

JRN BIPA Settlement CLAIM FORM

D'Lisa Williams v. JRN, Inc.

Return this Claim Form to: JRN Settlement, c/o RG2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479.

Questions, visit www.rg2claims.com/jrn.html or call 720.213.0676

DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY APRIL 14, 2025, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: If you worked for JRN in Illinois and used a finger-scan timeclock to clock in and out of work, you may be entitled to a monetary payment if the settlement is finally approved by the Court. If the settlement is approved, each settlement class member, whether or not he or she submits a claim, will release JRN from any and all claims as a result of the subject of the settlement.

Claimants who are part of the Settlement Class and who file a timely and valid claim will receive a payment of \$750, less deductions for attorneys' fees and costs, incentive award, and settlement administration expenses.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Settlement Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained herein is true and correct.

Call Class Counsel at 720.213.0676 with any questions

YOUR CONTACT INFORMATION	
Name: _____ (First) (Middle) (Last)	
Current Address: _____ (You must provide a street address. A P.O. box will not be accepted.) _____ (City) (State) (Zip Code)	
Current Phone Number: (____) _____ - _____ (Please provide a phone number where you can be reached if further information is required.)	
Class Member Verification	
By submitting this claim form and checking the boxes below, I declare under penalty of perjury that I worked for JRN in Illinois and that the information provided herein is true and correct. ***** Additional information regarding the settlement can be found at www.rg2claims.com/jrn.html .	
The Claims Administrator may audit any and all claims. I declare under penalty of perjury that the foregoing is true and correct.	
Signature: _____	Date: _____
Print Name: _____	Your claim will be reviewed by the Settlement Administrator. If accepted, you will be mailed a check for your share of the Settlement. Please be patient.

CLAIM FORMS MUST BE POSTMARKED NO LATER THAN APRIL 14, 2025 TO BE ELIGIBLE FOR PAYMENT. MAIL THIS CLAIM FORM TO: JRN Settlement, c/o RG2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479. If you have questions, you may call Class Counsel at 720.213.0676.