

Walmart California Black Friday Security Guards Settlement  
Claims Administrator  
P.O. Box 404000  
Louisville, KY 40233-4000



**UEH**

*Harris v. U.S. Security Associates, Inc., et al.*  
CALIFORNIA SUPERIOR COURT, COUNTY OF SAN DIEGO  
Case No. 37-2015-00014759-CU-OE-CTL

**Must Be Submitted  
Online or Postmarked No Later Than  
February 18, 2019**

## Claim Form

### CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/> — <input type="text"/> — <input type="text"/>	or	<input type="text"/> — <input type="text"/>
Social Security Number		Taxpayer Identification Number

\*This information will be used solely for tax reporting purposes.

### WALMART CALIFORNIA BLACK FRIDAY SECURITY GUARDS SETTLEMENT

If you worked for U.S. Security Associates, Inc., U.S. Security Associates Staffing, Inc. (“USSAS”), or through a subcontractor that provided workers to USSAS, as a security guard/officer or crowd control worker at a Walmart Black Friday event in California in 2011, 2012, 2013, 2014, or 2015, you may submit a claim to share in the Settlement in the *Harris* Action. If you want to receive a monetary payment from the Settlement, you must return this Claim Form as instructed below. **You must sign this Claim Form and provide all information below for your claim to be considered.**

More information is available by calling 1-866-580-1716 or visiting [www.BlackFridaySecuritySettlement.com](http://www.BlackFridaySecuritySettlement.com). Please print clearly in blue or black ink. This Claim Form must be submitted online, or mailed and postmarked by **February 18, 2019 for your claim to be considered.**



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Walmart Location 2:

[Grid of 25 boxes for Primary Address]

Primary Address

[Grid of 25 boxes for Primary Address Continued]

Primary Address Continued

[Grid of 15 boxes for City]

City

[Grid of 2 boxes for State]

State

[Grid of 5 boxes for Zip Code]

Zip Code

- 3) Have you previously settled or released (or received money for) the claims covered by the Settlement?  
 Yes  No
- 4) Are your wages subject to supplemental tax withholding as a result of a lien or outstanding debt, or are you currently a party in a bankruptcy proceeding?  
 Yes  No

**DECLARATION AND RELEASE OF CLAIMS:**

I declare under penalty of perjury that all of the foregoing information is true, accurate and correct.

By signing and submitting this Claim Form, I agree to participate in this Settlement and agree that except for the obligations imposed by this Settlement, U.S. Security Associates, Inc. (and its acquiring companies), U.S. Security Associates Staffing, Inc. (and its subcontractors), Walmart Stores, Inc., and related companies and persons, shall be forever released and discharged from all individual and/or class-wide wage and hour claims that were plead or could have been pleaded under the Labor Code, Wage Orders or federal, state or local wage and hour laws, including the Fair Labor Standards Act (“FLSA”), based on the facts or legal theories alleged in the *Harris* Action, including claims for: (a) failure to pay minimum wages or regular wages; (b) unpaid overtime wages; (c) unpaid wages due to “off-the-clock” work, including time spent traveling to the worksite; (d) failure to pay the agreed-upon wage; (e) waiting-time penalties due to the failure to timely pay wages following termination; (f) failure to pay wages by appropriate pay period; (g) failure to provide accurate itemized wage statements; (h) failure to reimburse necessary work-related expenses, including, but not limited to, travel expenses, uniforms, tools and equipment; (i) any meal break violations, including non-compliant on-duty meal breaks; (j) any rest break violations; (k) all claims under PAGA (Labor Code § 2698, *et seq.*) that could have been premised on the claims, causes of action or legal theories described above in (a)-(j); (l) all claims for unfair business practices under California Business & Professions Code Section 17200 *et seq.* that could have been premised on the claims, causes of action or legal theories of relief described above in (a)-(j); and (m) all damages, including, but not limited to, liquidated damages, civil and statutory penalties, interest and other amounts recoverable under said claims, causes of action or legal theories of relief identified above in (a)-(l) (collectively, the “Released Claims”). The Released Claims include all such claims arising under the California Labor Code (including, but not limited to, sections 201, 201.3, 202, 203, 204, 210, 216, 218.5, 218.6, 221, 222.5, 225.5, 226, 226.3, 226.7, 227.3, 246, 256, 432, 450, 510, 511, 512, 514, 516, 558, 1174, 1174.5, 1175, 1182.12, 1194, 1194.2, 1197, 1197.1, 1197.2, 1198, 1198.5, 1199, 2800, 2802, 2810.5 and 2698 *et seq.*), the Wage Orders of the California Industrial Welfare Commission; California Business and Professions Code sections 17200, *et seq.*; the California common law of contract; the California Civil Code; the Fair Labor Standards Act, 29 U.S.C. sections 201, *et seq.*; federal common law; the Private Attorneys General Act, California Labor Code sections 2698, *et seq.*; and the Employee Retirement Income Security Act, 29 U.S.C. sections 1001, *et seq.*, and all other claims released by the Settlement Class (as defined in the Settlement Agreement), and I shall be barred and enjoined from suing the Released Parties (as defined in the Settlement Agreement) for any liability in any way related to or arising out of any Released Claims), (as defined in the Settlement Agreement).

I expressly give my consent to join this action and expressly give my consent to settle and release any claims I may have as set forth above and in the Settlement Agreement.



**1. SIGN AND DATE YOUR CLAIM FORM.**

I declare under penalty of perjury under the laws of the United States and the State of California that the information supplied in this Claim Form is true, complete, and correct.

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

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**2. SUBMIT YOUR CLAIM FORM.**

This Claim Form must be submitted online or postmarked by **February 18, 2019** and mailed to:

Walmart California Black Friday Security Guards Settlement  
Claims Administrator  
P.O. Box 404000  
Louisville, KY 40233-4000

*If you choose to send the Claim Form via mail, you may send the Claim Form to the Claims Administrator via first class mail. If, however, the Claims Administrator determines that your Claim Form was not received, or was postmarked after the deadline, the sole acceptable proof that you submitted the Claim Form to the Claims Administrator within the time period shall be an original receipt from the United States Postal Service evidencing the mailing of such Claim Form to the Claims Administrator by certified mail. As a result, you should strongly consider sending this Claim Form to the Claims Administrator by certified mail, and take care to retain the receipt.*

