

Siewharack v. Queens Long Island Medical Group P.C.

Siewharack v. QLIMG Claims Administrator

Post Office Box 10707

Tallahassee, FL 32302-2707

(855) 615-4340

[fname] [lname]

[address1] [address2]

[city, state, zip]

CLAIM FORM AND RELEASE INSTRUCTIONS

In order to receive any portion of the settlement funds you MUST complete, sign, date, and mail this CLAIM FORM AND RELEASE to the Claims Administrator so that it is postmarked on or before May 13, 2013, and also received by May 20, 2013. If a completed CLAIM FORM AND RELEASE is not postmarked by May 13, 2013 and also received by May 20, 2013, you will NOT be eligible to receive any portion of the settlement funds. For more information on the Settlement, how your share of the settlement funds will be calculated, and your rights, please see the attached NOTICE.

By signing, dating, and mailing the CLAIM FORM AND RELEASE, you are also consenting to become a party to this action under the federal Fair Labor Standards Act, 29 U.S.C. § 216(b) and agreeing to the release of claims set forth below. (For Further Information, see NOTICE.)

This Claim Form and Release must be personally filled out by the current or former employee who seeks to participate in the settlement or someone with a legal right to act on his or her behalf.

If you are a Class Member and you did not opt out of the settlement, and if you properly complete the Claim Form and Release and timely mail it to the Claims Administrator, you will be eligible for a distribution from the Settlement in accordance with the formula described in Section 6 of the Notice.

You may return the Claim Form and Release in the addressed, pre-paid envelope that has been enclosed. This Claim Form and Release must be sent to the address on that envelope:

Siewharack v. QLIMG Claims Administrator

Post Office Box 10707

Tallahassee, FL 32302-2707

BE SURE TO MAKE A COPY OF THE SIGNED CLAIM FORM FOR YOUR RECORDS.

CHANGE OF ADDRESS

It is your responsibility to keep a current address on file with the Claims Administrator. Please make sure to notify the Claims Administrator of any change of address.

Siewharack v. Queens Long Island Medical Group P.C.

Claims Administrator

**Post Office Box 10707
Tallahassee, FL 32302-2707
(855) 615-4340**

CLAIM FORM AND RELEASE

**THIS FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR
POSTMARKED NO LATER THAN MAY 13, 2013 AND ALSO RECEIVED BY MAY 20,
2013.**

Name/Address Changes, if any:

Claim Number: _____
Name: _____
Address: _____
City, State, Zip Code: _____ () _____
Area Code Home Telephone Number

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

SUBSTITUTE IRS FORM W-9

ENTER YOUR SOCIAL SECURITY NUMBER: _____ - _____ - _____

CERTIFICATION: Under penalties of perjury, I certify that:

1. The social security number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including U.S. resident alien).

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

SIGNATURE: _____ **DATE:** _____

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding

By signing below, I hereby opt into the case *Siewharack v. Queens Long Island Medical Gourp P.C.*, 11-cv-03603-WFK-ARL (the "Litigation") pursuant to Section 16(b) of the Fair Labor standards Act, 29 U.S.C. § 216(b), and give my consent to become a party.

By signing below, I forever and fully release QLIMG and Navigant Consulting Inc. and their respective successors, assigns, representatives, insurers, parents, subsidiaries, divisions, affiliates and related companies, present and former members, officers, agents, directors, partners, supervisors, attorneys, employees, consultants, and each and every one of them, and their respective heirs, executors, administrators, successors and assigns, and all persons acting by, through, under or in concert with them, and each and every one of them and their respective heirs, executors, administrators, successors and assigns, and all persons acting by, through, under or in concert with them, as well as Dr. Carlos Hleap, Frank Bonanno, Lonn McDowell, Peter Wolf, Karen O'Neill, Michael Horton, Dr. Anup Gewalla, Dr. Mark Friedman, and Dr. Roy Guinto; (all of which are referred to collectively as the "Released Parties") from any and all past and present matters, claims, demands, causes of action, and appeals of any kind whatsoever, whether at common law, pursuant to statute, ordinance, or regulation, in equity or otherwise, and whether arising under federal, state, local, or other applicable law, which any such individual has or might have, known or unknown, of any kind whatsoever, that are based upon federal, state or local laws governing overtime pay, wage requirements, or hours worked or that otherwise arise out of or relate to the facts, acts, transactions, occurrences, events or omissions alleged in the Litigation ("Released Claims"). The Released Claims include without limitation claims asserted in the Litigation and any other claims based on federal, state or local law governing overtime pay, exempt status, payment of wages, hours worked, denial of meal periods and rest breaks, denial of spread of hours pay, failure to provide itemized wage statements or wage notices, failure to make payments due had such individual been classified as nonexempt, failure to provide benefits or benefit credits, failure to keep records of hours worked or compensation due, and penalties for any of the foregoing, including without limitation claims under the Fair Labor Standards Act ("FLSA"), the New York Minimum Wage Act, New York Labor Law §§ 650 *et seq.*, New York Wage Payment Act, New York Labor Law §§ 190 *et seq.*, and the New York State Department of Labor Regulations, 12 N.Y.C.R.R. part 142, 12 N.Y.C.R.R. part 146.

I declare under penalty of perjury that the above information is correct.

Date

Signature

To be valid, this Opt-In Form and Individual Release must be properly completed, signed, dated, and mailed to the Claims Administrator at the following address via First Class United States Mail, postmarked by May 13, 2013 and received by May 20, 2013:

**Siewharack v. QLIMG Claims Administrator
Post Office Box 10707
Tallahassee, FL 32302-2707**

**YOU MUST COMPLETE ALL PAGES OF THE
OPT-IN FORM AND INDIVIDUAL RELEASE**