

Lopez v Multimedia Sales & Marketing, Inc.  
Settlement Administrator  
P.O. Box 43208  
Providence, RI 02940-3208



**MUZ**

«Barcode»

Postal Service: Please do not mark barcode

Claim#: MUZ-«Claim8»-«CkDig»  
«FirstNAME» «LastNAME»  
«Addr1» «Addr2»  
«City», «State»«FProv» «Zip»«FZip»  
«FCountry»

*LOPEZ V. MULTIMEDIA  
SALES & MARKETING, INC.*

CIRCUIT COURT OF COOK  
COUNTY, ILLINOIS

Case No. 2017-CH-15750

**Must Be Postmarked  
or Electronically  
Submitted No Later  
Than June 16, 2020**

## Claim Form

IMPORTANT NOTE: You must complete and submit this Claim Form by June 16, 2020 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; and submit the Claim Form using one of the methods stated in Step 4.

Each Settlement Class Member is entitled to submit only one Claim Form regardless of the number of times he or she was required to provide biometrics for timekeeping purposes while working at Multimedia Sales & Marketing, Inc. There can be only one claim for any given Settlement Class Member.

### STEP 1 – DIRECTIONS

In the spaces below, print your (i) name, (ii) address, (iii) telephone number, and (iv) email address. Remember that only individuals who were required to provide their fingerprints or other biometric information for timekeeping purposes while working for Multimedia Sales & Marketing, Inc. since November 29, 2012 are eligible claimants.

### STEP 2 – CLAIMANT INFORMATION

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name		M.I.		Last Name		
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>			<input type="text"/>	<input type="text"/>		
City			State	ZIP Code		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation		
<input type="text"/>						
Email Address						
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>		
Area Code		Telephone Number				



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**STEP 3 – CERTIFICATION**

I hereby certify that:

While I worked for Multimedia Sales & Marketing, Inc., I was required to provide a scan of my fingerprint for timekeeping purposes on at least one occasion since November 29, 2012 in order to track my work hours.

*I certify that the above statement is true and correct and that this is the only Claim Form that I have submitted or will submit. I also understand, acknowledge and agree that I am eligible to submit only one Claim Form as part of this Settlement. 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: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**STEP 4 – METHODS OF SUBMISSION**

***Please complete the Claim Form above and return it by one of the following methods:***

1. Online by visiting [www.msmployeeebipasettlement.com](http://www.msmployeeebipasettlement.com) and submitting an online Claim Form no later than midnight, U.S. Eastern Time, on June 16, 2020; OR
2. By emailing the completed Claim Form to [info@msmployeeebipasettlement.com](mailto:info@msmployeeebipasettlement.com) no later than midnight, U.S. Eastern Time, on June 16, 2020; OR
3. By mailing via U.S. Mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than June 16, 2020, and addressed to:

*Lopez v. Multimedia Sales & Marketing, Inc.*  
Settlement Administrator  
P.O. Box 43208  
Providence, RI 02940-3208

***If you have any questions or need any assistance, please visit [www.msmployeeebipasettlement.com](http://www.msmployeeebipasettlement.com) or contact the Settlement Administrator at [info@msmployeeebipasettlement.com](mailto:info@msmployeeebipasettlement.com) or 1-866-683-9602.***

