

Cote v. Wal-Mart Stores, Inc.
Claims Administrator
P.O. Box 43415
Providence, RI 02940-3415



WTE

Cote v. Wal-Mart Stores, Inc.,
Case No. 15-cv-12945-WGY (D. Mass.)

Must Be Postmarked
No Later Than
March 20, 2017

Short Form Claim
Submit This Short Form Claim To
Receive A Payment Under This Settlement

Official
Office
Use
Only



CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

1. Instructions

- a. If you wish to receive a payment and participate in the settlement, **you must properly complete and return this Short Form Claim (or a Long Form Claim, listed behind the Short Form Claim in the Notice packet)** (preferably in the enclosed postage-paid envelope). You may also return your Claim Form by faxing it to 877-839-2878, emailing it to WalmartSameSexSpouseBenefitsSettlement@kccllc.com or you may file electronically online at www.WalmartSameSexSpouseBenefitsSettlement.com.
- b. To be considered timely, a Claim Form **must be postmarked on or before March 20, 2017 or faxed, emailed or filed electronically so that it is received on or before March 20, 2017.**
- c. To properly complete the Short Form Claim, you must provide the personal information requested below in Paragraph 2, and truthfully respond to the questions below in Paragraph 3 to determine your membership in the Settlement Class and the months for which you are eligible to receive compensation under the Settlement Agreement.
- d. Any Claim Form that is not submitted by First Class Mail or the equivalent, or is postmarked or received by fax, email, or filed electronically after March 20, 2017, is not addressed to the proper address, or is not signed and dated by the Settlement Class Member under penalty of perjury will **not** constitute a valid claim and may prevent you from receiving a payment from the Settlement. For more information on the Settlement and how your payment will be calculated, as well as your rights in connection with the Settlement, please see the attached Notice.
- e. WE ENCOURAGE YOU TO MAKE A COPY OF THE SIGNED CLAIM FORM FOR YOUR RECORDS.
- f. Changes of Address: It is *your responsibility* to keep a current address on file with the Claims Administrator. This is the address that will be used to mail your payment and tax forms. Please make sure to notify the Claims Administrator of any change of address.
- g. If your same-sex spouse obtained spousal health insurance coverage through a Walmart-sponsored HMO plan during the Settlement Class Period (January 1, 2011 to December 31, 2013), you may not be eligible to receive a payment under the Settlement for the months during which such coverage was provided to your same-sex spouse. If you are unsure whether your same-sex spouse obtained spousal health insurance coverage through a Walmart-sponsored HMO plan during the Settlement Class Period, you should submit an inquiry through the Claims Administrator.
- h. If you have any questions about how to complete your Claim Form, or if you have questions about whether or not you are eligible to submit a Claim Form in connection with this Settlement, you may contact the Claims Administrator or Class Counsel, whose contact information is provided in the Notice.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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2. **Personal Information (please print)** (Note: Your personal information will be kept confidential by the parties and the Claims Administrator and used only for processing your payment and reporting tax information.)

Grid for name input

Your name while a Walmart or Sam's Club associate (if different)

Grid for email address input

Current Email Address

Grid for last 4 digits of Social Security No.

Last 4 Digits of Social Security No.

Grid for Walmart Benefits ID Number

Walmart Benefits ID Number (if known)

3. **Class Membership**

a. **Did you work at Walmart or Sam's Club between January 1, 2011 and December 31, 2013?**

(please fill in the circle) Yes No

If yes, please provide the approximate dates and location of your employment at Walmart or Sam's Club during that time period:

Grids for start and end dates of employment

Date employment began

Date employment ended

Location(s) where you worked (if more than one location, please include an attachment and list all others):

Grid for location address

Address

Grid for city

City

Grid for state

State

Grid for zip code

Zip Code

b. **Were you married to a same-sex spouse at any point in time between January 1, 2011 and December 31, 2013?**

(please fill in the circle) Yes No

Grid for name of spouse

Name of Spouse

If yes, please provide the dates of your marriage to your same-sex spouse:

Grids for start and end dates of marriage

Date of marriage

End date of marriage (if still married write today's date or "Present")

4. **No Assignment of Claims**

By signing below, I verify that I have not assigned any of the claims described above.

5. **Medical Liens**

By signing below, I verify that I am not subject to any medical liens arising out of any claims that are the subject of this Settlement. (If you are subject to any medical liens, please contact the Claims Administrator).

6. **Authorization to Disclose Protected Health Information**

By signing below, I provide my authorization to the Claims Administrator, Class Counsel, and Walmart's counsel to receive the information requested by this Claim Form, including any information that may be protected health information. Any personal information that I provide through this Claim Form shall be treated as confidential and shall be handled pursuant to the protective order approved by the Court in this case.

7. **Signature**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____

Dated: _____

Print Name: _____

SEND TO THE CLAIMS ADMINISTRATOR AT:

Cote v. Wal-Mart Stores, Inc. Claims Administrator
P.O. Box 43415
Providence, RI 02940-3415
Fax: 1-877-839-2878

Email: WalmartSameSexSpouseBenefitsSettlement@kccllc.com

THIS FORM MUST BE MAILED BY U.S. FIRST CLASS MAIL, POSTMARKED OR RECEIVED BY FAX, EMAIL OR FILED ELECTRONICALLY NO LATER THAN: March 20, 2017.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. YOU MAY WISH TO REQUEST A RETURN RECEIPT FROM THE POST OFFICE

