

**GUTIERREZ vs. STATE FARM 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, please complete, sign and mail this form by first class U.S. mail, postage paid, postmarked on or before February 19, 2005, and addressed as follows:

Gutierrez vs. State Farm  
c/o Gilardi & Co. LLC, Claims Administrator  
P.O. Box 8060, San Rafael, CA 94912-8060

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

////////// FARM1 [CLAIM#]

Name/Address Change:

[First] [Middle] [Last]

\_\_\_\_\_

[Address]

\_\_\_\_\_

[City], [State] [Zip]

\_\_\_\_\_

Phone Number (Work): ( ) \_\_\_\_\_  
Phone Number (Cell): ( ) \_\_\_\_\_

Phone Number (Home): ( ) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State Farm's records indicate that you were employed as a Class Member in California for a total of approximately \_\_\_\_\_ months. If you believe that this information is incorrect, please provide the dates you believe you were employed, and include any documentation that you may have to support the same.

Please be aware that State Farm 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 the class period, I worked overtime<sup>1</sup>. 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 State Farm for overtime compensation, and any other related claims as described in 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

<sup>1</sup> 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 September 1996 through 1997 and from January 1, 2000 through to the present. For the period of 1998 and 1999, overtime is defined as time worked over 40 hours in one work week.