

CLAIM FORM

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

PSAID <<PSAID>>
<<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 ADMINISTRATOR (PHOENIX SETTLEMENT ADMINISTRATORS) EITHER BY FAX NOT LATER THAN NOVEMBER 2, 2015, OR BY U.S. MAIL, POSTMARKED ON OR BEFORE NOVEMBER 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

**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)