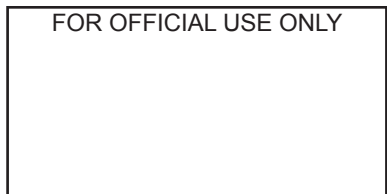




**Wal-Mart MDL Settlement**  
**United States District Court, District of Nevada**  
**Case No. MDL 1735**



**HOME OFFICE SETTLEMENT CLASS**  
**SHORT CLAIM FORM**

**Personal Information:**



SAMPLE A SAMPLE  
 123 ANY AVE  
 ANYTOWN US 12345-6789

**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 Home Office Settlement.**  
**To be eligible to recover under this Short 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 Short Claim Form in full, and mail the Short Claim Form to the Claims Administrator as directed below. Please read the attached Notice or visit [www.walmartmdl.com](http://www.walmartmdl.com) for more details.**

**SAVE TIME! Fill out the Short Claim Form online at [www.walmartmdl.com](http://www.walmartmdl.com).**

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

Under 1 year:	<b>\$25</b>	2 to 4 years:	<b>\$75</b>
1 to 2 years:	<b>\$50</b>	4 years or more:	<b>\$100</b>

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:

Under 1 year:	up to <b>\$250</b>	2 to 4 years:	up to <b>\$750</b>
1 to 2 years:	up to <b>\$500</b>	4 years or more:	up to <b>\$1,000</b>

**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: XXXX-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 INFORMATION ON BOTH SIDES OF THIS 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 during the identified time period **and** for which you wish to make a claim.

<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Missouri
--------------------------	----------	--------------------------	----------

4. 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](http://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.

By submitting this Short Claim Form, you consent to join this action pursuant to Section 16(b) of the Fair Labor Standards Act. If you submit this Short Claim Form, you may **not** also submit a Long 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 may render you ineligible for any payment. Your responses to the questions on this Short 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 I 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 some time between May 18, 2000 and February 27, 2009, and that I experienced one or more of the five different types of Work Experiences described in this Claim Form. I further affirm 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 in connection with this Home Office Class 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.

5. **Signature**

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. 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 INFORMATION ON BOTH SIDES OF THIS 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

