

In re Uber FCRA Litigation Settlement Claim Form

Instructions

Case No.: 3:14-cv-05200-EMC

United States District Court for the Northern District of California

Instructions for Completing the Enclosed Claim Form

If you are an eligible member of the Settlement Class and wish to make a claim, you must complete and submit a Claim Form. You may file your claim via:

WEB: Visit the Settlement website at: www.UberFCRASettlement.com and submit your claim online.

EMAIL: UberFCRASettlement@AdministratorClassAction.com

MAIL: Uber FCRA Settlement
1801 Market Street, Suite 660
Philadelphia, PA 19103

FAX: 1-215-754-4365

Instructions:

1. Complete all fields in Section I. It is your responsibility to inform the Claims Administrator of any changes to your contact information after the submission of your Claim Form.
2. Select the method of payment in Section II.
3. Sign the Attestation under penalty of perjury in Section III.

CLAIM FORM REMINDER CHECKLIST

Before submitting this Claim Form, please make sure you:

1. Complete the contact information section, providing your name, address, and other contact information.
2. Selected a method of compensation. You may only select one option.
3. Sign the attestation section.

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

**Your claim must
be received or
postmarked by:
January 15, 2018**

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FBR

You will receive a monetary payment if you fill out and submit this claim form and this settlement receives final court approval.

We estimate that you could recover \$27.00 or \$62.00, depending on whether you are in the ADR Group or the Court Group.

This amount is an estimate. Your actual recovery amount may vary, depending on the number of valid claims submitted.

SECTION I: NAME AND CONTACT INFORMATION

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

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

E-Mail Address

Claim Number (Please enter your Claim Number if you received a personalized notice)

SECTION II: SETTLEMENT COMPENSATION SELECTION

If your claim is deemed eligible for payment, select the method by which you would like to receive your settlement benefit:
Select only one.

Check via mail

Digital Check via email – *Provide the email address you want the digital check sent to in the box below.*

Direct credit to my PayPal account – *Provide the email address associated with your PayPal account below.*

Email Address for Digital Checks or PayPal option. Please write clearly and legibly.

SECTION III: ATTESTATION UNDER PENALTY OF PERJURY

By signing below, you declare under penalty of perjury that the information provided in this Claim Form is true, accurate and complete, and that you meet the following definition of the Settlement Class:

I was subject to a background check and/or consumer report requested by Uber before January 3, 2015. At that time, I was not designated by Uber as an employee of Uber or its subsidiaries or affiliated companies. I am not a director, officer or agent of Uber or its subsidiaries and affiliated companies and I have not timely and properly excluded myself from the Settlement Class.

I declare under penalty of perjury pursuant to the laws of the United States that the information provided above is true and accurate.

Signature

Date

Print Name