

CLAIM FORM, CONSENT TO JOIN AND RELEASE

Koenig v. Primanti Corporation et al d/b/a Primanti Bros., et al.
Civil Action No.: 16-1402

Koenig v. Primanti Corporation
c/o Strategic Claims Services
600 N. Jackson Street, Suite 205
Media, PA 19063

	Name/Address Changes (if any): Name: _____ Address: _____ Phone: (_____) _____ - _____
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COMPLETE AND SIGN THIS FORM ONLY IF YOU WISH TO PARTICIPATE IN THE SETTLEMENT AND RECEIVE YOUR SHARE OF THE SETTLEMENT FUND

You must sign and return this Claim Form, POSTMARKED NO LATER THAN APRIL 16, 2018, to receive your share of the Settlement.

Your share of the Settlement is based on the number of hours that you worked as a bartender, server, and/or food runner (collectively, a "Tipped Employee") for **Primanti Corporation et al d/b/a Primanti Bros., (collectively "Defendants")** during the Class Period. The Class Period extends from September 9, 2013 to December 31, 2016.

Defendants' records show that, within that period, you worked as a Tipped Employee during the following time period:

Start Date: _____ to End Date: _____

Based on time records, Defendants calculate that you worked _____ hours during the Class Period.

IF YOU AGREE WITH THE NUMBER OF HOURS SET FORTH ABOVE AND YOU WISH TO MAKE A CLAIM, SIGN WHERE DESIGNATED IN THE MIDDLE OF PAGE 2 AND RETURN THIS FORM TO THE CLAIMS ADMINISTRATOR.

IF YOU WISH TO MAKE A CLAIM, BUT YOU DO NOT AGREE WITH THE NUMBER OF HOURS SET FORTH ABOVE, THEN PLEASE COMPLETE THE DISPUTE FORM ON PAGE 2 AND RETURN TO THE CLAIMS ADMINISTRATOR.

RELEASE: By participating in this Settlement, you shall be deemed to fully, forever, irrevocably and unconditionally release, remise, and discharge Defendants, and each of their past, present, and future members, parents, affiliates, subsidiaries, divisions, predecessors, franchisors, successors, partners, joint venturers, affiliated organizations, shareholders, insurers, reinsurers and assigns, and each of Defendants' past, present and future officers, directors, trustees, agents, employees, attorneys, contractors, representatives, divisions, units, branches and any other persons or entities acting on Defendants' behalf (collectively referred to as the "Released Persons"), from any and all state wage-related claims of any kind, including but not limited to any claims pursuant to the PMWA and PWPCl that you have, had, might have or might have had against any of the Released Person based on any act or omission that occurred during the time period September 9, 2013 through December 31, 2016, in any way related to any of the facts or claims that were alleged or that could have been alleged in the Litigation relating to Defendants' Restaurants or by reason of the negotiations leading to this Settlement, even if presently unknown or un-asserted.

In addition, you shall be deemed to forever and fully release and discharge Defendants, and release and hold harmless the Released Persons, from any and all federal wage-related claims of any kind, including but not limited to any claims pursuant to the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.*, that you have, had, might have or might have had against any of the Released Persons based on any act or omission that occurred during the time period September 9, 2013 through December 31, 2016 that in any way related to any of the facts or claims that were alleged or that could have been alleged in the Litigation relating to Defendants' Restaurants or by reason of the negotiations leading to this Settlement, even if presently unknown or un-asserted.

You are encouraged to review the entire Settlement Agreement, available at www.strategicclaims.net/primanti, in order to determine how the proposed Settlement Agreement affects you.

I, [_____], certify by signing below that I wish to join the Lawsuit listed in the Notice and to participate in the proposed Settlement in this matter, including the portion of the Settlement relating to claims asserted under the FLSA. I hereby consent to become a party plaintiff in the Lawsuit, and I hereby authorize Class Counsel to file this Claim Form, Consent to Join and Release with the Court. I also certify that I agree to be bound by the Release contained in the Settlement Agreement and reproduced above, and that I agree to be bound by the Claims Administrator's determination of my hours worked.

_____ Date _____ Signature

DISPUTE FORM

IF YOU AGREED WITH THE NUMBER OF HOURS SET FORTH ON PAGE 1 THEN DO NOT COMPLETE THIS SECTION. IF YOU DISPUTE DEFENDANTS' RECORDS, READ AND COMPLETE THIS SECTION

Between September 9, 2013, and December 31, 2016, I believe I worked as a Tipped Employee the following hours:

Dates: _____, _____ to _____, _____ # of hours
 month, day year month, day year

Dates: _____, _____ to _____, _____ # of hours
 month, day year month, day year

Dates: _____, _____ to _____, _____ # of hours
 month, day year month, day year

NOTE: In order to dispute the number of hours listed in this Claim Form, you must also submit a written, signed declaration attesting to the number of hours you worked. In addition, you can submit copies of your pay stubs and any other evidence you have supporting your assertion regarding the number of hours worked with this form. You hereby authorize the Claims Administrator to review both your records and Defendants' records to determine the number of hours for which you qualify for payment. The determination by the Claims Administrator will be final, so you will not have another opportunity to dispute the number of hours. By participating in this Settlement, you agree to this dispute resolution procedure and agree that the Claims Administrator's decision is final and binding, and you agree not to contest it.
