

**MAPEI Corporation BIPA Settlement Claim Form**

THIS CLAIM FORM MUST BE SUBMITTED BY DECEMBER 27, 2024. IF YOU WISH TO PARTICIPATE IN THIS SETTLEMENT, YOU MUST TAKE ALL OF THE FOLLOWING STEPS: (1) COMPLETE ALL SECTIONS OF THE CLAIM FORM BELOW; (2) SIGN AND DATE THE CLAIM FORM, ATTESTING THAT THE STATEMENTS AND INFORMATION YOU HAVE PROVIDED ARE TRUE AND CORRECT; (3) SUBMIT THE CLAIM FORM ONLINE TO [MAPEIBIPA@NOTICEADMINISTRATOR.COM](mailto:MAPEIBIPA@NOTICEADMINISTRATOR.COM).

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

Name (First, M.I., Last): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Where You Lived When Working For MAPEI Corporation (if different):  
\_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ (You may be contacted if further information is required)

**Class Member Verification:** By submitting this claim form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

- I worked at MAPEI Corporation's facility in the State of Illinois between February 22, 2016 and February 22, 2021, and used an ADP finger-scan timekeeping device during my employment.
- I did not provide an informed written consent or release to MAPEI Corporation or its agent(s) prior to use of an ADP finger-scan timekeeping device.
- I have not filed for an Opt-Out or to be excluded from this Settlement.
- I have not submitted any other Claim for the same account and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf. If I maintained account(s) jointly with any other person or entity, only one Claim has or will be submitted per account.
- Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Before you complete and submit this Claim Form by email, you should read and be familiar with the information contained in this notice and available at [www.mapeibipasettlement.com](http://www.mapeibipasettlement.com). The Settlement Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be mailed a check for *pro rata* share of the Net Settlement Fund. This process takes time. Please be patient.

**Email to: [mapeibipa@noticeadministrator.com](mailto:mapeibipa@noticeadministrator.com)  
Questions? Visit [www.mapeibipasettlement.com](http://www.mapeibipasettlement.com) or call (877) 620-6901**