

CLAIM FORM

In The Matter of Barber and Fernandez v. Grundfos Pumps Corporation, Case No. 14CEG00166KCK
Fresno County Superior Court

INSTRUCTIONS: IF YOU WANT TO PARTICIPATE IN THIS SETTLEMENT, YOU MUST COMPLETE, SIGN AND MAIL THIS CLAIM FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE JANUARY 29, 2016.

1. Claimant Information

Name: _____

Name/Address Changes (if any):

Address: _____

Telephone: () _____

Social Security No.(last 4 digits): XXX-XX-_____

State all names by which you have been known:

2. ALTERNATE RATE SUB-CLASS MEMBERS

Your share of the Settlement is based on whether you received overtime pay, temporary lead pay, or temporary shift differential pay while employed by Grundfos Pumps Corporation (“Grundfos”) as a non-exempt employee at its manufacturing plant located in Fresno, California from January 21, 2011 through December 14, 2013. According to the records of Grundfos, you did receive overtime pay, temporary lead pay, or temporary shift differential pay <<PP#>> times during this time period.

Because this is a total payout settlement, the amount of the settlement payments you will actually receive may increase substantially depending on the number of timely and valid claims that are filed. Assuming that all Settlement Class Members submit valid and timely claim forms and that the Court awards the requested amounts for Attorney fees, litigation costs, enhancement awards for the class representatives, and administration costs, **your approximate award if you submit a valid and timely claim form will be <<EST. AMT>>. In the event that not all Settlement Class Members submit a timely and valid claim form, your award will increase.**

Note: If you dispute the number of weeks that you were paid at a rate other than your base rate of pay between January 21, 2011 and December 14, 2013, you must provide documentation (wage statements or pay stubs) showing that you received pay at a rate higher than your base rate. If there is a dispute the Parties will attempt to resolve the dispute, if the Parties cannot resolve the dispute the Settlement Administrator will made the final determination.

You must complete and return this Claim Form to receive a payment. If you do not complete and return this form, you will NOT receive a payment.

I declare to the best of my knowledge that the information in this Claim Form is true and correct.

 X _____

(Sign your name here)

Date

<<PSA ID>>