

*Shakeera Myers, et al. v. Loomis Armored US, LLC,*  
United States District Court for the Western District of North Carolina,  
Civil Action No. 3:18-cv-00532-FDW-DSC

**CLAIM FORM**

In order to receive a payment under the Settlement Agreement, you must complete and timely submit this Claim Form to the Settlement Administrator. You must also complete and return an I.R.S. Form W-9. To be considered timely, these forms must be postmarked by no later than **March 22, 2020** if returned by U.S. Mail, or received by **March 22, 2020** if returned by fax or electronic upload.

**SEND ALL DOCUMENTS TO:**

*Myers v. Loomis Armored US, LLC Settlement Administrator*  
P.O. Box 58731  
Philadelphia, PA 19102  
(844) 334-7535  
FAX: (240) 201-9002

Alternatively, you may electronically upload your documents via the following secure mail page:

<https://securefiles.angeiongroup.com/filedrop/LoomisArmored>

**CONSENT TO JOIN**

I, hereby opt into this Settlement pursuant to Section 216(b) of the Fair Labor Standards Act, 29 U.S.C. §§ 201, *et seq.* (“FLSA”), authorize Class Counsel to represent me in this Settlement, and I agree to waive and release the claims specified in Section 15 (“What Claims Are Being Released?”) of the Notice that was sent to me along with this Claim Form, up to and including the date of the Court’s final approval of the Settlement, including, but not limited to, claims for back pay, improper deductions, liquidated damages, penalties, interest, and attorneys’ fees, costs, and expenses.

Specifically, I acknowledge that I waive and release all wage and hour claims, arising on or before the date of the Court’s final approval of Settlement, whether known or unknown, which were or could have been asserted in this lawsuit against the Defendant, including, without limitation, claims for wages, overtime, wage deductions, retaliation for complaining about any alleged violations of any wage and hour law, and any related damages, equitable relief, or any other relief related to any alleged failure to pay all wages or other compensation owed, or properly recorded or credited hours worked. This release includes all federal, state, and local statutory claims and common law claims related to hours worked and unpaid wages, including any and all claims arising under the Fair Labor Standards Act, as amended, 29 U.S.C. § 201, *et seq.*, and North Carolina Wage and Hour Act, N.C. Gen. Stat. §§ 95-25.1 *et seq.* (“NCWHA”), which I have or might have, known or unknown, asserted or unasserted, of any kind whatsoever, up to and including the date of the Court’s final approval of the Settlement.

Further:

- By completing and signing this Claim Form, I verify that I was employed by Loomis as an Armored Service Technician or similar position at some point in time between October 1, 2015 and December 16, 2019.

- I understand the claims at issue in this lawsuit, as explained in the Notice of the proposed Settlement that I received along with this Claim Form and understand that I can consult Class Counsel with any questions about the claims, the Settlement, and this release.
- I understand the claims that I will release as a result of this Settlement, and as a result of submitting this Claim Form.
- I wish to participate in the parties' proposed FLSA Settlement and receive a payment from this FLSA and Rule 23 Settlement if approved by the Court.
- I understand that if the Settlement is approved by the Court, and I timely return an I.R.S. Form W-9 to the Settlement Administrator, I will receive a check.
- I understand that I must keep the Settlement Administrator informed of my current address and of any change in my address. If I do not do so, I understand that I may not receive any Settlement payment that I might otherwise be entitled to receive.

**I declare under penalty of perjury under the laws of the United States that the statements above are true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City, State

**In order to receive a Settlement payment, you must timely submit a completed Claim Form to the Settlement Administrator so that it is postmarked by no later than March 22, 2020 if returned by U.S. Mail, or received by March 22, 2020 if returned by fax or electronic upload. You must also complete and return to the Settlement Administrator an I.R.S. Form W-9 by that same date.**

Name and Address Information:

*Please complete the information below:*

**First Name** \_\_\_\_\_ **MI** \_\_\_\_ **Last Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Apt/Unit** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**You should contact the Settlement Administrator by email: [Info@LoomisArmoredSettlement.com](mailto:Info@LoomisArmoredSettlement.com) to confirm receipt of your Claim Form.**