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State of Maryland/Sagitec Class Action Litigation Claim Form  
[Please attach additional sheets if necessary]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Initial date of filing for unemployment benefits: \_\_\_\_\_

Did you use the BEACON One-Stop website portal to apply for unemployment benefits?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received any unemployment benefits since the date of initial filing?

\_\_\_\_\_ Yes If "Yes", amount: \_\_\_\_\_ No

Have you stopped receiving unemployment benefits since the date of initial filing?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you have stopped receiving unemployment benefits since the date of initial filing, when was the last date that you received unemployment benefits?

\_\_\_\_\_

If you have stopped receiving unemployment benefits since the date of initial filing, what, if any reason was provided to you for why you stopped receiving unemployment benefits and who provided you this information? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_





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Unemployment Insurance in attempting to access information regarding your unemployment benefits:

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Please provide a detailed description of any hardships you have experienced as a direct result of being unable to obtain or access unemployment benefits, or information relating thereto:

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