

Struck v. Woodman's Food Market  
Settlement Administrator  
P.O. Box 43208  
Providence, RI 02940-3208



**WOS**

*STRUCK V. WOODMAN'S FOOD MARKET*

CIRCUIT COURT FOR THE NINETEENTH JUDICIAL CIRCUIT OF LAKE COUNTY, ILLINOIS

Case No. 2021-CH-00000053

**Must Be Postmarked No Later Than  
May 11, 2021**

**Claim Form**

**CLAIMANT INFORMATION**

First Name				M.I.	Last Name						
Primary Address											
Primary Address Continued											
City						State	ZIP Code				
Foreign Province				Foreign Postal Code			Foreign Country Name/Abbreviation				

To participate in the class action settlement of *Struck v. Woodman's Food Market* and to complete this Claim Form, please verify that the statements below are true and correct by affixing your signature to the Claim Form thereunder. If the statements below are not true, you are not entitled to a Settlement Payment and should not submit a Claim Form.

I hereby certify that by completing this form I scanned my biometric identifier or biometric information for timekeeping purposes as alleged in the Action while working at Defendant's facilities and I wish to claim my portion of the Settlement Fund in this case.

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

Dated (mm/dd/yyyy): \_\_\_\_\_

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

Email address											
Area code		Telephone number (home)				Area code		Telephone number (work)			
Last 4 of Social Security Number											

**This Claim Form must be postmarked by May 11, 2021 to:**

*Struck v. Woodman's Food Market*  
Settlement Administrator  
P.O. Box 43208  
Providence, RI 02940-3208

Questions? Call toll-free at: 888-758-6649 or visit us at: [www.StruckBIPASettlement.com](http://www.StruckBIPASettlement.com)



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