

## UKG, INC. CLASS ACTION SETTLEMENT CLAIM FORM

**TO RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND, YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY MAY 6, 2022.**

**IMPORTANT NOTE:** You must complete and submit this Claim Form by **May 6, 2022** 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 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 number of times they scanned their finger or had their photograph taken using an UltiPro TimeBase timeclock, UltiPro TouchBase timeclock, or NOVAtime timeclock (Model Nos. 450 or 7000) provided by UKG, Inc. There can be only one claim for any given Settlement Class Member.

### STEP 1 - DIRECTIONS

In the spaces below, print your (i) name, (ii) address, (iii) email address, and (iv) telephone number. Remember that only individuals who scanned their finger or had their photograph taken between March 3, 2015 and December 29, 2021 using an UltiPro TimeBase timeclock, UltiPro TouchBase timeclock, or NOVAtime timeclock (Model Nos. 450 or 7000) provided by UKG, Inc. are eligible to submit a claim.

### STEP 2 - CLAIMANT INFORMATION

First Name:          
 MI: 
 Last Name:

Primary Address:

City:                
 State:  
 ZIP Code:

Email Address:

Contact Phone Number:    -    -

### STEP 3 - CERTIFICATION

**I hereby certify that on at least one occasion within the state of Illinois between March 3, 2015 and December 29, 2021, I scanned my finger or had my photograph taken using an UltiPro TimeBase timeclock, UltiPro TouchBase timeclock, or NOVAtime timeclock (Model Nos. 450 or 7000) provided by UKG, Inc.**

*I certify that the above statement is true and correct, and that this is the only Claim Form that I have submitted and will submit. I also understand, acknowledge and agree that I am eligible to submit only one Claim Form as part of this settlement. I understand that this Claim Form will be reviewed for authenticity and completeness and that, if my claim is validated, I may be contacted by the Settlement Administrator to provide additional information as necessary to process the payments due to me under the Settlement.*

Signature:

Date:   -   -    
MM DD YY

## STEP 4 – METHODS OF SUBMISSION

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

1. Online by visiting [www.UKGBIPASettlement.com](http://www.UKGBIPASettlement.com) and completing an online Claim Form no later than midnight, U.S. Eastern Standard Time, on **May 6, 2022** OR
2. By emailing the completed Claim Form to [claims@UKGBIPASettlement.com](mailto:claims@UKGBIPASettlement.com) no later than midnight, U.S. Eastern Time, on **May 6, 2022** OR
3. By mailing via U.S. mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than **May 6, 2022** and addressed to:

Jackson v. UKG Settlement Administrator  
PO Box 3805  
Portland, OR 92708-3805