

CLAIM FORM
Return This Form To Receive Your Individual Settlement Payment

Chasen, et al. v. Alliance Building Services, LLC
King County Superior Court Case Number: 24-2-02041-1 SEA

MAIL OR FAX TO:

Chasen, et al. v. Alliance Building Services, LLC

c/o CPT Group, Inc.

50 Corporate Park

Irvine, CA 92606

Email: AllianceBuildingServicesSettlement@cptgroup.com

Toll Free: 1-888-663-4071

Website: www.cptgroupcaseinfo.com/AllianceBuildingServicesSettlement

Your Claim Form must be completed and received by fax or postmarked on or before December 27, 2024, or it will be rejected.

You are responsible for maintaining a copy of the fully completed Claim Form and proof of fax or mailing. If you move, please inform the Claims Administrator of your new address. It is your responsibility to keep a current address on file with the Claims Administrator.

CPT ID <<ID>>

Name/Address Changes (if any):

<<First Name>> <<Last Name>>

<<Address1>> <<Address2>>

<<City>> <<State>> <<Zip>>

(_____) _____
Area Code Home Telephone Number

(_____) _____
Area Code Alternate Telephone Number

Calculation of Settlement Awards: Each Claimant's share of the settlement is based on the number of hours he or she worked for Defendant Alliance Building Services, LLC ("Defendant") from January 21, 2021 through July 31, 2024.

According to records maintained by Defendant, you worked as a non-exempt employee of Defendant within Washington State at any time during the period from January 21, 2021 through July 31, 2024. In particular, the available records indicate that you worked for a total of <<WorkHours>> hours during the Class Period. Based on the preceding information, your estimated Settlement Award is <<EstAmnt>>. Your final actual share may vary depending on the number of hours represented by the Claimants who are participating in this settlement.

If you disagree with the numbers stated above, please explain why you believe the records described above are mistaken and attach all supporting documentation:

If you dispute the numbers stated above, the records described above will control unless you are able to provide

documentation with this Claim Form that establishes otherwise. If there is a dispute about whether Defendant's information or yours is accurate and the dispute cannot be resolved informally, the dispute will be resolved by the Parties. Such a determination by the Parties will be final and binding with no opportunity for further appeal.

Your signature below constitutes a full release, waiver, and discharge of all claims which were explicitly asserted in this lawsuit, and which arose between January 21, 2021 through July 31, 2024. To achieve a full and complete release, Defendant, Plaintiffs, and Class Members acknowledge that this release is intended to include in its effect all claims which were explicitly asserted in this lawsuit.

By signing below, you acknowledge that if you submit erroneous information in connection with this claim, your claim may be denied in whole or in part.

I declare that under penalty of perjury under the laws of Washington State that the information supplied herein by the undersigned is true and correct and that this Claim Form was executed on:

_____ in _____, _____
Date City State

Sign your name here

Print your name here