

Indergit v. Rite Aid Claims Administrator

P.O. Box 404000

Louisville, KY 40233-4000



RID

Yatram Indergit v. Rite Aid of New York, Inc. and Rite Aid Corporation

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Case No. 1:08-civ-09361 (JPO) (HBP)

**Must Be Postmarked
No Later Than
November 7, 2017**



Claim Form

Must Return This Form To Receive A Settlement Payment

To receive a Payment under this Settlement the Court must grant Final Approval and you must complete, sign, and mail, email, fax or overnight deliver this Claim Form so it is post-marked/emailed/faxed no later than November 7, 2017, to:

Indergit v. Rite Aid Claims Administrator

P.O. Box 404000

Louisville, KY 40233-4000

Toll Free: 1-888-663-7192

Fax: 1-888-663-7189

Email: sm2008settlement@kccllc.com

If your Claim Form is postmarked AFTER November 7, 2017, your claim will be rejected.

CLAIMANT INFORMATION [FILL IN BLANK INFORMATION]:

First Name

M.I.

Last Name

Last four (4) digits of Social Security Number (will be kept confidential)

Former Names (if any); First

M.I.

Last

Current Street Address

Continuation of Street Address

City

State

Zip Code

Personal Email Address

Area code

Telephone number (home)

Area code

Telephone number (Cell)



RIDPCW04

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC	<input type="radio"/> RED
			<input type="radio"/> LC	<input type="radio"/> A
			<input type="radio"/> REV	<input type="radio"/> B

If you are submitting this Claim Form on behalf of a class member who has passed away or has become incapacitated, provide details about the capacity in which you are submitting this Claim Form on a separate sheet and include them with this completed Claim Form.

EMPLOYMENT INFORMATION AND SETTLEMENT PAYMENT CALCULATIONS

Settlement Payments are based on the number of weeks you worked for Rite Aid as a salaried Store Manager at any time during either Class Period (“Compensable Workweeks” as described in the enclosed Notice).

Using Rite Aid’s records, the Claims Administrator has determined you were employed as a salaried Store Manager for <<WksWkd>> workweeks during the period from the longer of the three-year period prior to the filing of a consent to join in this action through the present, if you are an FLSA class member, or from October 30, 2002 through the present if you are a New York Class Member. If you are a member of both classes, the period for which recoverable workweeks have been calculated is the longer of the two periods set forth above. Your individual Settlement Payment will be determined on a proportional basis of the Net Settlement Fund using the agreed upon settlement allocation formula with all other Settlement Class Members’ Compensable Workweeks as explained in the attached Notice.

No representation is made by the Plaintiff, Class Counsel or Rite Aid concerning the tax consequences of the Settlement or your election to participate in the Settlement.

Should you disagree with the number of Compensable Workweeks stated above, you must send back this completed Claim Form, a statement indicating the number of completed weeks worked as a salaried Store Manager, excluding leaves of absence, and provide any pay stubs or other support evidencing the allegedly correct weeks which must be mailed directly to the Settlement Administrator at the address above, post-marked, emailed or faxed no later than November 7, 2017 to be considered.

**CONSENT TO JOIN THE LAWSUIT AND RECEIVE A SETTLEMENT PAYMENT
AND RELEASE OF CLAIMS – CONFIRMATION AND SIGNATURE**

By signing below, I confirm that (1) I am knowingly and voluntarily signing this claim form and releasing all claims under the FLSA and New York Labor law that I have or may have based on the allegations in the action during the applicable time period, as described more fully in the Notice and Settlement Agreement; (2) I agree to participate in and be bound by all the terms of the Settlement, if approved, and (3) I am consenting to join the FLSA portion of this case and am opting-in to become a plaintiff in *Indergit v. Rite Aid of New York, Inc. and Rite Aid Corporation*, Case No.1:08-cv-09361 (JPO)(HBP) (the “Lawsuit”), in the United States District Court for the Southern District of New York. By signing and returning this form, I further consent to and authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims. If the Court grants final approval, I understand that half of the payment I will receive will be treated as wages subject to deductions for applicable taxes and withholdings, and I will receive an IRS Form W-2 and the other half will be treated as non-wage income and be reported on an IRS Form 1099. No taxes will be withheld from the non-wage portion of the payment. I understand that if taxes are due and owing on the non-wage portion, I am responsible for payment of such taxes.

Signature of Claimant: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

**REMEMBER – In Order to be eligible to receive a settlement payment, you must
timely submit a fully completed and signed Claim Form to the Claims Administrator
so that it is postmarked/faxed/emailed by November 7, 2017.**

Contact the Claims Administrator with any questions and/or to confirm receipt of your Claim Form.

