

SEKLY (formerly BEDNAR) vs. ALLSTATE OVERTIME LITIGATION
CLAIM FORM /FLSA CONSENT FORM

INSTRUCTIONS: To share in the monetary recovery resulting from this settlement, and to consent to join the federal overtime (FLSA) portion of this action, **you must complete, sign and mail this form by first class U.S. mail, postage paid, postmarked on or before December 7, 2005, and addressed as follows:**

Sekly v. Allstate Insurance Company
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

If your pre-printed address is incorrect, please provide your correct address, below.

«BARCODE» BALL2-«CLAIM7»-«CKDIG»
 «FNAME» «LNAME»
 «ADDR1»
 «ADDR2»
 «CITY» «ST» «ZIP» «ZIP4»

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|------------------------------------------------------------|
| <p>Name/Address Change:</p> <hr/> <hr/> <hr/> <hr/> |
|------------------------------------------------------------|

Phone Number (Work): (____) _____ Phone Number (Home): (____) _____
 Phone Number (Cell): (____) _____ Social Security Number: _____ - _____ - _____

Allstate's records indicate that you were employed as a Class Member in California and, if applicable, that you worked the number of days for catastrophe ("CAT") duty indicated below for each of the following years in the Class Period (for 1996 only, the maximum number of months is 1 and CAT days are not applicable):

| Calendar Year | Months in Class | CAT Days worked |
|---------------|-----------------|-----------------|
| 1996 | | N/A |
| 1997 | | |
| 1998 | | |
| 1999 | | |
| 2000 | | |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |

If you believe that this information is incorrect, please provide a written explanation of your basis for disputing Allstate's records together with this Claim Form. Please enclose your written statement, along with copies of any relevant documents, in the same envelope in which you return this claim form. Allstate will respond to your position in writing and you will thereafter be given the opportunity to reply to that response. Thereafter, the Referee assigned to this case, the Hon. Edward Panelli (Ret.) will rule upon this dispute and his decision will be final and non-appealable. **BY SUBMITTING THIS CLAIM FORM, YOU ARE GIVING UP YOUR RIGHT TO CHALLENGE THIS INFORMATION UNLESS YOU INCLUDE YOUR WRITTEN EXPLANATION FOR THE CHALLENGE WITH THIS CLAIM FORM. HOWEVER, THIS CLAIM FORM MUST BE COMPLETED AND SUBMITTED IN ORDER TO PARTICIPATE IN THE SETTLEMENT.**

Please be aware that Allstate will withhold taxes from the portion of any settlement award attributed to wages, and a 1099 form will be issued for the portion attributed to interest and/or penalties.

If your wages are subject to supplemental tax withholding as a result of a lien or outstanding debt, please indicate so by checking this box: [____]

DECLARATION

By signing this Claim Form, I am declaring under penalty of perjury that at some time while working as a Class Member (as defined in the Class Notice) during this class period, I worked overtime¹. Further, by signing and submitting this Claim Form I agree to participate in this settlement. By doing so, I agree that the settlement represents a full and final settlement of any and all claims I may have or could have against Allstate for overtime compensation, and any other related claims as described in, and subject to, the Settlement and Class Notice.

I have reviewed the Class Notice and this Claim Form and I also consent to join in the Federal Fair Labor Standards Act ("FLSA") portion of this action and have the Named Plaintiffs and their counsel represent me in this action pursuant to 29 USC § 216(b).

X _____
(Sign Your Name Here)

Date

¹ Overtime is defined as time worked over 8 hours in one work day or over 40 hours in one work week, for the period from November 27, 1996 through 1997, and from January 1, 2000 through the present. For the period of 1998 and 1999, overtime is defined as time worked over 40 hours in one work week.