

CLAIM FORM

Walton v. AT&T Services, Inc. Class Action Settlement

YOU MUST SUBMIT THIS CLAIM FORM BY Thursday, December 28, 2017 to receive your share of the settlement. You can submit this claim form by following the instructions below in Section 3.

NOTE: Please read the enclosed Notice before completing this Claim Form. This Claim Form is being sent by the Settlement Administrator, JND Legal Administration.

YOUR SETTLEMENT SHARE: If you properly submit this Claim Form by the deadline, sign the enclosed Arbitration Agreement, and the Court approves the settlement, you should receive approximately this amount, minus applicable taxes, in approximately six months. Please be patient.

1. Your Contact Information

Please review, correct, and complete your contact information so that we can get your Settlement check to you, once the Court grants final approval of the Settlement. The address listed is where we will send your Settlement check.

Full Legal Name		
Current Mailing Address		
City	State	Zip
Current Email Address		Telephone number (cell)
AT&T Employee ID #	Telephone number (home)	

Last four digits of Social Security number: _____

The following additional information will help us reach you if we have questions or difficulty sending you your settlement check.

Additional E-mail: _____

Please do not provide your AT&T work e-mail addresses or other AT&T work contact information.

2. Signature and Confirmation of Consent to Join Collective Action

I declare that:

- 1) The information set forth above regarding my employment with AT&T (including any corrections I have made), is true and correct, to the best of my knowledge.
- 2) I have read the Notice and I understand that, in signing this form, I consent to join this collective action pursuant to the Fair Labor Standards Act (“FLSA”), 29 U.S.C. § 216(b). I also understand that I am releasing any and all federal and state claims arising from the claims in this litigation through the date of the Court’s Final Approval Order, including but not limited to claims based on the failure to pay overtime or any other type of wages; failure to provide meal and rest periods; failure to timely pay all wages due at termination; failure to provide itemized wage statements; and all other claims that are contained in the complete Release set forth in the Settlement and in section 10 of the Notice.
- 3) I wish to receive my share of the proposed Settlement.

Signed: _____ Dated: _____, 2017

3. Postmark Deadline

Your Claim Form must be POSTMARKED (or e-mailed/faxed) by December 28, 2017. Late Claim Forms will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Walton v. AT&T Class Action Settlement
c/o JND Legal Administration
P.O. Box 91307
Seattle, WA 98111

You can also email the Claim Form to info@attovertimepay.com
or fax it to 1-866-540-4423

4. Questions?

If you have questions regarding this Claim Form or the Settlement, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent you and the other Class Members) at <http://www.attvertimepay.com/>, rsun@outtengolden.com, or (415) 638-8800.