



CLAIM FORM B

FOR OFFICIAL USE ONLY



1. Name/Address changes if any:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Email address(es): _____

Phone Number (Work): (___ ___) ___ ___ - ___ ___

Phone Number (Home): (___ ___) ___ ___ - ___ ___

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 to February 3, 2009, you can use this Claim Form to make a claim for payment based on information you provide regarding your work experience. If you submit this Claim Form, the exact amount of your payment will depend upon your work experience and the total amount of claims approved. Any payment you may be eligible to receive under this Claim Form will be subject to the following caps:

- **Up to One Hundred and Fifty Dollars (\$150) if you worked at a Wal-Mart store, Supercenter, Distribution Center or Sam's Club in Washington at any time from September 10, 1997 to February 3, 2009 for twenty-six (26) pay periods or less;**
- **Up to Three Hundred Dollars (\$300) if you worked at a Wal-Mart store, Supercenter, Distribution Center or Sam's Club in Washington at any time from September 10, 1997 to February 3, 2009 for twenty-seven (27) pay periods up through fifty-two (52) pay periods;**
- **Up to Five Hundred Dollars (\$500) if you worked at a Wal-Mart store, Supercenter, Distribution Center or Sam's Club in Washington at any time from September 10, 1997 to February 3, 2009 for fifty-three (53) pay periods up through two hundred and eight (208) pay periods; and**
- **Up to Seven Hundred and Fifty Dollars (\$750) if you worked at a Wal-Mart store, Supercenter, Distribution Center or Sam's Club in Washington at any time from September 10, 1997 to February 3, 2009 for two hundred and nine (209) pay periods or more.**

Your answers to the questions below may be cross-checked by the Claims Administrator or may be audited by the parties to this Settlement.

In order to be eligible to recover under Claim Form B, you must complete the following in full and mail this Claim Form to the Claims Administrator as directed below. By submitting this Claim Form, you also 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 A 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 any payment if the problem is not fixed in a timely manner.

3. What was the location(s) of the store(s) you worked at for Wal-Mart in the state of Washington between September 10, 1997 and February 3, 2009?	
4. For how long did you work for Wal-Mart in the state of Washington between September 10, 1997 and February 3, 2009? (You may describe the time period in days, weeks, months, years, or pay periods.)	<p style="text-align: center;">Quantity _____</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Pay Periods </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Check Only One Box</div> </div>



