

Luxottica of America Inc. BIPA Settlement
P.O. Box 43502
Providence, RI 02940-3502



LXV

Vo v. Luxottica of America Inc.

CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Case No. 2019-CH-10946
(Cir. Ct. Cook Cnty., Illinois)

Must Be Electronically Submitted or Postmarked No Later Than May 31, 2022

Claim Form

**TO RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND,
YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY MAY 31, 2022.**

IMPORTANT NOTE: You must complete and submit this Claim Form by May 31, 2022 in order to receive payment. To complete this Claim Form, read the directions below in Step 1; truthfully provide the requested information in Step 2; print your name, sign, and date the certification in Step 3; and submit the Claim Form using one of the methods identified in Step 4.

Each Settlement Class Member is entitled to submit only one Claim Form regardless of the number of times he or she used the augmented reality Virtual Try-On Application Tool on Rayban.com. 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) telephone number, and (iv) email address. Remember that only individuals who used the Try-On Application Tool on RayBan.com within the state of Illinois between September 20, 2014 and May 27, 2021 are eligible claimants.

STEP 2 – CLAIMANT INFORMATION

Primary Address									
Primary Address Continued									
City						State		ZIP Code	
Foreign Province				Foreign Postal Code			Foreign Country Name/Abbreviation		
Email address									
Area code		Telephone number (home)				Area code		Telephone number (work)	



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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STEP 3 – CERTIFICATION

I hereby swear and affirm that:

I used the Try-On Application Tool on RayBan.com on at least one occasion while physically located in Illinois between September 20, 2014 and May 27, 2021.

I certify, under penalty of perjury, that the above statement is true and correct to the best of my knowledge. I further acknowledge and agree that I am only eligible to submit one Claim Form and have not, and will not, submit more than one Claim Form.

I understand that this Claim Form will be reviewed for accuracy, completeness, and authenticity and that I may be contacted by the Settlement Administrator to provide additional information as necessary to verify my claim. I also understand that in the event that my claim is authenticated as valid, I may be contacted to process any payment due to me under the Settlement.

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. Online by visiting www.RayBanBIPASettlement.com and submitting an online Claim Form no later than midnight, U.S. Eastern Time, on **May 31, 2022**; OR
2. By mailing via U.S. Mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than **May 31, 2022**, and addressed to:

Luxottica of America Inc. BIPA Settlement
P.O. Box 43502
Providence, RI 02940-3502

