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BIOMETRIC IMPRESSIONS CORP. CLASS ACTION SETTLEMENT

CLAIM FORM

TO RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND, YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY February 22, 2024

IMPORTANT NOTE: You must complete and submit this claim form by February 22, 2024 in order to receive payment. To complete this claim form, read the instructions below in Step 1; truthfully provide the requested information in Step 2; sign the certification in Step 3; fill in the payment selection information in Step 4; and submit the claim form by one of the methods in Step 5.

Each Settlement Class Member may submit only one claim form regardless of the number of times they were fingerprinted by BioMetric Impressions Corp.

STEP 1 – DIRECTIONS

In the spaces below, print your (i) name, (ii) address, (iii) telephone number, and (iv) social security number or taxpayer identification number (needed only for tax purposes). Remember that only individuals who were fingerprinted by BIC between January 8, 2015 and August 14, 2023, are eligible to submit a claim.

STEP 2 – CLAIMANT INFORMATION

Name:

(First) (MI) (Last) [Grid boxes for name entry]

Address:

(Street) (City) (State) (ZIP Code) [Grid boxes for address entry]

Telephone Number:

[Grid boxes for telephone number entry]

Social Security Number:

[Grid boxes for social security number entry]



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STEP 3 – CERTIFICATION

I hereby certify that:

Between January 8, 2015 and August 14, 2023, I was fingerprinted by BioMetric Impressions Corp., and to the best of my knowledge BioMetric Impressions Corp. was not paid by the State of Illinois for those fingerprinting services.

I certify that the above statements are true and correct, and that this is the only Claim Form that I have submitted and/or will submit. I further understand that this Claim Form is subject to review for completeness and authenticity by the Settlement Administrator and that I agree that I will not object to a request by the Settlement Administrator or the Parties to this action to contact me if necessary to verify my claim.

Signature:

Date: - -
MM DD YYYY

STEP 4 – 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:

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

Mobile Number:

 - -

Email Address:

Virtual Prepaid Card - Enter your email address:

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



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STEP 5 – METHODS OF SUBMISSION

Please submit your completed Claim Form by one of the following methods:

1. Online, by visiting www.BICBIPASettlement.com and completing a claim form there using the Claim ID# no later than midnight, U.S. Eastern Standard Time, on February 22, 2024; OR
2. By emailing this completed Claim Form to Info@BICBIPASettlement.com no later than midnight, U.S. Eastern Time, on February 22, 2024 OR
3. By mailing this completed and signed Claim Form via U.S. Mail to the Settlement Administrator, postmarked no later than **February 22, 2024** and addressed to:

BioMetric Impressions Corp. BIPA Settlement
c/o Settlement Administrator
Epiq Systems, Inc.
P.O. Box 2228
Portland, OR 97208-2228