

Claim Form

IMPORTANT NOTE: To be eligible to receive a payment from the Settlement, you must submit your claim online or mail this Claim Form to the Settlement Administrator by May 7, 2021. See the Settlement Website, www.CSXBIASettlement.com, for more details and instructions.

This form pertains to the class action settlement in *Rogers v. CSX Intermodal Terminals, Inc.*, No. 2019-CH-04168 (Cir. Ct. Cook Cnty.). The underlying lawsuit concerns the Defendant's use of fingerprint scanning to verify the identities of individuals, often truck drivers, who enter its shipping facilities. You may only submit a claim if you are a member of the Settlement Class, defined as:

All individuals who used Defendant's Fingerscan System within the state of Illinois at any time between March 29, 2014, and January 29, 2021.

INSTRUCTIONS TO SUBMIT YOUR CLAIM: If you are a member of the Settlement Class and wish to submit a claim to receive a payment, you can submit your claim online at the Settlement Website, www.CSXBIASettlement.com. Online claims must be completed and submitted by **May 7, 2021** to be timely. If instead you wish to submit a claim by mail, please (1) read these instructions carefully; (2) fill in the contact information below; (3) read and sign the certification; (4) mail your completed Claim Form to the address at the bottom of this page. If submitted by U.S. Mail, this form must be postmarked by **May 7, 2021**.

Each Settlement Class Member is entitled to submit only one Claim Form. If your claim is approved you will receive a check for an equal portion of the Settlement Fund, following the deduction of: (i) any award of attorneys' fees, costs, and expenses; (ii) any incentive award to the named Plaintiff; and (iii) the costs of notice and administration. If you do not submit a claim, you will not be eligible to receive a payment from the Settlement, but you will still be bound by the Settlement Agreement and its release unless you exclude yourself. See the Settlement Website for more details and instructions regarding your options under this Settlement.

FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		
<input type="text"/>		
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT PHONE NUMBER		
<input type="text"/> - <input type="text"/> - <input type="text"/>		
EMAIL ADDRESS		
<input type="text"/>		

I certify that I am a member of the Settlement Class and that the information above is true to the best of my knowledge. I understand that the Settlement Administrator has the right to verify my claim. 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: <input style="width: 90%;" type="text"/>	Date: <input type="text"/> - <input type="text"/> - <input type="text"/> MM DD YY
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Mail your completed and signed Claim Form to the Settlement Administrator, postmarked no later than **May 7, 2021**, and addressed to: **Rogers v. CSX Settlement Administrator, P.O. Box 2438, Portland, OR 97208-2438.**