



CLAIM FORM <u>Tyrone Smith et al. v. Bimbo Bakeries USA, Inc. et al.</u> <u>United States District Court for the Central District of California</u> <u>(Case No: 2:12-CV-01689-CAS (PJW))</u>

Instructions: Please complete this Claim Form if you want to be eligible to receive a payment from the Settlement that is described in the Notice of (1) Proposed Class and Collective Action Settlement and (2) Final Settlement Approval Hearing ("Class Notice") that accompanies this Form. **The deadline for submitting this Form to the Settlement Administrator is January 22, 2015.**

PERSONAL INFORMATION:

Name (first, middle and last):		
Home Street Address:		
City:	State:	ZIP:
Home or Mobile Telephone Number:		
E-mail address (optional) - to be used only to communicate with you regarding the Settlement:		

I. YOUR WORK HISTORY WITH BIMBO BAKERIES USA, INC.

The amount of your Settlement share is based on a formula that accounts for your Compensable Work Weeks (i.e., weeks that you worked as a Route Sales Representative, Route Service Representative, Vacation Relief or in a similarly titled position in California during the time period covered by the Settlement). According to records maintained by Bimbo Bakeries USA, Inc. you worked approximately the following number of Compensable Work Weeks (in a covered position described in the Notice) during the period covered by the Settlement as described in the Notice you received regarding the Settlement (i.e. February 28, 2008 to October 7, 2014):

Compensable Work Weeks

QUESTIONS? CALL TOLL-FREE 1 (888) 404-8013 OR VISIT <u>www.GCGInc.com/Cases/BimboBakeriesUSA</u> To view GCG's Privacy Notice, please visit <u>www.GCGInc.com/privacy</u>



II. IF YOU DISPUTE BIMBO BAKERIES USA, INC.'S RECORDS

Please complete this Section only if you disagree with the number of work weeks that Bimbo Bakeries USA, Inc.'s records indicate that you worked. If you believe that this information is incorrect, please:

1. Write in the space below the estimated number of work weeks you believe you worked at as a Route Sales Representative, Route Service Representative, Vacation Relief or other similarly titled position in California during the period of February 28, 2008 through October 7, 2014.



2. Please attach to this Claim Form any documents that support the information you have provided regarding the weeks you worked as a Route Sales Representative, Route Service Representative, Vacation Relief, or similarly titled position in California (for example, pay stubs or payroll records) or an explanation by you describing what you believe is inaccurate in BBUSA's records. <u>Please be advised that BBUSA's records are presumed to be correct unless the documents or explanation you provide demonstrates otherwise</u>.

III. RELEASE OF CLAIMS

By signing and returning this Claim Form, you elect to opt into the conditionally certified collective action and agree that you are bound by the Settlement, and agree that you have released those claims identified in the Notice you received with this Claim Form, identified as the "Participating Class Members' Released Claims" and "Claimants' Released Claims".

IV. MAILING INSTRUCTIONS

Please mail, email or fax this completed Claim Form to the Settlement Administrator at the address listed below in the pre-paid business envelope, or via email, fax or online at: <u>www.GCGInc.com/Cases/BimboBakeriesUSA</u>. Your completed Claim Form must be postmarked on or before January 22, 2015 or else you will forfeit your benefits under this Settlement. Even if you file an objection to the Settlement, you must submit this Form by the deadline in order to be eligible to receive any benefits under the Settlement. The address of the Settlement Administrator is:

Smith, et al. v. Bimbo Bakeries USA, Inc. c/o GCG P.O. Box 35100 Seattle, WA 98124-1100 Phone: 888-404-8013 Fax: 206-876-5201 E-mail: BimboBakeriesUSALitigation@gcginc.com

I understand that all future correspondence in this action, including but not necessarily limited to important notices or payments to which I am entitled (if any), will be sent to the new address listed above and not to the address previously used.

V. PLEASE SIGN BELOW

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: _____

(Print Name)

(Signature)

If you have any questions about completing this Claim Form, please call the Settlement Administrator at 888-404-8013.