

**CLAIM FORM MUST BE
POSTMARKED BY
FEBRUARY 10, 2020
NOTICE ID:<<Notice ID>>
<<Barcode>>**

SETTLEMENT CLAIM FORM

Borders et al., v. Wal-Mart Stores, Inc., Civil No. 3:17-cv-0506

A class action settlement covers women who worked at Walmart and were denied workplace accommodations because of pregnancy between March 19, 2013 and March 5, 2014.

You may be eligible for a monetary award if you complete this form by **February 10, 2020**. You may submit this form online at www.WalmartPregnancyAccommodationSettlement.com, or, if you prefer, you may instead fill out this form and mail it to the Claims Administrator at the address identified below, postmarked by **February 10, 2020**, or email the completed form to info@WalmartPregnancyAccommodationSettlement.com no later than **February 10, 2020**.

INSTRUCTIONS

Please read the instructions and Claim Form carefully. The information you provide on the Claim Form will determine whether you are eligible to participate in the Settlement, and, if so, the amount of your monetary award. The amount of money you will receive also will depend upon the number of workers who submit Claim Forms.

The monetary awards will be determined by a Claims Administrator after reviewing all Claim Forms that are submitted. The Claims Administrator's distribution plan must be reviewed and approved by the Court before the Settlement is final.

You must complete all sections marked "*REQUIRED*".

You must sign the Claim Form and certify that the information that you are providing is correct to the best of your knowledge. The penalty for knowingly providing untruthful information is perjury.

Your submissions will be kept confidential to the fullest extent allowable under the law and will not be shared with anyone at Walmart unless they have a legitimate business need to review the information.

REQUIRED BACKGROUND INFORMATION

Name:

Phone:

Personal Email Address (if any):

Date of Birth:

Last Four Digits of Social Security Number:

Mailing Address:

City:

State:

ZIP Code:

Please identify the Walmart location where you worked:

Have you previously signed a document waiving or giving up pregnancy discrimination claims against Walmart? YES NO

If so, please describe the claims related to the waiver, the date the waiver was signed, and the time period related to the waiver. Please submit a copy of the waiver. *(If additional space is required, please attach on a separate sheet):*

REQUIRED INFORMATION REGARDING YOUR PREGNANCY & YOUR REQUEST FOR ACCOMMODATION OR ASSISTANCE FROM WALMART

Were you pregnant at any point between March 19, 2013 and March 5, 2014? YES NO

Did you ask any Walmart manager, supervisor, or human resources employee for a workplace accommodation because of your pregnancy? (Examples of requests for workplace accommodations include a request for light duty, to avoid heavy lifting, to avoid climbing ladders, to use a stool, to carry a water bottle, to be allowed frequent restroom breaks, to avoid breathing in chemicals, for a modified schedule or transfer, for time off for a medical appointment related to pregnancy, etc. You may have requested a different accommodation and you should list that below if applicable.) YES NO

Did Walmart deny your request? YES NO

YOU MAY COMPLETE THE FOLLOWING FOUR SECTIONS TO BE CONSIDERED FOR ADDITIONAL FUNDS FROM THE SETTLEMENT

IMPACT ON YOUR JOB DUE TO WALMART DENYING YOUR REQUEST FOR A PREGNANCY-RELATED ACCOMMODATION

If you lost time at work, had to take an unpaid leave, quit, or lost your job due to Walmart denying your request for a pregnancy-related workplace accommodation at any point between March 19, 2013 and March 5, 2014, you may complete this section to be considered for additional funds from the Settlement.

Did you lose paid time at work because Walmart denied your request for a pregnancy-related accommodation? YES NO

If you answered YES to the question above, how many full days of work did you lose? (Place an "X" next to the answer that best applies)

5 Days or Less 6-15 Days 16-25 Days 26 Days or More

If you answered YES to the question above, how many partial days of work did you lose? (Place an "X" next to the answer that best applies)

5 Days or Less 6-15 Days 16-25 Days 26 Days or More

Were you hourly or salaried at the time that you lost work? Hourly Salaried

Were you fired from Walmart because Walmart denied your request for a pregnancy related accommodation? YES NO

If you answered YES to the question above, did Walmart rehire you to work at Walmart within 6 months of childbirth? YES NO

PHYSICAL OR EMOTIONAL IMPACT OF WALMART DENYING YOUR REQUEST

If you experienced harm to your health (including physical harm, harm to your fetus, or emotional distress) due to Walmart denying your request for a pregnancy-related workplace accommodation at any point between March 19, 2013 and March 5, 2014, you may complete this section to be considered for additional funds from the Settlement.

Did you experience physical harm (including harm to your fetus), emotional distress, or other health issues because Walmart denied your pregnancy-related request for a workplace accommodation? YES NO

Did you see a health care professional (such as a doctor, counselor, or therapist) because Walmart denied your pregnancy-related request for a workplace accommodation? YES NO

Were you prescribed any medication as a result of Walmart denying your pregnancy-related request for a workplace accommodation? YES NO

If you wish, you may provide additional information regarding the physical or emotional impact of Walmart denying your request for a pregnancy-related workplace accommodation here *(If additional space is required, please attach on a separate sheet)*:

FINANCIAL IMPACT OF WALMART DENYING YOUR REQUEST

If you had financial losses due to Walmart denying your request for a pregnancy-related workplace accommodation, you may complete this section to be considered for additional funds from the Settlement.

Did you incur out-of-pocket expenses, such as health care costs, because Walmart denied your pregnancy-related request for accommodation? YES NO

Did you suffer financial losses beyond lost pay, such as loss of a home or car or filing for bankruptcy, because of lost income after Walmart denied your request for an accommodation? YES NO

If you wish, you may provide additional information regarding the financial impact of Walmart denying your request for a pregnancy-related workplace accommodation here *(If additional space is required, please attach on a separate sheet)*:

CONTRIBUTIONS TO THE LITIGATION

If you contributed to the investigation or prosecution of this lawsuit, you may complete this section to be considered for additional funds from the Settlement.

Did you contribute to the investigation or prosecution of this lawsuit against Walmart? YES NO

If yes, please describe:

- The dates you contacted the attorneys representing the Class, A Better Balance, the National Women’s Law Center, or Mehri & Skalet, PLLC,
- The method of communication (email, phone, meeting),
- The information and/or documents that you provided, and
- Please describe any other contributions *(If additional space is required, please attach on a separate sheet)*:

REQUIRED SWORN AFFIRMATION AND SIGNATURE PAGE

I declare under the penalty of perjury that the information and facts I have stated in this Claim Form and in any attachments are true and accurate to the best of my personal knowledge. I understand that making a knowingly false statement may subject me to prosecution for perjury.

I understand that I must keep the Claims Administrator informed of my current address and of any change in my home address. If I do not do so, I understand that I may not receive any award to which I might otherwise be entitled.

Executed this _____ day of _____, 20__

Signature

Typed or Printed Name

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM AND ANY ATTACHMENTS. NO CLAIM FORMS OR ATTACHMENTS WILL BE RETURNED TO YOU.

To be eligible to be considered for a monetary award, you must complete the Claim Form online at www.WalmartPregnancyAccommodationSettlement.com by February 10, 2020.

If you prefer, you may complete, sign, and return this Claim Form by February 10, 2020 (postmark date) to:

**Borders v. Wal-Mart Class Action
Claims Administrator
c/o A.B. Data, Ltd.
P.O. Box 173086
Milwaukee, WI 53217**

You may also submit the completed Claim Form via email by February 10, 2020 to:

info@WalmartPregnancyAccommodationSettlement.com