L.C. v. Fertility Centers of Illinois, PLLC

In the United States District Court for the Northern District of Illinois

Case No. 1:25-cv-02049

Settlement Claim Form

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before December 3, 2026, or submitted online on or before December 3, 2026.

Please read the full Notice of this settlement (available at **www.FCIOnlineSettlement.com**) carefully before filling out this Claim Form.

To be eligible to receive any benefits from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail:

ONLINE: www.FCIOnlineSettlement.com

MAIL: ***FCI Privacy Settlement***
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

PART ONE: CLAIMANT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

CLAIMANT ID: 8 3 4 8 1 ___ ___ ___ ___ ___ ___ ___ ___ ___

First Name: **Last Name:**

Address 1:

Address 2:

City **State** **Zip Code**

@

Email Address:

PART TWO: PAYMENT SELECTION

POTENTIAL CASH PAYMENT: You may be entitled to receive a cash payment, which Class Counsel estimates will be between $30-60. The cash will be sent in the form of a check, unless otherwise indicated. If you would like payment in a different form, you must file your Claim electronically on the Settlement Website.

PART THREE: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that, from September 1, 2020 through December 31, 2024, I accessed and used the Defendant's website, and that all of the information on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review.

_____ ____ ____ / ____ ____ / ____ ____ ____ ____

SIGNATURE **DATE (DD/MM/YYYY)**

Please keep a copy of your Claim Form for your records.