



**CLAIM FORM A**

FOR OFFICIAL USE ONLY



1. Name/Address changes if any:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Phone Number: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Secondary Phone Number: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Name at time of employment with Wal-Mart if different from above:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. For identification purposes only, provide the last four digits of your Social Security Number: X X X - X X - \_\_\_ \_\_\_

If you worked as an hourly associate at a Wal-Mart store, Supercenter, Distribution Center or Sam's Club in Washington at any time from September 10, 1997 through February 3, 2009, and during that time period: (1) you missed one or more earned rest breaks or had one or more earned rest breaks interrupted and you were not able to make up for the missed or interrupted rest break later in the same shift; and/or (2) you missed one or more earned meal periods or had one or more earned meal periods interrupted and you were not able to make up for the missed or interrupted meal period later in the same shift; and/or (3) you worked while not clocked into the time clock and you were not subsequently paid for the time worked; and/or (4) there were shifts when the store was locked and you were not able to leave the store after clocking out; and/or (5) you had time that you worked deleted from your time records such as by way of a one or two minute punch or inserted meal break, you may use this Claim Form to submit a request for payment according to the following schedule:

- 1. Fifty Dollars (\$50) if you worked at a Wal-Mart store, Supercenter, Distribution Center, or Sam's Club in Washington for less than twelve (12) pay periods; or
- 2. One Hundred Dollars (\$100) if you worked at a Wal-Mart store, Supercenter, Distribution Center, or Sam's Club in Washington for twelve (12) pay periods up through twenty-six (26) pay periods; or
- 3. One Hundred and Fifty Dollars (\$150) if you worked at a Wal-Mart store, Supercenter, Distribution Center, or Sam's Club in Washington for twenty-seven (27) pay periods or more.

To be eligible to recover under Claim Form A, you must complete this Claim Form in full and mail it to the Claims Administrator as directed below. By submitting this Claim Form, you consent to join this action pursuant to Section 16(b) of the Fair Labor Standards Act.

**Please submit only one type of Claim Form. If you choose to submit this Claim Form, please do not submit Claim Form B or Claim Form C.** If you submit a Claim Form, you may not also submit an Exclusion Letter. Submission of an incomplete Claim Form, submission of false information, more than one submission of the same Claim Form, or submission of both a Claim Form and an Exclusion Letter may ultimately render you ineligible for payment if the problem is not fixed in a timely manner.





3. Applicable taxes will be deducted from any payment you receive under the Settlement. You may choose the method by which these taxes will be deducted by selecting one of the following two options. Put an "X" next to the option you select.



**Option A:** Complete a Form W-4 and have taxes withheld from your payment based on the marital status and withholding exemptions you list on the Form W-4. If you choose this option, you should put an "X" next to "Option A" and complete the Form W-4 that was included in the Notice packet that was mailed to you.



**Option B:** Do not complete a Form W-4, and have taxes withheld at the rate of a single person claiming no withholding exemptions. If you choose this option, you should put an "X" next to "Option B," and you should **not** complete the Form W-4 that was included in the Notice packet that was mailed to you.

4. I hereby affirm, under penalty of perjury, that I worked as an hourly associate at a Wal-Mart store, Supercenter, Distribution Center, or Sam's Club in Washington at any time from September 10, 1997 through February 3, 2009 and that one or more of the events described above happened to me during that time period when I was working in a Washington Wal-Mart store, Supercenter, Distribution Center, or Sam's Club.

I further affirm that the information I have provided on this Claim Form is true and correct to the best of my knowledge, and this is the only Claim Form that I have submitted. I understand that I will receive only **ONE** payment from this Settlement.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. If you are under the age of eighteen (18) when you submit this Claim Form, you must also have a parent or guardian sign below:

\_\_\_\_\_  
Parent or Guardian Name (print)

\_\_\_\_\_  
Parent or Guardian Signature

Relationship to Claimant: \_\_\_\_\_

**All submissions must be postmarked no later than August 19, 2009. You should mail your completed Claim Form and Tax Declaration (if any) to: Barnett Claims Administrator, c/o Rust Consulting, PO Box 1986, Faribault, MN 55021-6182.**

