

**CLAIM FORM**

(Fill out to request your share of the settlement money)

I was an employee or contractor with Defendant Medefil, Inc. at any time between October 18, 2014 and March 5, 2025, and used a finger or hand-scan timekeeping system. I wish to claim my portion of the Settlement Fund.

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

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

City, State, Zip: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This claim form must be returned by June 3, 2025 to:  
RG2 CLAIMS ADMINISTRATION LLC VIA THE SELF ENCLOSED ENVELOPE OR  
ELECTRONICALLY AT [www.MedefilSettlement.com](http://www.MedefilSettlement.com)**