

LARA, ET AL. v. NMSU, ET AL.
CLAIM FORM

[NAME [mailid]
[ADDRESS]
[CITY, STATE, ZIP]

You must postmark this Claim Form by no later than *March 15, 2016*, in order for it to be considered.

IF YOU ARE OR WERE EMPLOYED AS A 9-MONTH FACULTY MEMBER AT NMSU AND HAD A BABY, ADOPTED A CHILD OR HAD A CHILD PLACED WITH YOU FOR FOSTER CARE AT ANY TIME BETWEEN APRIL 29, 2011 AND DECEMBER 14, 2015, YOU MAY BE ELIGIBLE FOR A MONETARY AWARD OUT OF THE SETTLEMENT CREATED IN THIS CASE.

CLAIMS BASED ON FACTS OCCURRING OUTSIDE THE TIMEFRAME DESCRIBED IMMEDIATELY ABOVE ARE NOT ELIGIBLE FOR ANY AWARD FROM THE SETTLEMENT FUND.

INSTRUCTIONS

All information contained in this Claim Form will be kept strictly confidential. You are required to maintain the confidentiality of this Claim Form and may not disclose it to anyone except that you may consult legal counsel or tax advisors. You will not be subject to any retaliation by NMSU for your completion of these questions.

All Eligible Claimants (as verified by the Claims Administrator) who submit a Claim Form by March 15, 2016 will receive a settlement award in an amount equivalent to 6 weeks of the Claimant's regular salary. Your answers are required to determine whether you are an Eligible Claimant and if so, whether you are eligible for a pro rata share of any funds remaining after paying each Eligible Claimant the minimum settlement award, up to a maximum of the equivalent of 12 weeks of pay. Fill in only what applies to you. The award that you receive will be determined based on your answers to these questions.

You must *sign and date* your Claim Form under penalty of perjury.

You may use additional sheets of paper to answer any question on the Claim Form. If you do so, be sure to put your name, social security number, and the question number on each additional sheet of paper you include with your Claim Form.

Please keep a copy of your Claim Form and any documents you submit with it. The Claims Administrator cannot return any claim forms or other documents to claimants.

Questions? Contact Class Counsel at no cost to you: Whitney Warner or Repps Stanford, Moody & Warner, P.C., 4169 Montgomery Blvd NE, Albuquerque, NM 87109, (505) 944-0033, info@nmlaborlaw.com. You may also obtain additional copies of the Notice and Claim Form from SSI at www.NMSU-FMLALawsuit.com.

NMSU FMLA LITIGATION CLAIM FORM

IN ORDER TO BE ELIGIBLE TO RECEIVE A SETTLEMENT AWARD YOU MUST RETURN THIS CLAIM FORM POSTMARKED ON OR BEFORE MARCH 15, 2016 TO:

**CLAIMS ADMINISTRATOR
NMSU FMLA Litigation
PO Box 1307
Tallahassee, FL 32302-1307**

| | | | |
|---|------------|--|--|
| Full Name | | Social Security Number (claim forms that lack SSN cannot be processed) | |
| Address | | Aggie I.D. | |
| Home Telephone | Cell Phone | Email (optional) | |
| Between April 11, 2011 and December 14, 2015 did you or your spouse (including same sex spouse) (mark all that apply) <input type="checkbox"/> have a newborn child <input type="checkbox"/> adopt a child <input type="checkbox"/> have a child placed with you for foster care | | | |
| At the time of the birth, adoption or placement had you been employed by NMSU for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Did you work at least 1250 hours in the 12 months before the birth, adoption or placement (full-time, year-round work is 2080 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | | |
| Do you have health insurance benefits through NMSU? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

FOR EACH NEWBORN CHILD, ADOPTION OR FOSTER CARE PLACEMENT BETWEEN APRIL 29, 2011 AND DECEMBER 14, 2015 PROVIDE THE FOLLOWING

| | | | | |
|-----------------|---|---------------------------------|---|---|
| CHILD #1 | Date of Birth, Adoption or Placement | Name of child | Did you notify your supervisor of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you add this child to your NMSU health benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Did you take any time off for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | How much time off did you take? | Was any of the time off designated as FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Did you receive any paid time off (of any leave type)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial |
| | Explain the arrangements, if any, you had with NMSU for time off with and/or without pay for this child (optional): | | | |
| CHILD #2 | Date of Birth, Adoption or Placement | Name of child | Did you notify your supervisor of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you add this child to your NMSU health benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Did you take any time off for birth, adoption or placement? <input type="checkbox"/> Yes <input type="checkbox"/> No | How much time off did you take? | Was any of the time off designated as FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Did you receive any paid time off? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial |
| | Explain the arrangements, if any, you had with NMSU for time off with and/or without pay for this child (optional): | | | |

| NMSU FMLA LITIGATION CLAIM FORM PAGE 2 | | | | |
|--|---|---------------------------------|---|---|
| CHILD #3 | Date of Birth, Adoption or Placement | Name of child | Did you notify your supervisor of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you add this child to your NMSU health benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Did you take any time off for birth, adoption or placement? <input type="checkbox"/> Yes <input type="checkbox"/> No | How much time off did you take? | Was any of the time off designated as FMLA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Did you receive any paid time off? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially |
| | Explain the arrangements, if any, you had with NMSU for time off with and/or without pay for this child (optional): | | | |

SWORN AFFIRMATION AND SIGNATURE

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION AND FACTS I HAVE STATED IN THIS CLAIM FORM 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 that I might otherwise be entitled to receive.

| | |
|-------------|-----------------------|
| Date Signed | Signature of Claimant |
| | Printed Name |

**BY NO LATER THAN MARCH 15, 2016 MAIL THIS CLAIM FORM TO:
CLAIMS ADMINISTRATOR
NMSU FMLA Litigation
PO Box 1307
Tallahassee, FL 32302-1307
Toll free # 855-272-2485**

Please retain a copy of your completed Claim Form and any attachments. No Claim Forms or attachments will be returned to Claimants.