

**Fitton v. Pinnacle Propane, LLC, Case No. 3:23cv1559,  
United States District Court for the Northern District of Texas, Dallas Division**

**Pinnacle Propane Data Settlement  
c/o Analytics Consulting LLC  
P.O. Box 2009  
Chanhassen, MN 55317-2009**

**USE THIS CLAIM FORM TO MAKE A CLAIM FOR UNREIMBURSED OUT-OF-POCKET LOSSES,  
CREDIT MONITORING SERVICES OR ALTERNATIVE CASH PAYMENT**

**SETTLEMENT CLAIM FORM**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT  
[WWW.PINNACLEPROPANEDATASETTLEMENT.COM](http://WWW.PINNACLEPROPANEDATASETTLEMENT.COM) NO LATER THAN DECEMBER 13, 2024.**

**ATTENTION:** *This Claim Form is to be used to apply for benefits related to the Data Incident that occurred on approximately December 4, 2022, and potentially affected individuals to whom Pinnacle Propane, LLC (“Defendant”) sent notice. There are four (4) types of benefits for which Settlement Class Members may be eligible: (1) compensation for Unreimbursed Out-of-Pocket losses incurred as a result of the Data Incident, up to a total of \$2,000 per person upon submission of a valid claim and supporting documentation,; (2) compensation for up to six (6) hours of Lost Time, at \$40.00/hour (\$240 cap), for time spent mitigating the effects of the Data Incident-Claims for Lost Time can be combined with claims for Unreimbursed Economic Loss but are subject to the \$2,000.00 cap; and (3) three (3) years of three-bureau Credit Monitoring Services provided by Experian, Equifax, and Transunion - these services include identity restoration services and \$1 million in identity theft insurance. (4) In the alternative to compensation for Unreimbursed Out-of-Pocket Losses, Lost Time, and/or Credit Monitoring, Class Members can elect to make a claim for up to a \$100 Alternative Cash Payment. To receive this benefit, Settlement Class Members must submit a signed, valid claim form, but no additional documentation is required to make a claim. In the event that the total amount of Approved Claims exceeds the amount of the Net Settlement Fund, then the cash Settlement Payments to be paid for Approved Claims for Unreimbursed Out-of-Pocket Losses, Lost Time, or the Alternative Cash Payment shall be proportionately reduced on a pro rata basis and paid in accordance with the terms and conditions of the Settlement Agreement.*

*To submit a claim, you must be a Settlement Class Member whose Private Information was potentially compromised in the Data Incident and/or received Notice of this settlement with a **Unique ID and PIN**.*

**Please be advised that any supporting documentation that you would like to provide must be submitted with this Claim Form.**

**CLAIM VERIFICATION:** *All claims are subject to verification. You will be notified if additional information is needed to verify your claim.*

**ASSISTANCE:** *If you have questions about this Claim Form, please visit the Settlement Website at [www.PinnaclePropaneDataSettlement.com](http://www.PinnaclePropaneDataSettlement.com) for additional information.*

**PLEASE KEEP A COPY OF YOUR CLAIM FORM, SUPPORTING DOCUMENTATION,  
AND PROOF OF MAILING FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**



supporting their claim; (3) a brief description of the documentation describing the nature of the loss, if the nature of the loss is not apparent from the documentation alone; and (4) a verification, stating that the claim is true and correct, to the best of the Class Member's knowledge and belief, and is being made under penalty of perjury. Documentation supporting Out-of-Pocket Losses can include receipts or other documentation not "self-prepared" by the Class Member that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

*Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.*

For each loss that you believe was incurred as a result of the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and all documentation that supports the loss. **You must provide ALL required information for this claim to be processed.** Supporting documents must be submitted with this Claim Form.

**If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at <https://www.analyticsllc.com/privacy-statement/>. Please do not directly communicate with Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
<b>Example:</b> Identity Theft Protection Service	07 - 17 - 20 M M D D Y Y	\$ 50.00	Copy of identity theft protection service bill
<b>Example:</b> Fees paid to a professional to remedy a falsified tax return	02 - 30 - 21 M M D D Y Y	\$ 25.00	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	\$ □□□□.□□	
	□□ - □□ - □□ M M D D Y Y	\$ □□□□.□□	
	□□ - □□ - □□ M M D D Y Y	\$ □□□□.□□	
	□□ - □□ - □□ M M D D Y Y	\$ □□□□.□□	

(CONTINUED ON NEXT PAGE)

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> M M         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> D D         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> Y Y         </div> </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> M M         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> D D         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> Y Y         </div> </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

**Reimbursement for Lost Time:**

Class Members may submit a claim for up to six (6) hours of time spent remedying issues related to the Data Incident. Six (6) hours of lost time may be reimbursed at \$40 per hour (\$240 cap) if you provide an attestation as to the time you spent remedying issues related to the Data Incident. Examples of lost time spent remedying issues related to the Data Incident may include time spent remedying identity theft, fraud, misuse of private information, credit monitoring, or freezing credit reports.

If you spent time remedying issues related to the Data Incident, please list the number of hours you spent here: \_\_\_\_\_.

**By checking this box, I declare that the information provided in this Claim Form to support my seeking relief for Lost Time is true and correct.**

**Section C. Credit Monitoring Services**

Class Members are eligible to enroll in three (3) years of three-bureau Credit Monitoring Services provided by Experian, Equifax, and Transunion - these services include identity restoration services and \$1 million in identity theft insurance.

By checking the below box, I choose to enroll in Credit Monitoring Services.

Yes, I choose to enroll in Credit Monitoring Services.

**Section D. \$100 Cash Compensation - Alternative Cash Payment**

Class Members may, in lieu of making a claim for reimbursement of Out-of-Pocket Losses, Lost Time, and Credit Monitoring, elect to receive an alternative cash payment in an amount up to one hundred dollars (\$100) on a claims-made basis.

By checking the below box, I choose to receive a cash payment of up to \$100 in the alternative to compensation for Out-of-Pocket Losses, Lost Time, and Credit Monitoring Services.

**NOTE: YOU MAY NOT SEEK BENEFITS FOR OUT-OF-POCKET LOSSES, LOST TIME, OR CREDIT MONITORING SERVICES IF YOU ARE FILING FOR THE ALTERNATIVE CASH PAYMENT IN THIS SECTION.**

Yes, I choose a cash payment of up to \$100 in the alternative to compensation for Out-of-Pocket Losses, Lost Time, and Credit Monitoring Services.

**Section E. Class Member Affirmation**

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

\_\_\_\_\_  
Signature

M M      D D      Y Y Y Y  
 -  -   
 Date

\_\_\_\_\_  
Printed Name

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT  
WWW.PINNACLEPROPANEDATASETTLEMENT.COM NO LATER THAN DECEMBER 13, 2024**