

Watkins v. St. Jude Hospital Yorba Linda, et al.
Superior Court of the State of California, County of Orange
Case No. 30-2012-00561240-CU-OE-CXC

CLAIM FORM/FLSA CONSENT FORM
COMPLETE FOR MONETARY RECOVERY

BASED ON THE SETTLEMENT FORMULA, THE PARTIES ESTIMATE THAT YOU WILL RECEIVE THE FOLLOWING GROSS AMOUNT IF YOU FILE A CLAIM \$ <EST AMT>. HOWEVER, THE ACTUAL AMOUNT THAT YOU RECEIVE COULD BE MORE OR LESS THAN THIS AMOUNT, DEPENDING ON SUCH FACTORS AS PARTICIPATION RATES, SETTLEMENT COSTS, TAXES, EXPENSES AND ATTORNEYS' FEES EVENTUALLY APPROVED BY THE COURT.

<MAILING ID>
<NAME>
<ADDRESS>
<CITY, STATE, ZIP>

Please provide current address (if different) here

Former Names (if any) _____

Please Type or Print

Last 4 Digits of Social Security Number

YOU MUST TIMELY COMPLETE, SIGN AND RETURN THIS FORM TO SHARE IN THE MONETARY RECOVERY AND TO CONSENT TO JOIN THE FLSA PORTION OF THIS ACTION.

INSTRUCTIONS

1. Please complete, sign and mail or submit this form to share in the recovery and consent to join the FLSA portion of this Settlement.
2. If you move, please send us your new address.
3. If found eligible, and subject to Court approval, you will not receive payment until October 29, 2015.

YOU MUST COMPLETE, SIGN AND MAIL THIS FORM IN THE ENCLOSED POSTAGE-PAID ENVELOPE, POSTMARKED ON OR BEFORE JULY 7, 2015, ADDRESSED AS FOLLOWS IN ORDER TO RECEIVE A RECOVERY AND CONSENT TO JOIN THE FLSA PORTION OF THIS ACTION. THIS FORM MAY ALSO BE RETURNED VIA THE EMAIL OR FAX NUMBER BELOW

Phoenix Settlement Administrators P.O. Box 27907 Santa Ana, Ca. 92799-7907 TEL: 888-613-5553 FAX: 949-209-2503 www.phoenixclassaction.com/WatkinsStJude

Employment records reflect that you were employed by St. Jude Hospital Yorba Linda doing business as St. Joseph Heritage Healthcare ("Heritage") as an hourly-paid, non-exempt employee at one or more locations where Heritage employees worked in California at any time between April 11, 2008 through November 22, 2014. ("Class Member").

Heritage estimates you worked a total of <ww> Compensable Work Weeks as a Class Member. If you disagree with Heritage's records, please provide the following information: List location(s) and dates of your employment at Heritage in chronological order as best you can. Please provide and send in any documentation that supports your estimates. (Errors in locations, dates or order of your employment will not affect your eligibility to participate in the settlement. This information will aid the Administrator in verifying your records).

Job Title #1

Dates

Location #1

Job Title #2

Dates

Location #2

I have reviewed the Class Notice and this form and wish to participate in the settlement of *Watkins v. St. Jude Hospital Yorba Linda, et al.* (Superior Court of the State of California, County of Orange, Case No. 30-2012-00561240-CU-OE-CXC) and receive a payment in accordance with the terms of the Settlement. By signing and submitting this Claim Form, I understand that I am releasing Heritage together with its former and present parents, subsidiaries and affiliated corporations and their officers, directors, employees, partners, shareholders and agents, and any other successors, assigns or legal representatives (“Released Parties”), from all applicable California wage and hour claims, rights, demands, liabilities and causes of action of every nature and description, whether known or unknown, alleged in the complaint in the Lawsuit, or those causes of action that could have been brought in the pending action with respect to the matter in controversy, and all of the following recoverable or potentially recoverable under those claims: damages, unpaid costs, penalties, liquidated damages, punitive damages, interest, attorneys’ fees, litigation costs, restitution, equitable relief, and other relief under California Business & Professions Code § 17200. The claims alleged in the complaint in the Lawsuit are the following; (a) failure to pay wages for all hours worked, including but not limited to such claims based on allegations of working while “off the clock”; and/or Defendant’s practice and/or policy of rounding employee time records; (b) claims for the failure to pay minimum or overtime wages, including but not limited to such claims resulting from rounding and/or “off the clock work”; (c) claims for waiting time penalties under Labor Code § 203; and (d) claims for failure to provide accurate wage statements. There is no release of claims for the following, which is not an all-inclusive list: discrimination, harassment, hostile workplace, termination of employment (although claims under Labor Code section 203 are released as stated above), Workers’ Compensation, and personal injury.

I also waive and release any and all claims for penalties pursuant to the Private Attorney’s General Act of 2004 (“PAGA”) arising out of the aforementioned released claims.

Further, by submitting a valid Claims Form, I will be deemed to have fully released any and all claims under the FLSA based on any alleged (a) failure to pay wages for all hours worked, including claims based on allegations of working while “off the clock”; (b) failure to pay wages for all hours worked arising from or based on Defendant’s practice and/or policy of rounding employee time records; (c) failure to pay minimum or overtime wages as a result of alleged rounding or “off the clock” work; and/or (d) failure to provide accurate wage statements.

Heritage will not take any adverse employment action against you and will not target, retaliate, or discriminate against you because of your decision to either participate or not participate in this Settlement.

By my signature below, I consent to join *Watkins v. St. Jude Hospital Yorba Linda*, Case No. 30-2012-00561240-CU-OE-CXC as a Plaintiff under the Fair Labor Standards Act 29 USC §200 *et seq.* I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

X _____
(sign your name here)

Date

Print Full Name

EXHIBIT B