

- a. Employer taxes and withholdings to be paid on behalf of Settlement Class Members: \$320,000.00;
- b. Settlement administration costs (including work of the community-outreach administrator): \$185,000.00;
- c. Attorneys' fees to Class Counsel: \$1,500,000.00;
- d. Costs incurred by Class Counsel: \$508,176.28;
- e. Payments to the Representative Plaintiffs: \$37,000.00.

If you wish to dispute your anticipated settlement share or the number of Weeks you performed Class Work, you must send written notice to the Administrator postmarked **on or before** June 30, 2017:

By mail, to:

Arredondo, et al. v. Delano Farms Company, et al. Administrator
 PO Box 43487
 Providence, RI 02940-3487

Please make sure to include your name, your address, your phone number, the Claim ID found on the upper left-hand corner of this Claim Form, and a written explanation of the basis for your challenge and submit any documents that support your position. Documents that support your position could include pay stubs showing you worked certain weeks.

Any such challenges will be resolved by the Settlement Administrator, who will examine the records available. The Settlement Administrator's determination will be mailed to you no later than July 25, 2017. Depending on the result of your challenge, you may receive a new Claim Form from the Settlement Administrator, which will need to be postmarked on or before **August 4, 2017** if you wish to participate in the Settlement.

Alternatively, the Settlement Administrator may inform you that it is not making any changes to the Notice of Anticipated Settlement Share on your Claim Form. You will need to decide if you want to submit this Claim Form and participate in the Settlement and/or file an objection, or opt-out. You must deliver your Claim Form or Opt-Out Form postmarked on or before **August 4, 2017**. Objections must be filed with the Court no later than **August 4, 2017**.

PART III. CLAIMANT CERTIFICATION AND RELEASE

(You must complete the signature block below if you want to be eligible to receive money in this Action.)

By submitting this Claim Form and signing below, I allege that:

I am owed money as a result of the Class Work that I performed, arising from claims concerning unpaid wages, unreimbursed tool expenses, or as a result of missed rest or recovery periods.

Executed this _____ day of _____, 20____ in _____ (city), _____ (State/Country).

Signature of Claimant: _____

Print name of Claimant: _____

If Claimant is unable to sign, please contact the Settlement Administrator.

REMINDER CHECKLIST

1. Please review and, if necessary, correct your contact information.
2. Please sign the above certification in Part III.
3. Keep a copy of your signed Claim Form for your records.
4. If you move, please send us your new address.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
 THANK YOU FOR YOUR PATIENCE.**



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