

# HP OfficeJet Printers Dynamic Security Canadian Settlement

## [www.hpprinterfirmwarelawsuitcanada.ca](http://www.hpprinterfirmwarelawsuitcanada.ca)

Epiq Class Action Services Canada Inc.  
HP OfficeJet Printers Dynamic Security Canadian Claims Administrator  
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**Your duly completed Claim Form must be submitted **no later than June 28, 2019.****

### **CLAIM FORM INSTRUCTIONS**

**IMPORTANT:** PLEASE READ BEFORE COMPLETING THIS CLAIM FORM

You are a member of the Class and eligible for a Settlement payment if you are a Canadian resident and you owned one (1) or more of the following HP OfficeJet printers during the period **between March 1, 2015 and December 31, 2017** (“Class Printers”). The Class Printers are the following:

- HP OfficeJet Pro 6230
- HP OfficeJet 6812, 6815, 6820
- HP OfficeJet Pro 6830, 6835, 8610, 8615, 8616, 8620, 8625, 8630
- HP OfficeJet Pro X551dw, X451dn, X451dw, X576dw, X476dn, X476dw

You can tell what model you own by looking for a model number on the front of your printer. If you are unable to determine which model HP OfficeJet printer you own, please call HP customer service at (800) 474-6836 and a customer service representative will assist you.

**If you are a member of the Class based on the above definition, you may submit a Claim Form. Please complete Sections A, B and C, and return the duly completed Claim Form to the Claims Administrator by email, fax or mail at the information above. You may also submit your claim online at [www.hpprinterfirmwarelawsuitcanada.ca](http://www.hpprinterfirmwarelawsuitcanada.ca).**

To get a compensation from the Settlement, you must be a Class Member who experienced a print interruption while using a non-HP replacement ink cartridge in a Class Printer **between March 1, 2015 and December 31, 2017**. In addition to compensation for lost time, you can get reimbursed for out-of-pocket expenses like the cost of replacement cartridges, a replacement printer, and/or printing or printer repair services.

To submit a claim, you must confirm or provide your current contact information, and swear to certain facts listed in the Claim Form that show that you are eligible to get a compensation from the Settlement. Then, you have two (2) options. You can submit a claim and attach documentation of your losses (for example, receipts). Or, you can make a claim without attaching documentation, by providing the information requested on the Claim Form about the print interruption that you experienced.

### **OPTION 1 – CLAIM WITH DOCUMENTATION (DOCUMENTED CLAIM)**

Submit a claim and provide documentation of losses. Fill out the Claim Form and also submit documentation such as receipts, payment card statements, or photographs for out-of-pocket expenses that resulted from the print interruption. Expenses may include amounts paid for replacement cartridges, a replacement printer, and/or printing or printer repair services.

**OPTION 2 – CLAIM WITHOUT DOCUMENTATION (UNDOCUMENTED CLAIM)**

Submit a claim without documentation of losses. You can fill out the Claim Form and submit it without documentation of losses. However, you must write the following information on the Claim Form: **(1)** the month and year when the print interruption occurred, **(2)** the brand of non-HP cartridges installed in the Class Printer at the time, and **(3)** the seller from which those cartridges were purchased.

The Claims Administrator will review your claim submission and determine if you qualify for a compensation and the amount of your payment (if any).

Documented claims will be paid before undocumented claims are paid.

Only one (1) claim per civic address will be considered by the Claims Administrator. If you wish to present more than one (1) claim per civic address, you must provide the serial numbers for the Printers at issue, unless HP already has product registration records that confirm more than one Printer for you or for the same civic address.

**CLAIM FORM**

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**SECTION A: NAME AND CONTACT INFORMATION**

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Provide your name and contact information below. If your name or contact information changes after you submit this Claim Form, please provide the new information to the Claims Administrator.

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**FIRST NAME**

**MIDDLE**

**LAST NAME**

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**STREET ADDRESS (INCLUDING APARTMENT# / UNIT #)**

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**CITY**

**PROVINCE**

**POSTAL CODE**

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**EMAIL ADDRESS**

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**CONTACT PHONE NUMBER**

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**SECTION B: TYPE OF CLAIM AND PAYMENT ELECTION**

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There are two (2) ways to submit a claim. Please read the Claim Form instructions for more information about these options and **check the type below that you are submitting (Option 1 or Option 2).**

**OPTION 1 – CLAIM WITH DOCUMENTATION (DOCUMENTED CLAIM)**

I am submitting a claim and **attaching** documented proof of loss.

Enter the **total amount** of documented losses you are **claiming**: \$\_\_\_\_\_

**Note:**

- Documentation may include, for example, receipts, payment card statements, or photographs that show out-of-pocket expenses that resulted from your print interruption.
- Expenses may include amounts paid for replacement cartridges, a replacement printer, and/or printing or printer repair services.

**OPTION 2 — CLAIM WITHOUT DOCUMENTATION (UNDOCUMENTED CLAIM)**

I am submitting a claim form **without** documented proof of loss.

To the best of my knowledge, the following information is true and accurate (fill in the blanks):

- (1) I experienced a print interruption on \_\_\_\_\_ (month) of \_\_\_\_\_ (year).
- (2) At the time of the print interruption, I had a \_\_\_\_\_ (brand name of the non-HP ink cartridge) ink cartridge installed in my Class Printer.
- (3) I purchased the non-HP cartridge(s) from \_\_\_\_\_ (name of store or website).

**Additional information:** \_\_\_\_\_

**SUBMITTING MORE THAN ONE (1) CLAIM PER CIVIC ADDRESS**

If you wish to present more than one (1) claim per civic address, you must provide the serial numbers for the Class Printers at issue, unless HP already has product registration records that confirm more than one Class Printer at the same civic address.

**SERIAL NUMBER IN BOX ABOVE**

Please check this box if HP already has the product registration record of the printer at issue.

**SECTION C: CLAIMANT VERIFICATION AND DECLARATION**

By signing below and submitting this Claim Form, I hereby solemnly affirm that:

- (1) I am the person identified above and the information provided in this Claim Form is true and accurate;
- (2) I owned one or more of the following HP printers during the period **between March 1, 2015 and December 31, 2017** ("Class Printers"):
  - HP OfficeJet Pro 6230
  - HP OfficeJet 6812, 6815, 6820
  - HP OfficeJet Pro 6830, 6835, 8610, 8615, 8616, 8620, 8625, 8630
  - HP OfficeJet Pro X551dw, X451dn, X451dw, X576dw, X476dn, X476dw
- (3) My Class Printer experienced an interruption in printing **between March 1, 2015 and December 31, 2017**;
- (4) The interruption happened when the Class Printer had working non-HP ink cartridges installed; and
- (5) I have not been reimbursed or otherwise compensated for the out-of-pocket losses that I have claimed.

**SIGNATURE**

**DATE**

**PRINTED NAME**

## PAYMENT INFORMATION

**Compensation, if payable, will be sent if the claim is valid and if the Settlement is approved by the Court.** If your claim is valid, you will receive your compensation in the form of a cheque mailed to the address provided in Section A. It is your responsibility to inform the Claims Administrator of any changes to your contact information provided in Section A of this Claim Form.

## CLAIM FORM REMINDER CHECKLIST AND NOTICES

1. Complete Sections A, B and C of the Claim Form.
2. Remember to attach only **copies** of supporting documents, as these documents will not be returned to you.
3. Do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and supporting documents for your records.
5. If your name or contact information changes after you submit this Claim Form, you are responsible for providing the new information to the Claims Administrator.
6. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at 1-833-414-8039 or [info@hpprinterfirmwarelawsuitcanada.ca](mailto:info@hpprinterfirmwarelawsuitcanada.ca).
7. **Note:** If the Claims Administrators ultimately determine that you are entitled to a compensation, a compensation cheque will be mailed to the address you have provided. If a compensation cheque is not cashed / negotiated within 6 months of its issuance date, said cheque will be cancelled by the Claims Administrator and the amount in question will be donated to charity without any obligation to replace the cheque for you.
8. **Note:** For all Claimants residing in the **Province of Quebec**, and according to the Law, there will be an automatic deduction from said Quebec claims of the portion due to the *Fonds d'aide aux actions collectives* (the Quebec Class Action Assistance Fund).

**THIS CLAIM FORM MUST BE SUBMITTED TO THE CLAIMS ADMINISTRATOR NO LATER THAN JUNE 28, 2019. IF MAILED TO THE CLAIMS ADMINISTRATOR POSTMARKED NO LATER THAN JUNE 28, 2019.**

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