

**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):

State all names by which you have been known:

XXX - XX - \_\_\_\_\_

\_\_\_\_\_

**2. BASE RATE SUB-CLASS MEMBERS**

Your share of the Settlement is based on whether you received pay for your time worked for Grundfos Pumps Corporation at its manufacturing plant in Fresno, California at only your base rate of pay as an hourly, non-exempt employee pay from January 21, 2011 through December 14, 2013. According to the records of Grundfos, you only received pay at your base rate 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 \$155.60. In the event that not all Settlement Class Members submit a timely and valid claim form, your award will increase.**

**Note: If you dispute that you were only paid at your base rate during the relevant time period, or 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>>