CLAIM FORM

THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

NICKOLAS TSUI,	on behalf	of himself	and
all others similarly	situated,		

Civil Action No. 20-123-9

Plaintiff,

٧.

WALMART INC.,

Defendant.

You may be eligible to receive benefits or payments from a court-approved settlement if you took Short-Term Military Leave from Walmart between October 10, 2004 and December 31, 2020

Please read this Claim Form carefully.

To be eligible for such benefits or payments you must submit a Claim Form online at www.WalmartUSERRASettlement.com to be received by the Settlement Administrator no later than September 16, 2021.

More information, including copies of the Notice sent to you by mail and e-mail, is available at **www.WalmartUSERRASettlement.com**. Please read the Notice carefully before completing this Claim Form.

TO MAKE A CLAIM FOLLOW THESE INSTRUCTIONS:

It is important to read and follow these instructions carefully. Failure to follow these instructions may result in your losing eligibility for benefits to which you might otherwise be entitled.

You must complete each part and sign and date the Claim Form. You must truthfully respond to the questions in the Claim Form. The information that you provide regarding years of employment at Walmart and military service will be verified by the Claims Administrator.

This Claim Form must be submitted online at www.WalmartUSERRASettlement.com or mailed to the Claims Administrator at Walmart USERRA Settlement, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479 no later than September 16, 2021.

Claim Forms that are deemed late by the Claims Administrator will not be accepted. Failure to submit a complete and timely Claim Form will result in your ineligibility to receive a payment from this Settlement.

Each Settlement Class Member may only submit one Claim Form, and each eligible Settlement Class Member whose claim is approved may receive only one payment under the Settlement. However, although you may receive only one payment under the Settlement,

your Settlement Payment will include compensation for each calendar year during which you took Short-Term Military Leave while working at Walmart from October 10, 2004 to December 31, 2020, as verified by the Claims Administrator.

PART 1: PERSONAL INFORMATION (Required)

Name (First, Middle, Last)		
Email		
Mobile or Home Phone		
Street Address	Apa	rtment Number
City	State	Zip Code
Walmart Identification Number	er (WIN Numb	er) (if known)
Date of Birth		
Your full Social Security Num	nber	

Please note that it is your responsibility to keep updated contact information including a current address on file with the Claims Administrator in case the Claims Administrator needs to contact you with questions about your Claim From. This is also the address that will be used to mail any payment and any applicable tax forms. Please make sure to notify the Claims Administrator of any changes.

PART 2: EMPLOYMENT AT WALMART

Please check the boxes below to identify each year in which you worked at Walmart for some period of time between October 10, 2004 and December 31, 2020.

2004	2013	
2005	2014	
2006	2015	
2007	2016	
2008	2017	
2009	2018	
2010	2019	
2011	2020	
2012		

PART 3: SHORT-TERM MILITARY LEAVE (Required):

For any year that you identified in Part 2 above as having worked at Walmart, please check the boxes below for each year between October 10, 2004 and December 31, 2020 in which you also took Short Term Military Leave (less than 30 consecutive days) to serve in the military reserve or national guard.

2004	2013
2005	2014
2006	2015
2007	2016
2008	2017
2009	2018
2010	2019
2011	2020
2012	

PART 4: Evidence of Military Service (Required for Some Settlement Class Members)

If you did not receive the Notice Packet and Claim Form in the mail from the Claims Administrator, you are required to submit evidence of the years that you engaged in military service for the years that you identified in response to Part 3 above. You may provide such evidence by submitting a DD-214, military pay statements, drill schedules, rosters, attendance records, or any other record from the military or federal government that shows the year(s) that you served in the military. PLEASE SUBMIT THOSE RECORDS WITH THIS CLAIM FORM. If you need additional time to obtain those records, you can first submit the Claim Form and then submit your military records separately.

PART 5: YOUR SIGNATURE (Required)

In order to submit a valid claim and be eligible for benefits or payments related to any Short-Term Military Leave you took from Walmart between October 10, 2004 and December 31, 2020, you must sign and date this Claim Form.

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supplemental pages submitted with this and, if called upon to testify under oath	, declare, formation I have provided on this form and any form is true and correct to the best of my knowledge, I would testify that the information I have provided ubmitting false information on this form is a violation
Dated:	Signature:

PART 6: QUESTIONS?

If you have any questions, please visit www.WalmartUSERRASettlement.com, or write or call the Settlement Administrator at Walmart USERRA Settlement, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479; Toll-Free (866) 742-4955.

If you have questions about the proposed Settlement, you can contact Class Counsel:

Lead Class Counsel	Additional Class Counsel
Adam T. Klein	Peter Romer-Friedman
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