

MAXIM HEALTHCARE SERVICES, INC.
SETTLEMENT ADMINISTRATION
C/O Phoenix Settlement Administrators
600 W. Broadway, Suite 700
San Diego, CA 92101

IMPORTANT LEGAL MATTERS

NAME1
NAME2
ADDRESS1
ADDRESS2
CITY STATE ZIP
COUNTRY

CLAIM FORM

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

KURT CASADINE, ALFRED GUERRERO,
individually, and on behalf of others similarly
situated,

Plaintiffs,

v.

MAXIM HEALTHCARE SERVICES, INC., a
Maryland corporation,
Defendant.

Case No. CV-12-10078-DMG-CWx

**YOU MUST COMPLETE, SIGN, AND RETURN THE ATTACHED CLAIM FORM
SO IT IS POSTMARKED ON OR BEFORE AUGUST 21, 2015 TO ENSURE
YOUR ELIGIBILITY TO RECEIVE A SETTLEMENT PAYMENT UNDER THIS
PROPOSED SETTLEMENT**

INSTRUCTIONS

To ensure your eligibility to receive your Settlement Payment under this Settlement, including a possible increased payment, you **MUST** complete and sign this Claim Form and send it to the Claims Administrator (address listed below) so that it is postmarked no later than **August 21, 2015**. If you have any questions about completing this Claim Form, please contact the Claims Administrator, Phoenix Settlement Administrators at (888) 613-5553.

If you do not sign and complete this form you will still be eligible to receive a Settlement Payment, but not an increased payment. Unless you opt out, you will still be bound by the terms of the Settlement.

Your Settlement Payment will be based on your number of eligible Live-In Shifts worked for Maxim Healthcare Services, Inc. (“Maxim”) in California during the applicable Class Period (“Live-In Shifts Worked”). This is further explained in the enclosed Notice of Class Action Settlement.

As a Live-In Caregiver who worked during the Class Period, you will be releasing the Released Claims described in the attached Class Notice, if you do not timely opt out as described in the Class Notice. **By signing this form you also agree to release claims under the Fair Labor Standards Act (“FLSA”).**

According to Maxim’s records, you were a Live-In Caregiver during the Applicable Time Period, as defined by the Class Notice, and worked the following number of 24-hour Live-In Shifts in California: <<LIVEINSHIFTS>>. This number does not include shifts worked outside of California or any non-24-hour shifts. The estimated value of each Live-In Shift for calculating Settlement Payments is approximately: <<LIVEINSHIFTSAMOUNT>>. This is only an estimate. The actual value may be higher or lower depending on the formulas set forth in the attached Class Notice.

If you want to challenge the number of Live-In Shifts shown above, you must send a letter with your Claim Form and include evidence showing that you worked a different number of Live-In Shifts during the Class Period. Whether or not you challenge your Live-In Shifts Worked, to submit a Claim, you must send your completed and signed Claim Form to:

Maxim Healthcare Services, Inc. Settlement Administration
c/o Phoenix Settlement Administrators
P.O. Box 27907
Santa Ana, Ca. 92799

You may use the enclosed addressed, pre-paid envelope to mail your Claim Form. This is the address/contact information we have on file for you:

<<N A M E>>
<<ADDRESS>>
<< C I T Y>>, <<STATE>> <<Z I P CODE>>

If this information is incorrect or it changes, please notify the Claims Administrator, Phoenix Settlement Administrators, of your new address by completing the attached Change of Name and/or Address Form and sending it to the Claims Administrator.

Signature: _____ Date: _____

Last Four Digits of Your Social Security _____