

# CLAIM FORM

*Francois v. SwipeClock LLC, Case No. 2022CH01041 (Cir. Ct. Cook County)*

**Instructions.** Fill out each section of this form and sign where indicated.

**THIS CLAIM FORM MUST BE COMPLETED AND MAILED TO THE  
SETTLEMENT ADMINISTRATOR, OR FILLED OUT AND SUBMITTED  
ON THE SETTLEMENT WEBSITE BY: MARCH 14, 2025**

First Name

Last Name

Street Address

City

State

ZIP Code

Email Address

Contact Phone #

*(You may be contacted if further information is required.)*

**Class Member Affirmation:** By submitting this Claim Form, I declare under penalty of perjury that I am a member of the Settlement Class and that the following information is true and correct:

1. I am an individual who scanned my finger, hand or face on a SwipeClock-branded timeclock in the state of Illinois between February 7, 2017, and March 14, 2025; and,
2. I scanned my finger, hand or face on the SwipeClock-branded timeclock while working for the following employer(s) at their Illinois office/facility, whose Illinois business address(es) are set forth below next to each employer name, along with the dates of my employment at such employers:

**Employer #1** *(employer, business address, dates of employment)\**

**Employer #2** *(employer, business address, dates of employment)\**

*\*Please provide any additional employers on the back of this form.*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date ( MM / DD / YY )

\_\_\_\_\_  
Signature

**Settlement Administrator Information:**

SwipeClock Settlement Administrator

P.O. Box 2005

Chanhassen, MN 55317-2005

swipeclocksettlement@noticeadministrator.com

Toll Free: 1-833-476-2798

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

*For more information, visit [www.SwipeClockSettlement.com](http://www.SwipeClockSettlement.com).*

*Para información en Español, visitar [www.SwipeClockSettlement.com](http://www.SwipeClockSettlement.com).*