

DISPUTE FORM

In The Matter of
Morera v. Continental Assets Management, LLC
Superior Court of California, County of Los Angeles, *Case No. BC502003*

INSTRUCTIONS: IF YOU CHOOSE TO PARTICIPATE IN THE SETTLEMENT, AND YOU DO NOT DISPUTE YOUR SERVICE RECORD AS REFLECTED IN SECTION B. BELOW, YOU DO NOT NEED TO DO ANYTHING. YOUR MONETARY RECOVERY WILL BE SENT TO WITHIN 15 DAYS OF THE COURT’S FINAL APPROVAL OF THE SETTLEMENT. THE FINAL FAIRNESS HEARING IS CURRENTLY SCHEDULED FOR JULY 22, 2015 AT 11:00 A.M.

IF YOU CHOOSE TO PARTICIPATE IN THE SETTLEMENT, BUT DISPUTE YOUR SERVICE RECORD AS REFLECTED IN SECTION B. BELOW, YOU MUST COMPLETE THIS DISPUTE FORM TO RECEIVE YOUR MONETARY RECOVERY, AND PROMPTLY RETURN THIS FORM WITHIN 25 DAYS OF THE DATE POST-MARKED ON THE ENVELOPE CONTAINING THIS DISPUTE FORM, TO:

Continental Class Action Settlement

ICC Third Party Administrators

P.O. Box 8873

Wichita, KS 67208

(316) 683-0170

1. CLAIMANT IDENTIFICATION

[CORRECT INFORMATION]

Name: _____

Name: _____

Address: _____

***If any of the information above is incorrect,
YOU MUST provide the correct information in the space provided above.***

2. SERVICE RECORDS WITH DEFENDANTS

Section A

The records of Defendant Continental Assets Management, LLC (Continental) indicate you were employed as a/an _____ by Continental in California from _____ through _____. You worked a total of _____ weeks for Continental. Accordingly, you will receive a pro rata share of the \$40,000 Class Claims Consideration, less Plaintiff’s Enhancement Award (\$3,500), PAGA Penalties (\$2,500.00), attorneys’ fees (\$14,000), costs (\$9,500.00), and Third Party Administration Fees (\$3,000) (the Net Settlement Amount). To determine your pro rata share, the Claims Administrator will divide the total days you were employed with Continental by five. Partial workweeks will not be counted. Your individual payment will be determined by dividing the total number of workweeks for the entire Settlement Class by the Net Settlement Amount, resulting in the Workweek Value. The Workweek Value

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will then be multiplied by the number of workweeks you worked, resulting in your pro rata share of the Net Settlement Amount less payroll taxes.

If you agree with the information stated above, and want to participate in the Settlement, **YOU DO NOT NEED TO DO ANYTHING AND YOU DO NOT NEED TO RETURN THIS FORM.** If you do not agree with the information stated above, and want to participate in the Settlement, **PLEASE FILL IN SECTION B. BELOW, SIGN, DATE, AND RETURN THIS FORM** with all supporting documents, within 25 days of the date post-marked on the envelope containing this Dispute Form. You may contact the Claims Administrator at the number listed above to ensure your Dispute Form has been received.

Section B

Complete this section and return this form **ONLY IF** you believe the information set forth in Section A above is not accurate. When you return this Dispute Form to the Claims Administrator, you must also send documentation that supports or relates to the information that you provide in this Section B, otherwise we will use the information provided by Continental:

<u>Time Period You were Employed by Continental</u>	<u>Job Title</u>

AFTER COMPLETING SECTION B. ABOVE, YOU MUST COMPLETE, SIGN, AND RETURN THIS DISPUTE FORM TO THE CLAIMS ADMINISTRATOR BY FIRST CLASS U.S. MAIL, OR EQUIVALENT, WITHIN 25 DAYS OF THE DATE POST-MARKED ON THE ENVELOPE CONTAINING THIS DISPUTE FORM, AT THE FOLLOWING ADDRESS OR IN THE ENVELOPE PROVIDED:

Continental Class Action Settlement

ICC Third Party Administrators

P.O. Box 8873

Wichita, KS 67208

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It is very strongly recommended you 1) keep a copy of the postmarked return envelope or other proof which reflects the timely submission of your claim, and 2) a copy of your completed Dispute Form.

If you move, it is your responsibility to send the Claims Administrator your new address and contact information to ensure receipt of further notices as well as your Net Settlement Amount.

Questions? Call (316) 683-0170

3. RELEASE OF CLAIMS

Upon final approval by the Court, you will fully, finally and forever release and discharge Continental from any and all claims, charges, demands, suits, and causes of action or any kind related to hours worked, payment for hours worked, meal and rest periods, expense reimbursement, records retention, timeliness of payment, misclassification, and provision of wage statements, including but not limited to claims for wages, penalties, interests, restitution for failure to pay wages (including minimum, overtime, and double-time wages), failure to pay all wages in a timely manner, failure to provide accurate payroll records, as well as any and all claims under the California Labor Code, including, but not limited to sections 201-204, 226, 226.7, 510, 512(a), 1174(d), 1194, 1197, 1197.1, 1198, 2800, 2802; California Labor Code Sections 2699, et seq. (PAGA); California Business and Professions Code Section 17200 et seq.; and California Civil Code Sections 3287.

Signed: _____* Date: _____*

Print Name: _____* Last 4 Digits of Soc. Sec. # _____*

*Required Information