

CLAIM FORM

To: «fname» «lname» «MailID»
 «address» «address_2»
 «City», «State» «Zip»

Attn: Amy Ruth's Settlement Administrator
 PO Box 10269
 Tallahassee, FL 32302-2269
 Phone: (844) 329-0035

Re: **Thomas, et al. v. Mekruth, Inc. d/b/a Amy Ruth's Restaurant**
 Civil Action No. 19-cv-01566-AJN

You Must Enter All Requested Information, Sign this Claim Form, and Mail this Claim Form, Postmarked or Submitted Online via www.amyruthsrestaurantsettlement.com, on or before July 12, 2021, to receive a FLSA Collective Settlement Payment.

Enter all names used while employed by Amy Ruth's:

Enter the last four digits of your Social Security Number:

I declare under penalty of perjury under the laws of the State of New York that I have read the Notice of Proposed FLSA Collective Settlement, I have read the terms of the Settlement Agreement, I am opting in to be a plaintiff in the FLSA Collective that has been brought pursuant to the Fair Labor Standards Act ("FLSA"), and to pursue in this lawsuit my claims arising out of the alleged violations of the FLSA. I agree to be bound to the release and other terms of the Settlement Agreement. No other person or entity has a claim to any Settlement monies I will receive. By accepting a Collective Settlement Payment, I acknowledge that I am giving up certain rights, including but not limited to the right to sue under local, state or federal law with regard to any and all such claims as are described in the release section of the Settlement Agreement.

Signature: _____

Home Phone: _____

Date: _____

E-Mail address: _____

IF YOU MOVE, send your CHANGE OF ADDRESS to the SETTLEMENT
ADMINISTRATOR