ARTHUR LARK SETTLEMENT CLAIM FORM

Lark et al. v. McDonald's USA, LLC, et al., Case No. 17-L-559 (St. Clair County)
Arthur et al. v. McDonald's USA, LLC, et al., Case No. 20-L-0891 (St. Clair County)

Class Members must submit a timely and valid Claim Form to the Settlement Administrator to be eligible for payment. To submit by mail, you must fill out all requested information and your Claim Form must be postmarked on or before **February 9, 2022**, to the Settlement Administrator at Arthur Lark BIPA Settlement Administrator, P.O. Box 4640, Portland, OR 97208-4640, or complete a Claim Form online at www.ArthurLarkBIPASettlement.com on or before **February 9, 2022**.

You may only submit a claim if you are a member of the Settlement Class, defined as all individuals employed by any "McDonald's Defendant" who logged onto, interfaced with, or used any software, system, or device that used the individual's finger, hand, face, retina, or any biometric identifier of any type in any McDonald's or McDonald's franchise restaurants in Illinois, including any employee of a McDonald's Defendant who has a claim under the Illinois Biometric Information Privacy Act, 740 ILCS 14/1, et seq, at any time through the date of preliminary approval of this Settlement.

CLASS MEMBER INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to the distribution of payments, you must notify the Settlement Administrator in writing at Arthur Lark BIPA Settlement Administrator, P.O. Box 4640, Portland, OR 97208-4640.

First Name **MI** **Last Name**

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City **State** **ZIP Code**

Email Address

Unique ID Provided on Mailed Claim Form

OR

Date of Hire at McDonald's Restaurant in Illinois

MM – DD – YYYY

CERTIFICATION

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 logged onto, interfaced with, or used any software, system, or device that used my finger, hand, face, retina, or any other biometric identifier of any type in a McDonald's-brand restaurant in Illinois while working at the restaurant at any time up to November 29, 2021.

Signature

Date: MM – DD – YYYY

If you have questions about this Claim Form, please visit www.ArthurLarkBIPASettlement.com or call 1-855-675-3142.