

**IN THE CIRCUIT COURT OF WILLIAMSON COUNTY, ILLINOIS
FIRST JUDICIAL CIRCUIT**

STEPHANIE SAHLIN, individually and on
behalf of all others similarly situated,

Plaintiff,

v.

HOSPITAL HOUSEKEEPING SYSTEMS, LLC,

Defendant.

Case No. 2021L28

The Honorable Jeffrey Goffinet

**DECLARATION OF JENNIFER M. KEOUGH
REGARDING NOTICE ADMINISTRATION**

I, Jennifer M. Keough, declare and state as follows:

1. I am the Chief Executive Officer of JND Class Action Administration (“JND”). JND is a legal administration services provider with headquarters located in Seattle, Washington. JND has extensive experience with all aspects of legal administration and has administered hundreds of class action settlements.

2. JND is the Court-appointed Settlement Administrator in the above captioned action (“Action”) as ordered by the Court in its Order Granting Preliminary Approval of Class Action Settlement Agreement, Certifying Settlement Class, Appointing Class Representative, Appointing Class Counsel and Approving Notice

Plan (“Order”) dated May 17, 2021. This Declaration is based on my personal knowledge, as well as upon information provided to me by experienced JND employees, and if called upon to do so, I could and would testify competently thereto.

CLASS MEMBER DATA

3. On June 7, 2021, Defendants provided JND with the Class List of 844 records, including the names, last known U.S Mail addresses, and employee statuses.

4. On June 16, 2021, Defendants provided JND with updated employee statuses for these records.

5. Prior to notice mailing, JND identified 29 records as duplicates or invalid mailing addresses, with the 815 remaining records representing the class list. JND then updated the last known mailing addresses using data from National Change of Address database¹ and promptly loaded 815 records with valid mailing addresses into a secure database created for this matter.

NOTICE MAILING

6. Pursuant to the terms of the Class Action Settlement Agreement (“Settlement Agreement”) and at the direction of both parties, on June 21, 2021, JND prepared and mailed the Court-approved notices to 147 Active HHS Employees (“Active HHS Employee Notice”) and 668 Former HHS Employees (“Former HHS

¹ The NCOA database is the official USPS technology product which makes change of address information available to mailers to help reduce undeliverable mail pieces before mail enters the mail stream. This product is an effective tool to update address changes when a person has completed a change of address form with the USPS. The address information is maintained on the database for 48 months.

Employee Notice”) via First Class US Mail. Representative copies of the Active HHS Employee Notice and Former HHS Employee Notice are attached hereto as **Exhibit A** and **Exhibit B** respectively.

7. As of the date of this Declaration, JND has tracked three Active HHS Employee Postcard Notices and 63 HHS Former Employee Postcard Notices that were returned as undeliverable. Of these, JND re-mailed one Active HHS Employee Postcard Notice and 26 Former HHS Postcard Notice. A total of 776 Class Members were mailed a Postcard Notice that was not returned as undeliverable, representing 95.2% of the total Class.

SETTLEMENT WEBSITE

8. On May 27, 2021, JND established a case-specific website at www.hhsfingerprintsettlement.com (“Settlement Website”). The Settlement Website includes information related to the Settlement, relevant downloadable documents (including the Settlement Agreement, Order Granting Preliminary Approval Order, Motion for Attorneys’ Fees, and Plaintiff’s Declaration), and an Online Claim Form for Class Members to electronically submit claims.

9. As of the date of this Declaration, the Settlement Website has received 896 page views by 292 unique users.

10. JND also established a dedicated email address, info@hhsfingerprintsettlement.com, (“Settlement Email Address”) to receive and respond to Class Member inquiries.

11. JND will continue to maintain the Settlement Email Address throughout the Settlement administration process.

TOLL-FREE TELEPHONE LINE

12. On May 27, 2021, JND established a toll-free telephone number (1-833-636-2115) for Class Members to obtain information about the Settlement. Callers have the option to listen to an Interactive Voice Response system or to speak to a live agent during business hours. The toll-free number is accessible 24 hours a day and seven days a week.

13. As of the date of this Declaration, the toll-free number has received 54 calls. JND will continue to maintain the toll-free number throughout the Settlement administration process.

CLAIMS PROCESS

14. The HHS Former Employee Postcard Notice informed Class Members that Class Members who wished to receive a payment from the Settlement could do so by submitting a timely and valid Claim Form (online or postmarked) by October 7, 2021.

15. As of the date of this Declaration, JND has received a total of 100 online Claim Forms and 86 paper Claim Forms.

16. Pursuant to the Settlement Agreement, JND will mail out Deficiency Notices to all HHS Former Employee Class Members who submitted deficient claims.

17. JND will continue to receive and process Claim Forms throughout the Settlement administration process.

REQUESTS FOR EXCLUSION

18. The Postcard Notices informed Class Members that anyone who wished to exclude themselves from the Settlement could do so by submitting a written request for exclusion (“opt out”) to JND. The postmarked deadline for Class Members to submit a request for exclusion to the Settlement was July 22, 2021.

19. As of the date of this Declaration, JND is not aware of any opt-outs.

OBJECTIONS

20. The Postcard Notices informed Settlement Class Members that anyone who wanted to object to the approval of the Settlement could do so by filing a written statement to the Court. The deadline for Class Members to object to the Settlement was July 22, 2021.

21. As of the date of this Declaration, JND is not aware of any objections.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on the 5th of August, 2021, in Seattle, Washington.



JENNIFER M. KEOUGH

EXHIBIT A

COURT AUTHORIZED
NOTICE OF CLASS ACTION AND
PROPOSED SETTLEMENT

**OUR RECORDS INDICATE
YOU ARE EMPLOYED BY
HOSPITAL HOUSEKEEPING
SYSTEMS, LLC IN THE
STATE OF ILLINOIS. YOU
MAY BE ENTITLED TO A
PAYMENT FROM A CLASS
ACTION SETTLEMENT.**

Questions, visit
www.HHSFingerprintSettlement.com
or call 1-833-636-2115

By Order of the Court Dated: May 17, 2021

HHS BIPA Settlement Administrator
c/o JND Legal Administration
P.O. Box 91348
Seattle, WA 98111



Postal Service: Please do not mark barcode
XXX—«ClaimID»

«MailRec»

«First1 » «Last1 »
«C/O »
«Addr1 »
«Addr2 »
«City», «St» «Zip»

A settlement has been reached in a class action lawsuit claiming that Defendant, Hospital Housekeeping Systems, LLC (“HHS”), unlawfully collected, captured, received, or otherwise disclosed its Illinois employees’ Biometric Identifiers and/or Biometric Information through its finger clock-in system. HHS denies the claims in the lawsuit, denies it did anything wrong and denies that class certification is warranted or appropriate. The Court did not resolve the claims and defenses raised in this action. Nor has the Court determined that HHS did anything wrong or that this matter should be certified as a class action except if the Settlement is fully approved by the Court. The parties have agreed to settle the dispute to avoid the cost and uncertainty of continued litigation and possibility of a trial.

Am I a Class Member? Our records indicate that you are currently employed by HHS in the State of Illinois and may be a Class Member. Class Members are persons who worked or are currently working for HHS in Illinois and had their Biometric Identifiers and/or Biometric Information collected, captured, received, or otherwise obtained or disclosed by HHS or its agent(s) from November 30, 2015 to November 30, 2020.

What Can I Get? If approved by the Court, a Settlement Fund in the total amount of \$801,800.00 will be established to pay all claims to the Settlement Class, including all notice and administration expenses, approved attorneys’ fees and costs, and an incentive award to the named plaintiff. **Once the Settlement becomes Final, and as long as you don’t exclude yourself from the Settlement Class, you will receive a \$950 payment via check or direct deposit, at HHS’s election.**

How Do I Get a Payment? Because you are an active HHS employee, you will automatically receive a \$950 payment, so long as you do not request to be excluded from the Settlement Class. If you are no longer employed by HHS after the Court approves the settlement, then you will receive your \$950 share of the Settlement Fund in the form of a check issued to your last known mailing address.

What are My Other Options? You may exclude yourself from the Settlement Class by sending a letter to the Settlement Administrator no later than **July 22, 2021**. If you exclude yourself, you cannot get a settlement payment, but you keep any rights you may have to sue HHS over the legal issues in the

lawsuit. If you don't exclude yourself from the Settlement Class, then you and/or your lawyer also have the right to appear before the Court, at your own cost, to object to the proposed settlement, if you wish to do so, but you don't have to. Your written objection must be filed no later than **July 22, 2021**. Specific instructions about how to object to, or exclude yourself from, the Settlement are available at www.HHSFingerprintSettlement.com. If you do nothing, and the Court approves the Settlement, you will be bound by all of the Court's orders and judgments, and your claims relating to any alleged unlawful collection, capture, receipt, or disclosure of its Illinois employees' Biometric Identifiers and/or Biometric Information by HHS will be released.

Who Represents Me? The Court has appointed Bursor & Fisher, P.A. to represent the class. These attorneys are called Class Counsel. You will not be charged for these lawyers. If you want to be represented by your own lawyer in this case, you may hire one at your expense.

When Will the Court Consider the Proposed Settlement? The Court will hold the Final Approval Hearing at **9:30 a.m. on August 23, 2021** at the Williamson County Courthouse, 200 West Jefferson Street, Marion, IL 62959. At that hearing, the Court will: hear any objections concerning the fairness of the Settlement; determine the fairness of the Settlement; decide whether to approve Class Counsel's request for attorneys' fees and costs; and decide whether to award the Class Representative up to \$5,000 from the Settlement Fund for her services in helping to bring and settle this case. HHS has agreed that Class Counsel may be paid attorneys' fees out of the Settlement Fund in an amount to be determined by the Court. Class Counsel is entitled to seek no more than 37.5% of the Settlement Fund but the Court may award less than this amount.

How Do I Get More Information? This is only a summary. For more information, including the full Notice, Claim Form and Settlement Agreement go to www.HHSFingerprintSettlement.com, contact the Settlement Administrator at 1-833-636-2115 or HHS BIPA Settlement Administrator, PO Box 91348, Seattle, WA 98111, or call Class Counsel at 646-837-7150. Please do not telephone the Court to inquire about the settlement or the claims process.

Carefully separate this Address Change Form at the perforation

Name: _____

Address: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



POSTAGE WILL BE PAID BY ADDRESSEE

HHS BIPA SETTLEMENT ADMINISTRATOR
C/O JND LEGAL ADMINISTRATION
PO BOX 91348
SEATTLE WA 98111-9862



EXHIBIT B

COURT AUTHORIZED
NOTICE OF CLASS ACTION AND
PROPOSED SETTLEMENT

**OUR RECORDS INDICATE
YOU WERE FORMERLY
EMPLOYED BY HOSPITAL
HOUSEKEEPING SYSTEMS,
LLC IN THE STATE OF
ILLINOIS. YOU MAY BE
ENTITLED TO A PAYMENT
FROM A CLASS ACTION
SETTLEMENT.**

Questions, visit
www.HHSFingerprintSettlement.com
or call 1-833-636-2115

By Order of the Court Dated: May 17, 2021

HHS BIPA Settlement Administrator
c/o JND Legal Administration
P.O. Box 91348
Seattle, WA 98111



Postal Service: Please do not mark barcode
XXX—«ClaimID»

«MailRec»

«First1» «Last1»
«C/O»
«Addr1»
«Addr2»
«City», «St» «Zip»

HHS BIPA SETTLEMENT CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY **OCTOBER 7, 2021** AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: Fill out each section of this form and sign where indicated.

Name (First, M.I., Last): _____

Current Mailing Address: _____

Address Where You Lived When Working For HHS (if different): _____

Email Address (optional): _____ Phone #: _____

Class Member Verification: By submitting this claim form and checking the boxes below, I declare that I believe to the best of my knowledge, information and belief that I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

- I worked for Hospital Housekeeping Systems, LLC in the State of Illinois between November 30, 2015 and November 30, 2020, and had my Biometric Identifiers and/or Biometric Information collected, captured, received, or otherwise obtained or disclosed by Hospital Housekeeping Systems, LLC or its agent(s).
- I have not filed for an Opt-Out or to be excluded from this Settlement.
- I have not submitted any other Claim for the same account, have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf.
- Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the information contained in this notice and available at www.HHSFingerprintSettlement.com. The Settlement Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be mailed a check for \$950 or, if certain conditions are met, a *pro rata* share of the Net Settlement Fund, which may be less than \$950. This process takes time. Please be patient. **Questions, visit www.HHSFingerprintSettlement.com or call 1-833-636-2115.**

A settlement has been reached in a class action lawsuit claiming that Defendant, Hospital Housekeeping Systems, LLC (“HHS”), unlawfully collected, captured, received, or otherwise disclosed its Illinois employees’ Biometric Identifiers and/or Biometric Information through its finger clock-in system. HHS denies the claims in the lawsuit, denies that it did anything wrong and denies that class certification is warranted or appropriate. The Court did not resolve the claims and defenses raised in this action. Nor has the Court determined that HHS did anything wrong or that this matter should be certified as a class action except if the Settlement is fully approved by the Court. The parties have agreed to settle the dispute to avoid the cost and uncertainty of continued litigation and possibility of a trial.

Am I a Class Member? Our records indicate that you were formerly employed by HHS in the State of Illinois and may be a Class Member. Class Members are persons who worked or are currently working for HHS in Illinois and had their Biometric Identifiers and/or Biometric Information collected, captured, received, or otherwise obtained or disclosed by HHS or its agent(s) from November 30, 2015 to November 30, 2020.

What Can I Get? If approved by the Court, a Settlement Fund in the total amount of \$801,800.00 will be established to pay all claims to the Settlement Class, including all notice and administration expenses, approved attorneys’ fees and costs, and an incentive award to the named plaintiff. **You must submit a claim to receive a \$950 payment via check as your share of the Settlement.**

How Do I Get a Payment? You must submit a timely and properly completed Claim Form **no later than October 7, 2021**. You may use the Claim Form attached to this Notice or you can submit one online at www.HHSFingerprintSettlement.com.

What are My Other Options? You may exclude yourself from the Settlement Class by sending a letter to the Settlement Administrator no later than **July 22, 2021**. If you exclude yourself, you cannot get a settlement payment, but you keep any rights you may have to sue HHS over the legal issues in the lawsuit. If you don’t exclude yourself from the Settlement Class, then you and/or your lawyer also have the right to appear before the Court, at your own cost, to object to the proposed settlement, if you wish to do so, but you don’t have to. Your written objection must be filed no later than **July 22, 2021**. Specific instructions about how to object to, or exclude yourself from, the Settlement are available at www.HHSFingerprintSettlement.com. If you do nothing, and the Court approves the Settlement, you will be bound by all of the Court’s orders and judgments, and your claims relating to any alleged unlawful collection, capture, receipt, or disclosure of its Illinois employees’ Biometric Identifiers and/or Biometric Information by HHS will be released.

Who Represents Me? The Court has appointed Bursor & Fisher, P.A. to represent the class. These attorneys are called Class Counsel. You will not be charged for these lawyers. If you want to be represented by your own lawyer in this case, you may hire one at your expense.

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 985 SEATTLE, WA

POSTAGE WILL BE PAID BY ADDRESSEE

HHS BIPA SETTLEMENT ADMINISTRATOR
C/O JND LEGAL ADMINISTRATION
PO BOX 91348
SEATTLE WA 98111-9862

