

MUST BE POSTMARKED
NO LATER THAN
JUNE 13, 2008

MAIL TO:
CHAU, ET AL. v. CVS RX SERVICES, INC., ET AL.
CLAIMS ADMINISTRATOR
RG2 Claims Administration LLC
PO Box 59479
Philadelphia, PA 19102-9479
1-866-742-4955

INDIVIDUAL CLASS MEMBER CLAIM FORM AND FAIR LABOR STANDARDS ACT (FLSA) OPT-IN FORM

11000111111
Name: JOHN DOE
Address: 123 ALPHABET STREET
ANYWHERE, CA 99999

CORRECTIONS OR ADDITIONAL INFORMATION

Write any name and address corrections below if any are necessary OR if there is no preprinted data to the left, please provide your name and address here:

Name (First, Middle, Last) _____
Home Street Address _____
City _____
State _____ Zip Code _____

First 6 Digits of Your Social Security Number: _____ - _____
Daytime Telephone Number: () _____
Evening Telephone Number: () _____
Email Address: _____

CLAIM FORM

Superior Court of California, County of Los Angeles – Central Civil West, Chau, et al. v. CVS RX Services, Inc., et al.
Case No. BC349224

**TO SHARE IN THE SETTLEMENT, YOU MUST COMPLETE, SIGN AND RETURN THIS CLAIM FORM.
THE CLAIM FORM MUST BE POSTMARKED NO LATER THAN JUNE 13, 2008.**

The records of CVS RX Services, Inc. ("CVS") indicate that you were employed as an hourly pharmacist in a CVS retail store located in California during the Class Period of March 17, 2002 through March 10, 2008 and that there were _____ weeks in which you worked as a pharmacist at a California CVS store at least one day during the applicable week.

If you believe the number of weeks indicated above is incorrect, please enter the number of weeks you believe you were employed as a pharmacist during the Class Period of March 17, 2002 through March 10, 2008: _____ weeks

If you disagree with CVS' records, you must provide documentation to support your employment dates.

Please Type or Print

Name (First, Middle, Last): _____
Street Address: _____
City, State, Zip: _____

By signing, I certify that I was employed by CVS RX Services, Inc. during the Class Period of March 17, 2002 through March 10, 2008 in California as an hourly pharmacist at a CVS retail store in California during at least one work day in each of the number of weeks stated above.

By signing, I also acknowledge that I am releasing all "Released Claims," which include all wage-and-hour claims alleged or that could have been alleged in the Action based on the facts set forth in the First Amended Complaint. The Claim Form Released Claims include such claims that were asserted or may have been asserted under the California Labor Code; the wage orders of the California Industrial Welfare Commission; California Business and Professions Code section 17200 et seq.; the California common law of the contract and tort; the Labor Code Private Attorneys General Act of 2004, the Fair Labor Standards Act, 29 U.S.C. § 201, et seq., or other applicable law so long as they are based on the facts set forth in the First Amended Complaint in Chau, et al v. CVS RX Services, Inc, et al. Claim Form Released Claims will apply only to Settlement Class Members who receive payment pursuant to this Stipulated Settlement.

Date: _____

(Sign your name here)