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The DEADLINE to submit or mail this Claim Form is: September 12, 2024

Almon, et al. v. Conduent State & Local Solutions, Inc.

For Office Use Only

Settlement Claim Form

By submitting this Claim, I request a Settlement Fund Payment and certify as follows:

First Name M.I. Last Name

Current Mailing Address 1

Address 2

_____, _____ - _____
City State Zip Code Zip4 (optional)

(____) _____ - _____
Preferred Phone Number

Preferred Email Address (If Any) @ _____

1. If known, the last four digits of your Direct Express card number: _____

2. If known, the date or month when your fraud claim was denied: _____

By signing this form, I attest that, to the best of my knowledge, the following information is true and correct: I submitted a claim of allegedly fraudulent transaction(s) or other error(s) on my Direct Express card that was denied between February 12, 2018 and September 28, 2022 **AND** experienced one of more of the following: (i) I was not sent the results of the investigation within 13 business days; (ii) I was not given a provisional credit in the amount of the alleged error; (iii) I was not provided with a requested copy of the documents that were relied upon to deny my claim.

Signature: _____ Date: ____ / ____ / _____

**Submit this Claim Form by September 12, 2024
via www.DirectExpressClassAction.com or by mail to:
Almon, et al. v. Conduent State & Local Solutions, Inc.
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391**

Submission of this Claim Form does not guarantee any payment. All Claims are subject to confirmation and audit by the Settlement Administrator. The amount of settlement payments will be governed by the terms of the Settlement Agreement.



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Page 1 of 1