***BRADLEY HERMAN v. LOS ANGELES ENGINEERING, INC., ET AL.***

**RIVERSIDE COUNTY SUPERIOR COURT CASE NO. RIC 1211002**

**CLAIM FORM**

**COMPLETE AND SUBMIT THIS CLAIM FORM NOT LATER THAN NOVEMBER 2, 2015**

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| SIMID <<SIMID>>  <<LastName>>, <<FirstName>>  <<Address1>> <<Address2>>  <<City>>, <<State>> <<Zip>> | Name/Address Changes (if any):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area Code Telephone Number |

**YOU QUALIFY TO RECEIVE AN ESTIMATED SETTLEMENT PAYMENT IN THE AMOUNT OF $<<est. amt>> PRIOR TO PAYROLL TAX DEDUCTIONS. TO BE ELIGIBLE TO RECEIVE A SETTLEMENT PAYMENT, YOU MUST COMPLETE, SIGN AND SUBMIT THIS CLAIM FORM TO THE CLAIMS ADMINSTRATOR (PHOENIX SETTLEMENT ADMINISTRATORS) EITHER BY FAX NOT LATER THAN NOVEMBER 2, 2015, OR BY U.S. MAIL, POSTMARKED ON OR BEFORE OCOTBER 2, 2015. YOU MAY ALSO SUBMIT A CLAIM ON-LINE AT WWW.PHOENIXCLASSACTION.COM/HERMANVLAENGINEERING NOT LATER THAN 11:59 P.M. P.T. ON OR BEFORE NOVEMBER 2, 2015**

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| **PHOENIX SETTLEMENT ADMINISTRATORS**  ***RE: HERMAN v. LAE SETTLEMENT***  **PO BOX 27907**  **Santa Ana, Ca. 92799**  **Telephone Number: (888) 613-5553**  **Fax Number: (949) 209-2503**  **Email: classmember@phoenixclassaction.com** |

Your estimated settlement payment is based on the number of workweeks that you worked for LAE at any time between July 19, 2008 and August 13, 2015 as an hourly employee in any of these jobs: Carpenter, Carpenter Apprentice, Cement Mason, Cement Mason Apprentice, Crane Operator, Equipment Operator, Laborer, Laborer Apprentice, Landscape Irrigation Laborer, Landscape Irrigation Tender, Landscape Maintenance Laborer, Operating Engineer, Operating Engineer Apprentice, Truck Driver or Yard. According to LAE's records, you worked approximately <<ww>> workweeks. If you believe that the number of workweeks listed here is not accurate, provide, not later than November 2, 2015, specific information and written documentation to the Claims Administrator (contact information listed above) regarding the number of workweeks you claim that you worked.

Dated:

(mm/dd/yyyy) (Signature)

(Print Last Four Digits of Social Security Number)