

Google Education BIPA Settlement Administrator  
P.O. Box 3395  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted  
By October 16, 2025**

## GOOGLE EDUCATION BIPA CLASS ACTION SETTLEMENT

*H.K. et al. v. Google LLC, Case No. CC 20LL00017*  
Circuit Court of McDonough County, Illinois

### CLAIM FORM

**TO RECEIVE A PAYMENT FROM THIS SETTLEMENT, YOU MUST COMPLETE THIS CLAIM FORM AND  
SUBMIT IT BY OCTOBER 16, 2025.**

\*This Settlement is open only to certain eligible Illinois residents who, while they were enrolled in a school in the State of Illinois, at any time between March 26, 2015 and May 15, 2025, had a voice model or face model created or had the Voice Match or Face Match feature enabled in their Google Workspace for Education or G Suite for Education (together, "GWFE") account.

**IMPORTANT NOTE:** You must fully complete and submit this Claim Form by October 16, 2025 to receive payment. To complete this Claim Form, truthfully provide the requested information in Steps 1 and 2; select a payment method in Step 3; sign the certification in Step 4; and submit the Claim Form using one of the methods stated in Step 5 (you can submit this Claim Form online at [www.GoogleEducationBIPASettlement.com](http://www.GoogleEducationBIPASettlement.com) or by U.S. Mail). **This Claim Form must be completed by an adult of 18 years or older. Parents or guardians may submit claims on behalf of minors. Payment for a minor's claim will be made to the parent or guardian who completes the Claim Form. Such payment must be used solely for the benefit of the minor.**

**Each Class Member is entitled to submit only one claim. Duplicate claims will be rejected.** If you (if you are now an adult) or your parent or guardian (if you are a minor) timely submit a valid Claim Form, you will be entitled to receive a payment representing a *pro rata* share of the Net Settlement Fund (the actual cash amount an individual will receive will depend on the number of valid claims submitted) as set forth in Section 3.3.a of the Settlement Agreement available at [www.GoogleEducationBIPASettlement.com](http://www.GoogleEducationBIPASettlement.com).

*It is important that all of the information you provide in this Claim Form is true, accurate, and complete.* You may be required to provide documentation to the Settlement Administrator supporting the answers you have provided. Submitting false information will render your Claim Form invalid. Please note that all information provided on the Claim Form will not be used for any purpose other than for this Settlement.

### STEP 1 - CLAIMANT INFORMATION

**Please provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form. If you are a minor, this Claim Form must be completed by your parent or guardian.**

Class Member's First Name

Class Member's Last Name

Parent/Guardian First Name

Parent/Guardian Last Name

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

City

State

Zip Code

Contact Telephone Number

(for Parent/Guardian if completing form for minor)

Contact Email Address

(for Parent/Guardian if completing form for minor)

## STEP 2 - CLASS MEMBER DETAILS

Remember that you are only eligible to file a Claim Form under the Settlement if at any time during the class period (between March 26, 2015 and May 15, 2025):

- (a) You were an Illinois resident;
- (b) You were enrolled in a school in Illinois; and
- (c) You had a voice model or face model created or had the Voice Match or Face Match feature enabled in your Google Workspace for Education or G Suite for Education ("GWFE") account.

If you fit this description, you may submit a Claim Form. **If you are a minor, this Claim Form must be completed by your parent or guardian.**

***A. In the spaces below, please provide the requested information regarding at least one educational institution in which you enrolled and used GWFE during the class period (between March 26, 2015 and May 15, 2025):***

Name of School

Associated School District

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Dates of Enrollment

Email Address Associated with your GWFE Account (optional)

***B. If you are no longer an Illinois resident, please provide the address where you resided in Illinois during the class period (between March 26, 2015 and May 15, 2025):***

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

City

State

Zip Code

**Note:** Please note that the Settlement Administrator may request that you provide additional documentation in order to verify your Claim. Such documentation could include: proof of identity documentation (such as government-issued identification documents, utility bills, etc.) or proof of enrollment documentation (such as a student identification card, a transcript or course list showing the courses you enrolled in, etc.).

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### STEP 3 - SELECT PAYMENT METHOD

Select the appropriate box indicating how you would like to receive your payment and provide the requested information. If you are a parent or guardian completing this Claim Form for a minor, use a payment method associated with yourself:

☐ **Venmo**

\_\_\_\_\_  
Venmo Account Email Address or Phone Number

☐ **Zelle**

\_\_\_\_\_  
Zelle Account Email Address or Phone Number

☐ **PayPal**

\_\_\_\_\_  
PayPal Account Email Address

☐ **Prepaid Digital MasterCard**

\_\_\_\_\_  
Current Email Address

☐ **Check:** If you prefer to receive your payment via check, please provide your mailing address (if different from the address provided in Step 1).

\_\_\_\_\_  
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### STEP 4 - CERTIFICATION AND SIGNATURE

I \_\_\_\_\_, affirm that:  
(Full Name)

*I am an adult of 18 years or older and a member of the Settlement Class or am the parent/guardian of a member of the Settlement Class. I further affirm that the information I have provided in this Claim Form is true and correct, and that this is the only Claim Form that I have submitted and/or will submit in connection with this Settlement. I also understand, acknowledge and agree that I am eligible to submit only one Claim Form per minor Claimant as part of this settlement. I affirm that if I receive payment on behalf of a member of the Settlement Class, the payment must be used solely for the benefit of that member. I understand that this Claim Form will be reviewed for authenticity and completeness.*

\_\_\_\_\_  
Signature of Claimant (or Parent/Legal Guardian of minor Claimant)

\_\_\_\_\_  
Date

## STEP 5 - METHODS OF SUBMISSION

*Please submit the completed Claim Form through one of the following methods:*

1. Online by visiting [www.GoogleEducationBIPASettlement.com](http://www.GoogleEducationBIPASettlement.com) and completing an online Claim Form no later than **October 16, 2025**;

OR

2. By mailing via U.S. Mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than **October 16, 2025**, and addressed to:

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