

Thome v. NOVAtime Technology, Inc., 1:19-cv-06256 (N.D. Ill.)

CLAIM FORM

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 MAY 30, 2024

<u>First Name</u>		<u>Last Name</u>	
<u>Street Address</u>			
<u>City</u>	<u>State</u>	<u>ZIP Code</u>	
<u>Email Address</u>			
<u>Contact Phone # (You may be contacted if further information is required.)</u>			

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

I am an individual who scanned my finger or hand on a NOVAtime-branded finger-scan or hand-scan timeclock in the state of Illinois between August 14, 2014 and October 19, 2020.

Signature: _____

Date: ____ - ____ - ____

(MM-DD-YY)

Printed Name: _____

Thome v. NOVAtime Technology, Inc.
c/o JND Legal Administration
PO Box 91368
Seattle, WA 98111

*For more information, visit www.novatimebipasettlement.com.
Para informacion en Espanol, visitar www.novatimebipasettlement.com.*