

## CLAIM FORM AND RELEASE

**DEADLINE:** To receive your settlement payment, you must complete, sign and return this Claim Form. Your Claim Form must be postmarked or otherwise received by facsimile, or by email by **FEBRUARY 16, 2021**. You may also submit your Claim Form online: [www.cellularwagesettlement.com](http://www.cellularwagesettlement.com) using your credentials on page 2 of the Notice.

If you lose the enclosed envelope, you should send your Claim Form to:

TCC Settlement  
C/O Atticus Administration  
PO Box 64053  
St. Paul, MN 55164  
[cellularwagesettlement@atticusadmin.com](mailto:cellularwagesettlement@atticusadmin.com)

**CHANGE OF ADDRESS:** If you change your address, please inform the Settlement Administrator of your new address to ensure processing of your claim. It is your responsibility to keep a current address on file with the Settlement Administrator.

**CONSENT TO JOIN & AGREEMENT TO BE BOUND BY RELEASE:** I agree to be bound by the collective action settlement and release approved by the Court as contained in the settlement agreement. I hereby designate the Shavitz Law Group, P.A. and LeVan Muhic Stapleton LLC to represent me in this action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
                    First    Middle    Last

Former (Maiden) Names worked under, if any: \_\_\_\_\_

**Note: Your address and other identifying information below will be kept confidential and will not be filed with the Court.**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Claimant ID: \_\_\_\_\_