses”).

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Cyberattacks, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after the date on which the Settlement Class Member received written notice of the Cyberattacks through **January 18, 2024**; and
3. Up to 6 hours of lost time at a rate of \$17.50 per hour if at least one full hour was spent dealing with the Cyberattacks.

Extraordinary Losses include the following:

2. Compensation for proven monetary loss, professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services incurred as a result of the Cyberattacks.

Compensation for the above losses (except lost time) will only be paid if:

3. The loss is an actual, documented, and unreimbursed monetary loss;
4. The loss was more likely than not caused by the Cyberattacks;
5. The loss occurred between December 2021 and **May 17, 2024**;
6. You made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance; and
7. Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

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

This Claim Form may be submitted electronically *via* the Settlement Website at **www.AcuityDataSettlement.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:

P.O. Box 25226  
Santa Ana, CA 92799-9966

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

[illegible][illegible][illegible][illegible]

--	--

--	--	--	--	--	--	--	--	--

[illegible]

1

Check this box to certify that you are or were an employee of Acuity or a family member of a such an employee before December 2021.

Enter the Claim ID Number provided on your Notice or the last four digits of your Social Security Number:

--	--	--	--	--

### Claim ID Number

--	--	--	--

**Social Security Number (last four digits only)**

1

Check this box if you wish to receive three (3) years of free identity protection and credit monitoring service.

## Claim Form

#### IV. ORDINARY LOSSES

All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$500 per member of the Settlement Class, that were incurred as a result of the Cyberattack:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Cyberattack, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	<div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> (mm/dd/yy)	\$ <div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
<b>Examples of Supporting Documentation:</b> <i>Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e., police station, IRS office), indication of why you traveled there (i.e., police report or letter from IRS re: falsified tax return) and number of miles you traveled.</i>		
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after December 2021 through <b>January 18, 2024.</b>	<div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> (mm/dd/yy)	\$ <div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
<b>Examples of Supporting Documentation:</b> <i>Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.</i>		

#### V. COMPENSATION FOR LOST TIME

All members of the Settlement Class who have spent time dealing with the Cyberattacks may claim up to six (6) hours for lost time at a rate of \$17.50 per hour. Class members may submit a claim for up to the first four (4) hours with an attestation confirming that he/she spent the claimed time responding to issues raised by the Cyberattacks (see next page). Class members may also submit a claim for two (2) additional hours, totaling six hours, if this additional claim is supported by documentation. Such documentation may not be self-prepared. Any payment for lost time is included in the \$500 cap per Settlement Class member (no documentation is required).

Hours claimed (up to 6)      ☐ 1 Hour (\$17.50)    ☐ 2 Hours (\$35)    ☐ 3 Hours (\$52.50)    ☐ 4 Hours (\$70)

No documentation is required for up to four hours of Lost Time. However, you must attest to any time claim by checking the Attestation below.

☐ 5 Hours (\$87.50)    ☐ 6 Hours (\$105)<sup>1</sup>

(continued on page 4)

☐

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Cyberattack between December 2021 and **May 17, 2024**.

**Supporting documentation:** Please identify and describe all supporting documents that you have attached to this claims form in support of your request for reimbursement of lost time in excess of four hours:

<sup>1</sup>

**Reminder:** In order to properly submit a claim for compensation of lost time exceeding four hours, you must provide supporting documentation. Self-prepared documents will not be accepted.

## VI. EXTRAORDINARY LOSSES

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Other monetary losses relating to fraud or identity theft, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, incurred as a result of the Cyberattack.	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> (mm/dd/yy)</div>	\$ <div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
<b>Examples of Supporting Documentation:</b> Invoices or statements reflecting payments made for professional fees/services.		

## VII. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐ **PayPal** - Enter your PayPal email address: \_\_\_\_\_

☐ **Venmo** - Enter the mobile number associated with your Venmo account: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or Email Address: \_\_\_\_\_

☐ **Virtual Prepaid Card** - Enter your email address: \_\_\_\_\_

☐ **Physical Check** - Payment will be mailed to the address provided above.

(continued on page 5)

## VIII. ATTESTATION & SIGNATURE

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

Print Name:

[illegible]

Signature:

--

MM

--	--

DD

--	--

YY

--	--

The deadline to submit this form is **May 17, 2024**.

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION**