



3113100000000

Claim Form

**MUST BE
SUBMITTED
NO LATER THAN
September 12, 2020**

For Office Use Only

**Orr v. Inter-Continental Hotels Corp. and
InterContinental Hotels Group Resources, Inc.**

This Claim Form should be filled out online or submitted by mail if you (1) reside in the United States and (2) used a credit or debit card at the front desk of an affected hotel location, or to make or attempt to make a purchase at an affected restaurant or bar location, during the time periods identified at www.IHGdatasecuritysettlement.com. The time frames during which the different hotel, restaurant, and bar locations were affected by the Data Security Incidents are posted on the Settlement administration website. These affected time periods vary by location but are all between August 1, 2016, and December 29, 2016. You may receive a check if you fill out this Claim Form, the Settlement is approved, and you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement administration website, www.IHGdatasecuritysettlement.com, or call 1- 833-913-4210 for more information.

This Claim Form may be submitted online at www.IHGdatasecuritysettlement.com or completed and mailed to the address below. If you wish to submit a Claim Form for a Settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. Online Claim Forms must be submitted on or before **September 12, 2020**. Claim Forms, including supporting documentation, submitted by mail must be postmarked by **September 12, 2020** and mailed to:

IHG Data Breach Settlement
c/o Settlement Administrator
P.O. Box 8247
Philadelphia, PA 19101-8247

I. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes before the Settlement benefits are issued, you must notify the Settlement Administrator in writing at the address above.

First Name	M.I.	Last Name

Mailing Address, Line 1: Street Address/P.O. Box		

Mailing Address, Line 2		

City	State	Zip Code

@		
Email Address		

Telephone Number (Home)		
(____) _____ - _____		
Telephone Number (Mobile)		
(____) _____ - _____		



31131



CF



Page 1 of 4



311310000000

II. PAYMENT ELIGIBILITY

Section A:

If you received a postcard or email notifying you about the Settlement Agreement, please enter the Class Member ID that was included in your postcard or email notice here:

3 1 1 3 1 _ _ _ _ _

If you received notice of this settlement through a publication or through a website please identify the affected IHG-branded hotel, restaurant, or bar location and the approximate date(s) of your stay(s) and/or purchases or attempted purchases on the lines below:

Hotel/Restaurant: _____

Date(s) of Stay(s)/Purchase(s): _____

Section B:

Please select benefit payment option for valid claims:

Electronic Payment Check

If “Electronic Payment” is selected, you will receive an email after Final Approval with a list of available payment options. You MUST include your Email Address in Section I.

III. BENEFIT SELECTION

Expense Reimbursement. If you wish to receive reimbursement (up to \$250) for expenses or lost time incurred as a result of the Data Security Incidents, check the relevant box below, fill in the total amount you are claiming for each category, sign the attestation at the end of this Claim Form, and attach supporting documentation 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). **By checking the box(es) and signing the attestation below, you are affirming that to the best of your knowledge and belief either of the Data Security Incidents was a contributing factor to the expense being incurred.**

Bank Fees. Unreimbursed card replacement fees, card reissuance fees, overdraft fees, over-the-limit fees, charges related to the unavailability of funds, or late fees

Total amount for this category \$ _____

Attach a copy of a bank or credit card statement or other proof of the fees or charges.

Phone/Internet Charges. Long distance phone charges, cell phone charges (only if charged by the minute), Internet usage charges (only if charged based on the amount of data usage or if charged by the minute) or text message charges (if charged by the message).

Total amount for this category \$ _____

Attach a copy of the bill from your telephone or mobile phone company, a bill from your Internet service provider, or other documentation that shows the charges.



31131



CF



Page 2 of 4



311310000000

Postage/Shipping. Postage and shipping charges.

Total amount for this category \$ _____

Attach a copy of all postage or shipping expenses.

Interest. Interest on payday loans due to card cancelation or due to over-the-limit situation.

Total amount for this category \$ _____

Attach bills, receipts, or other documentation showing the charges.

Credit Reports/Freezes. Amounts paid to obtaining credit report(s) and obtaining or removing credit freezes and financial account freezes.

Total amount for this category \$ _____

Attach receipts, invoices, or other documentation showing the amounts paid.

Credit Monitoring Costs. Costs of credit monitoring (up to \$75) purchased and paid for any time during the period from August 1, 2016 through and including **September 12, 2020.**

Total amount for this category \$ _____

Attach a copy of a receipt or other proof of purchase for credit monitoring purchased.

Lost Time. Reimbursement for lost time up to 4 hours at \$20.00/hour for time spent dealing with replacement card issues, updating automatic payment associations, contesting fraudulent charges, and otherwise dealing with the Data Security Incidents.

Total number of hours claimed _____

If the time was spent online or on the telephone, briefly describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated.

Fraudulent and Unauthorized Charges Reimbursement. If you wish to receive reimbursement of actual unreimbursed losses due to fraudulent activity or unauthorized charges (up to \$3,500) that were more likely than not caused by the Security Incidents, check the relevant box below, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (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).



31131



CF



Page 3 of 4



3113100000000

By checking the box and signing the attestation below, you are affirming that to the best of your knowledge and belief the claimed losses were more likely than not caused by the Data Security Incidents.

Describe all actual unreimbursed losses due to fraudulent activity or other unauthorized charges (including the amount of each loss and the total amount claimed) more likely than not caused by the Data Security Incidents.

Attach documentation showing that the claimed losses were more likely than not caused by the Data Security Incidents.

IV. SIGNATURE

SIGNATURE: _____

DATED: ____ / ____ / _____



31131



CF



Page 4 of 4