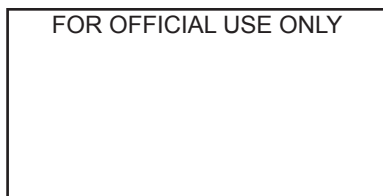




Wal-Mart MDL Settlement
United States District Court, District of Nevada
Case No. MDL 1735



HOME OFFICE SETTLEMENT CLASS
LONG CLAIM FORM

Personal Information:

Address Changes, if any:

Current Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Telephone Number: (_____) _____ - _____

Evening Telephone Number: (_____) _____ - _____

YOU MAY BE ELIGIBLE TO REQUEST PAYMENT in this Proposed Home Office Settlement. To be eligible to recover under this Long Claim Form, you must have worked at a Wal-Mart Home Office location other than a Wal-Mart store, Supercenter, Neighborhood Market, Sam's Club or Distribution Center during the class period specified in the Notice, certify that you experienced one or more of the work experiences identified on this form, complete this Long Claim Form in full, and mail the Long Claim Form to the Claims Administrator as directed below. Please read the attached Notice or visit www.walmartmdl.com for more details.

If you submit this Long Claim Form, the amount you are eligible to recover will be determined by the total length of time you worked as an hourly employee at Wal-Mart's Home Office in each state that you identify on this form. Payment will be made according to the following schedule:

Table with 4 columns: Duration (Three months to 1 year, 1 to 3 years), Amount (up to \$50, up to \$150), Duration (3 to 5 years, 5 years or more), Amount (up to \$250, up to \$300)

The above payment schedule could change, and the amount you are eligible to recover could increase or decrease, depending on a variety of factors, including the total number of approved claims, the total amount of attorneys' fees and costs awarded by the Court, and other factors. We cannot predict the likelihood that this will happen or the extent to which your payment may increase or decrease. The maximum payment you could receive is:

Table with 4 columns: Duration (Three months to 1 year, 1 to 3 years), Amount (up to \$166.66, up to \$499.99), Duration (3 to 5 years, 5 years or more), Amount (up to \$833.33, up to \$1000)

1. Name at time of employment with Wal-Mart if different from above:

First: _____ Middle: _____ Last: _____

Date of Change to Current Name (mm/dd/yyyy): ____ / ____ / _____

2. For identification purposes only, provide the last four digits of your Social Security number: XX XX - XX - ____ ____

The following types of Work Experiences are covered by this Claim Form:

- a. Rest Break Claim: you missed one or more earned rest breaks or had one or more earned rest breaks interrupted other than for personal reasons and you were not able to make up for the missed or interrupted rest break later in the same shift; and/or
b. Meal Break Claim: you missed one or more earned meal breaks or had one or more earned meal breaks interrupted other than for personal reasons, where you could have taken a full meal break but you chose not to, and you were not able to make up for the missed or interrupted meal break later in the same shift; and/or
c. Worked Off-the-Clock Claim: you worked while not clocked into the time clock (such as to use computer-based learning programs, clean the store, or assist customers while on break) and you were not subsequently paid for the time worked; and/or
d. Locked Store/Unable to Leave Claim: you were not able to leave the store after clocking out after a shift because the store was locked, you could not leave the store, and you were not subsequently paid for that time; and/or
e. Instances of Work Being Deleted from Your Time Records Claim: you had time that you worked deleted from your time records, such as by way of a one or two minute clock-out or inserted meal break for which you have not already been paid

REMEMBER TO COMPLETE THE ENTIRE CLAIM FORM
All submissions must be postmarked no later than May 17, 2010.
You should mail your completed Claim Form to:
Wal-Mart MDL Claims Administrator
P.O. Box 2204
Faribault, MN 55021-1604





3. **Covered States:** To be eligible for payment, you must have worked as an hourly associate at Wal-Mart's Home Office in Arkansas or Missouri at a location other than a Wal-Mart store, Supercenter, Neighborhood Market, Sam's Club, or Distribution Center at any time between May 18, 2000 and February 27, 2009. Check the box next to each state in which you worked as an hourly associate at Wal-Mart's Home Office during the identified time period **and** for which you wish to make a claim.

<input type="checkbox"/>	Arkansas	5/18/2000 - 02/27/2009	<input type="checkbox"/>	Missouri	5/18/2000 - 02/27/2009
--------------------------	----------	------------------------	--------------------------	----------	------------------------

Please answer questions 4 - 10 with respect to each state you identified in response to question 3 above, and also remember to sign at question 12. If you marked more than one state, you need to answer the questions for each state that you marked. Please be sure to clearly identify the state for which you are responding. If necessary, you may make additional copies of this form, or you may request additional copies from the Claims Administrator.

4. Please identify below the state or states marked above for which you are responding, and the location of the Home Office you worked at in each such state during the time period identified above:	
5. While working as an hourly associate for Wal-Mart's Home Office in the state and during the time period identified above, did you miss all or a portion of a rest break? Do not include times where your rest break was interrupted or missed for personal reasons, where you could have taken a full rest break but you chose not to, or where you were able to make up for the interrupted or missed rest break later in the same shift.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If you answered "no" to question 5, please go to question 6. If you answered "yes" to question 5, what is your best estimate of the number of times that this happened? Do not include times where your rest break was interrupted or missed for personal reasons, where you could have taken a full rest break but you chose not to, or where you were able to make up for the interrupted or missed rest break later in the same shift.	_____ Times

REMEMBER TO COMPLETE THE ENTIRE CLAIM FORM
 All submissions must be postmarked no later than May 17, 2010.
 You should mail your completed Claim Form to:
 Wal-Mart MDL Claims Administrator
 P.O. Box 2204
 Faribault, MN 55021-1604





<p>6. While working as an hourly associate for Wal-Mart's Home Office in the state and during the time period identified above, did you miss all or a portion of a meal period? Do not include times where your meal period was interrupted or missed for personal reasons, where you could have taken a full meal period but you chose not to, or where you were able to make up for the interrupted or missed meal period later in the same shift.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6a. If you answered "no" to question 6, please go to question 7. If you answered "yes" to question 6, what is your best estimate of the number of times that this happened? Do not include times where your meal period was interrupted or missed for personal reasons, where you could have taken a full meal period but you chose not to, or where you were able to make up for the interrupted or missed meal period later in the same shift.</p>	<p>_____ Times</p>
<p>7. While working as an hourly associate for Wal-Mart's Home Office in the state and during the time period identified above, did you ever do work when not clocked into a time clock (such as zoning, scheduling, training, completing CBLs, etc.), either before clocking in for the day, after clocking out for the day, during a break on which you were clocked out, or on a day off? Do not include times when your supervisor or manager did not know or should not have known that you were working, or for which you have already been paid.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7a. If you answered "no" to question 7, please go to question 8. If you answered "yes" to question 7, what is your best estimate of the total amount of time that you performed such work while not clocked into the time clock? Do not include time when your supervisor or manager did not know or should not have known that you were working, or for which you have already been paid. Please state the amount of time using the number of hours and/or the number of minutes.</p>	<p>_____ Hours _____ Minutes</p>
<p>8. While working as an hourly associate for Wal-Mart's Home Office in the state and during the time period identified above, there may have been shifts when the store was locked and you may not have been able to leave the store after clocking out. If this happened to you and you have not already been paid for such work, do you wish to make a claim for such lost pay?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8a. If you answered "no" to question 8, please go to question 9. If you answered "yes" to question 8, what is your best estimate of the total number of shifts you worked where you were locked in the store while not clocked into the time clock? Do not include time for which you have already been paid.</p>	<p>_____ Number of Shifts</p>
<p>9. While working as an hourly associate for Wal-Mart's Home Office in the state and during the time period identified above, there may have been shifts for which you did not clock out at the end of the shift and a personnel manager or another supervisor clocked you out of the time clock one or two minutes after you had clocked in, which may have caused you not to be paid for your work. Do you believe this happened to you and you were not subsequently paid for such work?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9a. If you answered no to question 9, please go to question 10. If you answered yes to question 9, how many times did that happen? Do not include times where you were subsequently paid for such work.</p>	<p>_____ Times</p>

REMEMBER TO COMPLETE THE ENTIRE CLAIM FORM
All submissions must be postmarked no later than May 17, 2010.
You should mail your completed Claim Form to:
Wal-Mart MDL Claims Administrator
P.O. Box 2204
Faribault, MN 55021-1604





<p>10. While working as an hourly associate for Wal-Mart's Home Office in the state and during the time period identified above, there may have been times that your supervisor or manager inserted a meal period into your time records even though you did not take a meal that day, and as a result, time was deleted from your paycheck. Do you believe this happened to you and you were not subsequently paid for that time?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10a. If you answered no to question 10, please go to question 11. If you answered yes to question 10, how many times did that happen? Do not include times where you were subsequently paid for such work.</p>	<p>_____ Times</p>

11. Applicable taxes will be deducted from any payment you receive. You may choose the method by which these taxes will be deducted by selecting one of the following two options. Put an "X" next to the option you select.

Option A: Complete an IRS Form W-4 and have taxes withheld from your payment based on the marital status and withholding exemptions you list on the Form W-4. If you choose this option, you should put an "X" next to "Option A" and obtain a Form W-4 from the Claims Administrator by going to www.walmartmdl.com or calling toll-free 1-800-677-5163.

Option B: Do not complete a Form W-4, and have taxes withheld at the rate of a single person claiming no withholding exemptions. If you choose this option, you should put an "X" next to "Option B," and you should not complete a Form W-4.

12. Signature

By submitting this Long Claim Form, you consent to join this action pursuant to Section 16(b) of the Fair Labor Standards Act. If you submit this Long Claim Form, you may **not** also submit a Short Claim Form, nor may you submit an Exclusion Letter. Submission of more than one type of form, submission of an incomplete form, or more than one submission of the same form for the same state may render you ineligible for any payment. Your responses to the questions on this Claim Form may be audited by the Claims Administrator or by Wal-Mart prior to payment being mailed. Inaccurate responses could cause delay or render you ineligible for payment.

I hereby affirm, under penalty of perjury, that the information I have provided on this Claim Form is true and correct to the best of my knowledge, and this is the only Claim Form that I have submitted for the states identified on this Claim Form in connection with the Proposed Home Office Settlement. I understand that I may receive only **ONE** payment from this Home Office Class Settlement for each state indicated in my response to paragraph 3 of this Claim Form.

Signature: _____ Date (mm/dd/yyyy): ____ / ____ / _____

13. If you are under the age of eighteen (18) when you submit this Claim Form, you must also have a parent or guardian sign below:

Parent or Guardian Name (print)

Parent or Guardian Signature

Relationship to Claimant: _____

REMEMBER TO COMPLETE THE ENTIRE CLAIM FORM
All submissions must be postmarked no later than May 17, 2010.
You should mail your completed Claim Form to:
Wal-Mart MDL Claims Administrator
P.O. Box 2204
Faribault, MN 55021-1604

