

Curran v. Honeywell International Inc.
Settlement Class Member Claim Form
The Superior Court of North Carolina, Mecklenburg County
No. 24-CV-013793-590

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY OCTOBER 24, 2024 AND MUST BE FULLY COMPLETED, SIGNED UNDER PENALTY OF PERJURY, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. YOUR FAILURE TO SUBMIT A TIMELY AND COMPLETE CLAIM FORM WILL RESULT IN YOUR FORFEITING ANY COMPENSATION AND/OR CREDIT MONITORING BENEFITS FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

Instructions: Please read carefully the Notice of Class Action Settlement (“Notice”), which is online at www.HoneywellDataSettlement.com. If Honeywell International Inc. (“Honeywell”) notified you of a Data Incident it discovered around June 3, 2023, you may be eligible for benefits from a class action settlement.

YOU MUST TIMELY COMPLETE AND SUBMIT THIS CLAIM FORM TO BE ELIGIBLE TO RECEIVE COMPENSATION AND/OR CREDIT MONITORING BENEFITS UNDER THE SETTLEMENT. FAILURE TO COMPLETE THIS CLAIM FORM MEANS YOU WILL RECEIVE NO BENEFITS UNDER THE SETTLEMENT, BUT WILL BE BOUND BY THE COURT’S DISMISSAL AND RELEASE OF CLAIMS AGAINST HONEYWELL RELATED TO THE DATA INCIDENT.

If you wish to receive compensation and/or credit monitoring benefits from the Settlement, you must take all of the following steps:

- Complete all gray-highlighted sections in the “Your Contact Information” section of this Claim Form in black or blue ink or electronically.
- Check the box next to the benefit(s) you are claiming.
- If you are claiming settlement benefits, complete the gray-highlighted sections relating to the type(s) of settlement benefits you are claiming and provide the information and documentation requested in the section(s).
- Sign and date this Claim Form below attesting, under penalty of perjury, that the statements and information you have provided are true and correct to the best of your knowledge and belief.
- Return this Claim Form by the Deadline (October 24, 2024) to: Honeywell Data Settlement; c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479 or online at www.HoneywellDataSettlement.com. For questions, visit www.HoneywellDataSettlement.com, email at HoneywellSettlement@rg2claims.com, or call 1-866-742-4955.

YOUR CONTACT INFORMATION

Name: _____
First Middle Last

Address: _____
(You must provide a street address. A P.O. Box will not be accepted.)

City State ZIP Code

Current Phone Number: (____) _____ - _____
(Please provide a phone number where you can be reached if further information is required).

Current Email Address: _____
(Please provide an email address where you can be reached for enrollment in the Credit Monitoring Services benefit).
Check this box if you do not have an email address:

SETTLEMENT CLASS MEMBERSHIP

By submitting this Claim Form, you attest that you are a Class Member in this Settlement, meaning you were notified by Honeywell that your personally identifiable information was involved in the Data Incident.

SETTLEMENT BENEFITS

(check the box next to each benefit you claim)

Credit Monitoring Services (for those who did not enroll previously).

As a precaution, Honeywell offered all those affected by the Data Incident a two-year subscription to Experian IdentityWorks credit monitoring services at no cost. If you have already enrolled in credit monitoring, there is nothing more you need to do. If you did not enroll, as part of the Settlement Honeywell is once again giving you the opportunity to receive twenty-four (24) months of credit monitoring services at no cost to you upon submission of a timely, Valid Claim.

Expense Reimbursement.

Documented Out-of-Pocket Expenses. If you incurred documented out-of-pocket expenses that are fairly traceable to the Data Incident that Honeywell discovered around June 3, 2023, and as described in the notice from Honeywell, please describe in the box below the amount of loss(es) you are claiming. Documented unreimbursed out-of-pocket expenses may include: (i) bank fees; (ii) long-distance telephone charges; (iii) cell phone charges (if charged by the minute); (iv) data charges (if charged based on the amount of data used); (v) postage; (vi) gasoline for local travel; or (vii) fees for credit reports, credit monitoring, or other identity theft insurance product purchased between the date of the Data Incident and October 24, 2024. ("Out-of-Pocket Expenses")

\$ _____.

By submitting this claim for Out-of-Pocket Expenses, you are attesting, subject to penalty of perjury, that these Out-of-Pocket Expenses were incurred as a result of the Data Incident and that these losses or expenses have not otherwise been reimbursed from another source.

Documented Extraordinary Out-of-Pocket Expenses. If you incurred extraordinary out-of-pocket expenses not already covered by the documented Out-of-Pocket Expenses, please describe in the box below the amount of loss(es) you are claiming. Documented extraordinary out-of-pocket expenses may include: (i) documented professional fees and other costs incurred to address actual identity fraud or theft and (ii) other documented unreimbursed losses, fees, or charges incurred as a result of actual identity fraud or theft, including, but not limited to, (a) unreimbursed bank fees, (b) unreimbursed card reissuance fees, (c) unreimbursed overdraft fees, (d) unreimbursed charges related to unavailability of funds, (e) unreimbursed late fees, (f) unreimbursed over-limit fees, (g) unreimbursed charges from banks or credit card companies, and (h) interest on payday loans due to card cancellations or due to over-limit situations ("Extraordinary Expenses").

\$ _____.

By submitting this claim for Extraordinary Expenses, you are attesting, subject to penalty of perjury, that these Extraordinary Expenses were incurred as a result of the Data Incident and actual identity theft or fraud and that these losses or expenses have not otherwise been reimbursed from another source.

In addition to this Claim Form, you must provide to the Claims Administrator reasonable documentation of the Out-of-Pocket Expenses and Extraordinary Expenses claimed above to allow for assessment and validation of these claims. This documentation must include receipts or similar documentation, not "self-prepared" documents such as handwritten receipts. If documentation cannot be provided, you must provide in the box below (and can use a separate paper if more space is needed) an explanation as to why documentation cannot be provided. That reason will be considered by the Claims Administrator and Counsel.

Lost Time. If you spent time in connection with efforts to remedy issues fairly traceable to the Data Incident discovered by Honeywell around June 3, 2023, and described in the notice from Honeywell, you may be eligible to receive reimbursement for up to three (3) hours of lost time (calculated at \$27.50 per hour, a maximum amount of \$82.50). Please state the precise number of hours you have expended in connection with efforts to remedy issues fairly traceable to the Data Incident.

_____ hours of lost time, at the rate of \$27.50 per hour

In addition to this Claim Form, you must provide a description to the Claims Administrator of how the claimed lost time was spent in connection with efforts to remedy issues fairly traceable to the Data Incident, to allow for assessment and validation of your claim. Please provide that description below. (You can use a separate paper if more space is needed).

By submitting this claim for Lost Time, you are attesting, under penalty of perjury, that this time was spent remediating issues fairly traceable to the Data Incident

Submission of a claim does not guarantee expense reimbursement. In connection with a Valid Claim, each Class Member may receive up to, but no more than, \$425.00 per Settlement Class Member for documented Out-of-Pocket Expenses and Lost Time. Settlement Class Members may not receive more than \$2,750.00 for documented Extraordinary Expenses. This process takes time. Please be patient.

The Claims Administrator may require the submission of supplemental information and documentation reasonably necessary to evaluate any claims.

I understand that, unless I opt out of the settlement, I am bound by the terms and releases set forth in the Settlement.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Date: _____

Printed Name: _____

CLAIM FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN OCTOBER 24, 2024 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT: WWW.HONEYWELLDATASETTLEMENT.COM OR MAIL THIS CLAIM FORM TO: Honeywell Data Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479. If you have questions, you may call the Claims Administrator at 1-866-742-4955, or email at HoneywellSettlement@rg2claims.com. **Please do not contact the Court Clerk, the Judge, Honeywell's Counsel, or Honeywell; they are not in a position to give you any advice about the Settlement.**