

**CLAIM FORM**

**TIPSY NAIL CLUB LLC et al. v. CLASSPASS INC., et al.,**  
**No. 21 Civ. 8662 (JHR)(SN) (S.D.N.Y.)**

**TO RECEIVE A PAYMENT UNDER THIS SETTLEMENT AGREEMENT,  
THIS CLAIM FORM MUST BE SUBMITTED ONLINE, FAXED, OR  
POSTMARKED ON OR BEFORE SEPTEMBER 7, 2023 TO THE FOLLOWING:**

**CLASSPASS SETTLEMENT  
C/O RG/2 CLAIMS ADMINISTRATION LLC  
P.O. BOX 59479  
PHILADELPHIA, PA 19102-9479  
WWW.CLASSPASSSETTLEMENT.COM  
FACSIMILE: (215) 827-5551**

**INSTRUCTIONS:** You must provide all required information below and sign this Claim Form and either submit it online, or mail it, or fax it. This Claim Form asks for basic identification information.

It is important that you read carefully the Notice of Proposed Class Action Settlement that is available on the website [www.classpasssettlement.com](http://www.classpasssettlement.com), which describes the proposed settlement, how Settlement Class Members are affected by the Settlement, and the manner in which settlement funds are proposed to be distributed. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the Release described therein.

If your Claim Form is not submitted online or mailed by September 7, 2023, you will not be eligible for payment, but you still will be bound by the settlement. The amount you receive may vary depending on the number of claims filed, among other factors explained more fully in the Class Notice and in the documents posted on the Settlement Administrator's website, [www.classpasssettlement.com](http://www.classpasssettlement.com). Additionally, you may be required to submit a W-9 form if the value of your claim exceeds \$599.99. If you are required to submit a W-9 form and do not do so, the Settlement Administrator will deduct tax withholding from your settlement payment.

Please file this claim through the claim portal at [www.classpasssettlement.com](http://www.classpasssettlement.com) or print and mail or fax it, and provide the following information:

**Your Business Name:**

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**Your Corporate Name, If Different From Your Business Name:**

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**Filer name (in order to file a claim on behalf of an entity, the filer must be authorized to sign a release on behalf of the entity):**

Last: \_\_\_\_\_

First: \_\_\_\_\_

**Address:**

Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Corporation       Limited Liability Company       Partnership       Other

**Confirmation of Class Membership:**

I verify under penalty of perjury that ClassPass listed my business on its website or mobile application (“app”) even though my business had not entered into an agreement with ClassPass to be listed as a Partner on its website or app, and:

My business is not currently listed on ClassPass, and ClassPass previously removed my business’s landing page from ClassPass, and I would like to make a claim.

OR:

My business is currently listed through the ClassPass Concierge program, and I would like to make a claim.

*Unless you have checked one of the boxes above, you will **not** be entitled to payment. If you check the second box, your business will not be removed from ClassPass’s website and app unless you submit a request to do so. Please see the Settlement Agreement, available at [www.classpasssettlement.com](http://www.classpasssettlement.com), for full details or if you have any questions about this lawsuit or this Claim Form, or you may call the Settlement Administrator at (866) 742-4955 or email at [classpasssettlement@rg2claims.com](mailto:classpasssettlement@rg2claims.com).*

By signing this form, I am declaring under the penalty of perjury that the above information is correct and that:

1. I am the person identified above and am over the age of 18.
2. I have not received money or compensation for any of the claims involved in this case.
3. I acknowledge that I received Notice of the proposed Class Action Settlement in this case and I am a class member as described in the Notice. I agree to release all the claims, known and unknown, stated in Paragraph 70 of the Settlement Agreement. I submit to the jurisdiction of the court presiding over this action with regard to my claim. I am aware that I can obtain a copy of the full notice and Settlement Agreement at [www.classpasssettlement.com](http://www.classpasssettlement.com).
4. I am responsible for keeping the Settlement Administrator updated with any changes to my address.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name and title