

Salkauskaite v. Sephora USA, Inc. BIPA  
Settlement Administrator  
P.O. Box 43502  
Providence, RI 02940-3502



S2U

SALKAUSKAITE, ET AL. V. SEPHORA USA, INC.  
CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
Case No. 2018-CH-14379

Must Be Postmarked No Later Than  
June 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 RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND, YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY JUNE 11, 2021.**

IMPORTANT NOTE: You must complete and submit this Claim Form by June 11, 2021 in order 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 he or she provided biometrics while using a Sephora Virtual Artist Kiosk. There can be only one claim for any given Settlement Class Member.

### STEP 1 – DIRECTIONS

In the spaces below, print your telephone number, and email address. Remember that only individuals who pushed a button to interact with a Sephora Virtual Artist Kiosk within the state of Illinois from July 1, 2018 to March 12, 2021 are eligible claimants.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<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 2 – CLAIMANT INFORMATION**

Email Address

Telephone Number

Location where you used the Sephora Virtual Artist Kiosk

**STEP 3 – CERTIFICATION**

**I hereby certify that:**

**I interacted with a Sephora Virtual Artist Kiosk within the state of Illinois from July 1, 2018 to March 12, 2021.**

*I certify that the above statement is true and correct, and that this is the only Claim Form that I have submitted or 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: \_\_\_\_\_

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.VirtualMakeupBIPASettlement.com](http://www.VirtualMakeupBIPASettlement.com) and submitting an online Claim Form no later than midnight, U.S. Eastern Time, on June 11, 2021; OR
2. By emailing the completed Claim Form to [info@VirtualMakeupBIPASettlement.com](mailto:info@VirtualMakeupBIPASettlement.com) no later than midnight, U.S. Eastern Time, on June 11, 2021; OR
3. By mailing via U.S. Mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than June 11, 2021, and addressed to:

*Salkauskaite v. Sephora USA, Inc. BIPA*  
Settlement Administrator  
P.O. Box 43502  
Providence, RI 02940-3502

