

**Metrostaff Finger Scan Settlement**  
P.O. Box 2006  
Chanhassen, MN 55317-2006  
Toll-free: 877-512-2849  
Email: [info@metrostafffingerscansettlement.com](mailto:info@metrostafffingerscansettlement.com)

**CLAIM FORM**

*Baldwin et al. v. Metrostaff*, 19 CH 04285

To receive a settlement payment, your completed Claim Form (this document) must be submitted online or postmarked and mailed to the Settlement Administrator on or before **February 28, 2022**. You can return a completed Claim Form by U.S. mail in the pre-paid envelope that was mailed to you or submit a claim electronically at the settlement website: [www.metrostafffingerscansettlement.com](http://www.metrostafffingerscansettlement.com). You will only receive a settlement payment if you timely return this Claim Form and the Court grants final approval of the settlement. By signing below, you affirm that you used a finger scanner to record your time worked at a Metrostaff office in Illinois.

By signing and submitting this Claim Form, you acknowledge the following: I have received and reviewed the Class Notice and understand its terms and statements. I submit this Claim Form under the terms of the Notice and the Settlement Agreement described in the Notice.

I understand that this lawsuit, entitled *Baldwin et al. v. Metrostaff Incorporated*, Case No. 19 CH 04285 was brought in the Circuit Court of Cook County, Illinois, alleging that Defendant Metrostaff Incorporated (“Defendant”) required its workers to provide their biometric information (e.g. fingerprint and/or hand scans) for timekeeping purposes without first providing them with legally-required written disclosures and obtaining written consent, in violation of the Illinois Biometric Information Privacy Act (“BIPA”), 740 ILCS 14/1 *et seq.* Defendant denies all of the Plaintiffs’ allegations.

I hereby agree to participate in the settlement entered in the litigation and approved by the Court. I also consent and agree to be bound by any adjudication of this action by the Court. I hereby designate Thomas M. Ryan of the Law Office of Thomas M. Ryan, P.C., and James X. Bormes and Catherine P. Sons of the Law Office of James X. Bormes, P.C., to represent me in this action.

By signing below, I fully and finally discharge and release the Released Parties from any and all claims against Defendant and Zurich Insurance Group, whatsoever arising out of, related to, or connected with the alleged capture, collection, storage, possession, transmission, conversion, and/or other use of biometric identifiers and/or biometric information in connection with the time-keeping system used by Defendant’s employees including but not limited to claims brought, or which could be brought, under 740 ILCS § 14/10 *et seq.* (“BIPA”). The term “Released Parties” means Metrostaff and each of its respective current and former owners, affiliates, parents, subsidiaries, divisions, officers, directors, shareholders, agents, employees, attorneys, insurers, reinsurers, benefit plans, predecessors, and successors.

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

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email: \_\_\_\_\_