

SETTLEMENT CLAIM FORM
YOU MUST COMPLETE AND RETURN THIS FORM TO RECEIVE YOUR
PROPORTIONATE SHARE OF THE SETTLEMENT

PART 1 – PERSONAL INFORMATION

Class Member ID:
31107 _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____, Zip Code: _____

Telephone: _____

Email: _____

Social Security Number (last four digits only): XXX-XX- _____

CORRECTIONS OR ADDITIONAL INFORMATION

If different than the preprinted data to the left, please print your current address below:

Address 1

Address 2

City

State

Zip Code

PART 2 - CERTIFICATION

I WORKED FOR WASHINGTON INVENTORY SERVICE AND/OR RETAIL SERVICES WIS AS AN INVENTORY ASSOCIATE BETWEEN JULY 22, 2013 AND DECEMBER 12, 2019 AND OPTED INTO THIS LAWSUIT ON OR BEFORE SEPTEMBER 19, 2016. I HEREBY SUBMIT THIS CLAIM FORM BECAUSE I WISH TO RECEIVE MY PROPORTIONATE SHARE OF THE SETTLEMENT POOL IN ADDITION TO MY MINIMUM SETTLEMENT PAYMENT AS DESCRIBED IN THE NOTICE OF COLLECTIVE ACTION SETTLEMENT. I UNDERSTAND THAT I WILL RECEIVE MY PROPORTIONAL SETTLEMENT PAYMENT IN TWO DISBURSEMENTS: ONE ESTIMATED TO OCCUR IN OR ABOUT THE THIRD QUARTER OF 2020 AND A SECOND ESTIMATED TO OCCUR IN OR ABOUT DECEMBER 2021. I FURTHER UNDERSTAND THAT I WILL ALSO RECEIVE MY \$50 MINIMUM PAYMENT IN OR ABOUT DECEMBER 2021.

SIGNATURE _____ **DATE** ____/____/____

YOU MUST MAIL THIS CLAIM FORM SO THAT IT IS POSTMARKED NO LATER THAN
April 7, 2020 OR SUBMIT YOUR CLAIM FORM ONLINE NO LATER THAN APRIL 7, 2020
TO RECEIVE YOUR PROPORTIONATE SHARE OF THE SETTLEMENT

YOU CAN SUBMIT THIS FORM BY MAIL TO:

Hose v. Washington Inventory Services, Inc., et al.
c/o Settlement Administrator
PO Box 58938
Philadelphia, PA 19102-8938

YOU CAN ALSO SUBMIT THIS FORM ONLINE AT:

www.WISInventoryAssociateClassSettlement.com

BE SURE YOU HAVE **SIGNED** AND **DATED** THIS **FORM**.

YOU SHOULD MAKE A COPY OF THIS FORM BEFORE MAILING IT