

## CLAIM FORM

*Pierro v. The Carle Foundation Hospital*, Case No. 2:23-cv-02117  
(U.S.D.C., C.D. Ill.)

### Instructions

Please carefully read the Notice of Proposed Class and Collective Action Settlement ("Notice"), which is included with this Claim Form. If you wish to participate in the Settlement, you must take all of the following steps:

- Complete all sections of this Claim Form.
- Sign and date this Claim Form below, attesting that the statements and information you have provided are true and correct to the best of your knowledge.
- Submit this Claim Form to the Claims Administrator at the following email address [CarleFLSASettlement@noticeadministrator.com](mailto:CarleFLSASettlement@noticeadministrator.com), via fax 952-404-5750 or the following U.S. mailing address:

Carle FLSA Settlement  
PO Box 2009  
Chanhassen, MN 55317-2009

**IMPORTANT: YOUR CLAIM FORM *MUST BE EMAILED, FAXED OR POSTMARKED BY AND MAILED* TO THE CLAIMS ADMINISTRATOR BY SEPTEMBER 16, 2025 IN ORDER TO BE TIMELY AND VALID. YOUR FAILURE TO SUBMIT A TIMELY AND VALID CLAIM FORM WILL RESULT IN YOUR FORFEITING ANY PAYMENT FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.**

By signing and submitting this Claim Form, you acknowledge the following: I have received and reviewed the Settlement Notice and understand its terms and statements. I submit this Claim Form under the terms of the Settlement Notice and the Settlement Agreement described in the Settlement Notice.

I understand that this lawsuit, entitled *Pierro v. The Carle Foundation Hospital*, Case No. 2:23-cv-02117, was brought in the United States District Court, Central District of Illinois, alleging that Defendant improperly rounded the clock in and clock out times of hourly employees under the Fair Labor Standards Act, the Illinois Minimum Wage Law and the Illinois Wage Payment and Collection Act. Defendant denies all of the Plaintiff's allegations.

I hereby consent to join this lawsuit and agree to participate in the settlement entered in the litigation and approved by the Court. I also consent and agree to be bound by any adjudication of this action by the Court. I hereby designate Thomas M. Ryan of the Law Office of Thomas M. Ryan, P.C., and James X. Bormes and Catherine P. Sons of the Law Office of James X. Bormes, P.C., to represent me in this action.

**[CONTINUES ON BACK]**

By signing below, and in exchange for a settlement payment, I fully and finally discharge and release the claims the claims set forth in Paragraph 6 of the Notice of Settlement.

Notwithstanding the foregoing and notwithstanding any terms or provision to the contrary in this Agreement, I do not release or waive any claims that may not be released or waived unless otherwise allowed by applicable state and/or federal law.

By signing below, I confirm that the information provided by me is true and accurate.

Your Name: \_\_\_\_\_  
First Middle Last

Your Address: \_\_\_\_\_  
Street Apt. City State Zip Code

Your Telephone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Carle Entity That Employed You: \_\_\_\_\_

(Approximate) Dates Worked: \_\_\_\_\_

Location(s) Where You Worked (Address or Building): \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Part-Time or Full-Time Employee: \_\_\_\_\_

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

Carle FLSA Settlement  
PO Box 2009  
Chanhassen, MN 55317-2009  
Fax: 952-404-5750  
TFN: 877-927-1035  
Email: CarleFLSASettlement@noticeadministrator.com  
www.CarleFLSASettlement.com