

CLAIM FORM

United States District Court for the Eastern District of New York Case No. 15-cv-06260 (AKT)

Your claim must be submitted online or mailed and postmarked by:

July 8, 2019

Tanski FLSA Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
Website: www.TanskiFLSASettlement.com

TFS

To receive a payment under this Settlement, the Court must grant Final Approval and you must complete, sign, and mail or overnight delivery this Claim Form so it is postmarked no later than July 8, 2019, to:

Tanski FLSA Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

If your Claim Form is postmarked AFTER JULY 8, 2019, your claim will be rejected.

ADDITIONAL REQUIRED CLAIMANT INFORMATION [FILL IN ALL BLANKS]:

Last four (4) digits of Social Security Number (will be kept confidential): _____

Name: _____

Former Names (if any)*: _____

Current Street Address: _____

City, State, and Zip Code: _____

Telephone Number(s): Home: _____ Cell: _____

Personal Email Address: _____

** Fill in Work weeks claimed below **

*If you are submitting this Claim Form on behalf of a class member who is deceased or has become incapacitated, provide details about the capacity in which you are submitting this Claim Form on a separate sheet and include it with this completed Claim Form.

EMPLOYMENT INFORMATION AND SETTLEMENT PAYMENT CALCULATIONS

Settlement Payments are based on the number of weeks you worked for AvalonBay as a non-exempt Maintenance Employee (defined as a Maintenance Supervisor, Maintenance Technician I, Maintenance Technician II, Maintenance Technician III, Groundskeeper, Housekeeper, Maintenance Assistant, Porter, Pool Maintenance Technician, RS Maintenance Associate, or Community Coordinator) at any property in New York State during either the three-year period prior to the date you previously filed a Consent to Join this lawsuit or the period beginning October 30, 2009, whichever is longer. Any leaves of absence will be excluded from the number of compensable workweeks.

Using AvalonBay’s records, the Claims Administrator has determined you were employed as a non-exempt Maintenance Employee in New York State for **_____** workweeks (excluding any leaves of absence) during the longer of the period beginning April 27, 2013 through the date the Court granted the Motion for Preliminary Approval of the Settlement, if you are a FLSA Class Member, or from October 30, 2009 through the date the Court granted the Motion for Preliminary Approval of the Settlement, if you are a New York Class Member. If you are a member of both classes, the period for which compensable workweeks have been

calculated is the longer of the two periods set forth above. Your individual Settlement Payment will be determined on a proportional basis of the Net Settlement Amount, calculated as follows:

(i) the number of weeks in which you worked as a non-exempt Maintenance Employee, excluding any leave periods, at any AvalonBay property in New York State during the Relevant Time Period, divided by (ii) the number of weeks worked as a non-exempt Maintenance Employee in New York State during the Relevant Time Period by all class members who submit Claims Forms, multiplied by (iii) the Net Settlement Amount.

The Relevant Time Period is either October 30, 2009 through the date the Court grants the Motion for Preliminary Approval of the Settlement or, if you previously submitted an opt-in form, the period from April 27, 2013 through the date the Court grants the Motion for Preliminary Approval, whichever is longer.

No representation is made by the Plaintiff, Class Counsel, or AvalonBay concerning the tax consequences of the Settlement or your election to participate in the Settlement.

Should you disagree with the number of compensable workweeks stated above, you must send back this completed Claim Form, accompanied by a statement indicating the number of complete weeks you worked for AvalonBay as a non-exempt Maintenance Employee in New York State, excluding leaves of absence, and any pay stubs or other documentation demonstrating the allegedly correct number of compensable workweeks. The Claim Form, statement, and supporting documentation should be mailed directly to the Claims Administrator at the address above, and must be postmarked no later than **JULY 8, 2019** to be considered.

**CONSENT TO JOIN THE LAWSUIT AND RECEIVE SETTLEMENT PAYMENT
AND RELEASE OF CLAIMS – CONFIRMATION AND SIGNATURE**

By signing below, I confirm that: (1) I am knowingly and voluntarily signing this Claim Form and releasing all claims under the Fair Labor Standards Act and New York Labor Law, including the Wage Theft Prevention Act, that I have or may have based on the allegations in this action during the applicable time period, as described more fully in the Notice and Settlement Agreement; (2) I agree to participate in and be bound by all the terms of the Settlement, if approved by the Court; and (3) I am consenting to join the FLSA portion of this case and am opting-in to become a plaintiff in *Tanski v. AvalonBay Communities, Inc.*, Case No. 15-cv-06260 (AKT) (the “Lawsuit”), in the United States District Court for the Eastern District of New York. By signing and returning this Claim Form, I further consent to and authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims. If the Court grants final approval, I understand that thirty percent (30%) of my settlement payment is attributable to overtime claims and will be treated as wages subject to deductions for applicable taxes and withholdings, and I will receive an IRS Form W-2 for such payment. The other seventy percent (70%) of my settlement payment is attributable to liquidated damages and wage statement claims, and will be treated as non-wage income and be reported on an IRS Form 1099. No taxes will be withheld from the non-wage portion of my settlement payment. I understand that, if taxes are due and owing on the non-wage portion of my settlement payment or additional taxes are due on the wage portion of the settlement payment, I am responsible for the payment of such taxes.

Claimant’s Name (Please Print):

Signature of Claimant:

(Please Print)

Please Sign

Date

REMEMBER: In order to be eligible to receive a settlement payment, you must timely submit a fully completed and signed Claim Form to the Claims Administrator so that it is postmarked by JULY 8, 2019.

Please contact the Claims Administrator with any questions, and/or to confirm receipt of your Claim Form.