

Kimpton BIPA Settlement
Settlement Administrator
P.O. Box 404002
Louisville, KY 40233-4002



KHZ

ZEPEDA V. KIMPTON HOTEL & RESTAURANT GROUP, LLC
CIRCUIT COURT OF COOK COUNTY, STATE OF ILLINOIS

Case No. 18-CH-02140

**Must Be Postmarked
No Later Than
December 5, 2018**

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

**KIMPTON HOTEL & RESTAURANT GROUP, LLC & SIX CONTINENTS
HOTELS INC., INCORRECTLY SUED AS INTERCONTINENTAL
HOTELS GROUP, INC., CLASS ACTION SETTLEMENT**

**TO RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND, YOU
MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY DECEMBER 5, 2018.**

IMPORTANT NOTE: You must complete and submit this Claim Form by December 5, 2018 in order to receive payment. To complete this Claim Form, read the instructions below in Step 1; truthfully provide the requested information in Step 2; sign the certification under penalty of perjury in Step 3; and submit the Claim Form using one of the methods stated in Step 4.

Each Settlement Class Member is entitled to submit only one Claim Form regardless of the length of employment and regardless of the number of biometric scans, clock-ins, and clock-outs. There can be only one claim for any given Settlement Class Member.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-------------------------	-------------------------	--	---

STEP 1 – DIRECTIONS

In the spaces below, print your (i) telephone number, (ii) the range of dates in which you worked for Kimpton Hotel & Restaurant Group, LLC, at Kimpton Hotel Palomar Chicago, Kimpton Hotel Burnham Chicago, Kimpton Hotel Monaco Chicago, the Kimpton Gray Hotel, and/or Kimpton Allegro Hotel; and (iii) name of hotel where you worked. Remember that only individuals who were required to provide their biometric information (e.g. fingerprints, etc.) at some time between January 1, 2012, and July 31, 2018 are eligible for a claim.

STEP 2 – CLAIMANT INFORMATION

____-____-____

Telephone Number

Employment Start Date

____/____

Month

Year

to

Employment End Date (include the current date if still employed).

____/____

Month

Year

Name of Hotel Where You Worked

STEP 3 – CERTIFICATION

I hereby certify that:

During the period January 1, 2012, through July 31, 2018, I was required to provide my biometric information (e.g. fingerprints, etc.) for timekeeping purposes to Kimpton Hotel & Restaurant Group, LLC, at Kimpton Hotel Palomar Chicago, Kimpton Hotel Burnham Chicago, Kimpton Hotel Monaco Chicago, the Kimpton Gray Hotel, and/or Kimpton Allegro Hotel on at least one occasion.

I certify that the above statements are true and correct, and that this is the only Claim Form that I have submitted and/or will submit. I also understand, acknowledge and agree that I am eligible to submit only one Claim Form as part of this Settlement under penalty of perjury of the laws of Illinois. I further agree that I will not object to a request by the Settlement Administrator or the Parties to this action to contact me if necessary to verify my claim.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

STEP 4 – METHODS OF SUBMISSION

Please complete the Claim Form above and return it by one of the following methods:

1. You may email the completed claim form to Info@KimptonBIPASettlement.com no later than midnight, U.S. Eastern Time, on December 5, 2018; OR
2. By mailing via U.S. mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than December 5, 2018, and addressed to:

Kimpton BIPA Settlement
Settlement Administrator
P.O. Box 404002
Louisville, KY 40233-4002

OR

3. By visiting www.KimptonBIPASettlement.com and completing the online Claim Form using the Claim ID # and PIN Code found at the top of this Claim Form, no later than midnight, U.S. Eastern Time, on December 5, 2018.

STEP 5 – VERIFICATION

PLEASE NOTE THAT ALL CLAIM VERIFICATION FORMS WILL BE SUBJECT TO REVIEW FOR COMPLETENESS AND AUTHENTICITY BY THE SETTLEMENT CLAIMS ADMINISTRATOR.

