

Garcia, et al. v. Macy's West Stores, Inc. and XPO Logistics, LLC  
Settlement Administrator  
P.O. Box 43208  
Providence, RI 02940-3208



**MWG**

*Ramon Garcia, et al. v.  
Macy's West Stores, Inc., et al.*  
Case No. 2:14-cv-4440-WHO

**Must Be Postmarked  
No Later Than March 21, 2020**

## Claim Form

### CLAIMANT INFORMATION

First Name

M.I.

Last Name

Primary Address

Primary Address Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

### IN THE UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

In the matter of

*Ramon Garcia, an individual, Victor Ramirez, an individual, Adrian Valente, an individual, Mario Pinon, an individual,  
and Mynor Cabrera, an individual, on behalf of themselves and all others similarly situated, Plaintiffs,*

v.

*Macy's West Stores, Inc., an Ohio Corporation, Joseph Eletto Transfer, Inc., a New York Corporation,  
XPO Logistics, LLC, an Ohio Corporation, and DOES 1 through 25, Defendants*

Case No. 2:14-cv-4440-WHO

### **VERIFIED CLAIM FORM**

IF YOU WERE A DRIVER OR HELPER AND YOU CHOOSE TO SUBMIT THIS VERIFIED CLAIM FORM FOR THE REASONS EXPLAINED BELOW AND IN THE ENCLOSED NOTICE, PLEASE COMPLETE, SIGN AND RETURN THIS FORM NO LATER THAN **MARCH 21, 2020, INCLUDING THE SUBSTITUTE FORM W9 ON THE LAST PAGE OF THIS CLAIM FORM,**

BY MAIL OR FAX TO:

*Garcia, et al. v. Macy's West Stores, Inc. and XPO Logistics, LLC*  
Settlement Administrator  
P.O. Box 43208  
Providence, RI 02940-3208

### **WHAT IS THE PURPOSE OF THIS VERIFIED CLAIM FORM?**

If you performed services as a Driver or Helper delivering Macy's products and/or furnishings, who did not sign a Delivery Service Agreement with Defendants, and who were tendered loads at the location identified as the Macy's Logistics and Operations distribution center, 1208 Whipple Road, Union City, California 94587, at any point from December 28, 2014 to October 30, 2019, and if you have elected to participate in the settlement as outlined in the enclosed "Notice of Class Action and Class Certification for Settlement Purposes," you may choose to submit this verified claim form stating, under penalties of perjury, the number of days you performed services. Your settlement payment will be based upon the number you submit in this verified claim form, subject to a possible reasonable adjustment necessarily made after consultation among the Settlement Administrator and counsel for Defendants and Plaintiffs. If you were a Driver or Helper and you do not submit a verified claim form, your settlement payment will be paid from any remaining settlement fund available for distribution to Drivers and Helpers and your settlement share shall be equal to all other Drivers and Helpers who did not submit a verified claim form.



FOR CLAIMS  
PROCESSING  
ONLY

OB

CB

DOC  
 LC  
 REV

RED  
 A  
 B

**VERIFIED CLAIM FORM INSTRUCTIONS**

**IN ORDER TO RECEIVE ANY FUNDS FROM THIS SETTLEMENT, THE ADMINISTRATOR OF THE SETTLEMENT MUST RECEIVE YOUR TAX IDENTIFICATION NUMBER AND YOU MAY USE THIS FORM TO SUBMIT YOUR TAX IDENTIFICATION NUMBER.** If you are unsure if the Settlement Administrator already has your tax identification number, ***IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE THIS FORM AND PROVIDE YOUR TAX IDENTIFICATION NUMBER.*** Note that a Social Security Number is a type of tax identification number, and if you have a Social Security Number, you may provide this number as your tax identification number.

In addition, if you elect to submit this form, please provide in the space below the number of days you worked as a Driver or Helper out of/at the location identified as the Macy's Logistics and Operations distribution center, 1208 Whipple Road, Union City, California 94587 from December 28, 2014 to October 30, 2019. You may have to estimate your total days worked based on the number of weeks and/or months you worked and the approximate number of days you worked each week and/or month. However, if you elect to submit this form you must state your number of days as accurately as you are able and understand that you are providing the statement of your total days worked under penalty of perjury. Please note that this verified claim form solely applies to your work as a Driver or Helper during the period of time noted above and does not concern your previous work, if any, with Joseph Eletto Transfer, Inc. or before December 28, 2014.

**STATEMENT OF DAYS WORKED FROM DECEMBER 28, 2014 TO OCTOBER 30, 2019.**

In the space below, please provide the total days you worked as a Driver and/or Helper delivering Macy's/Bloomingtondale's products and/or furnishings, and associated with XPO Logistics, LLC. out of/at the location identified as the Macy's Logistics and Operations distribution center, 1208 Whipple Road, Union City, California 94587, from December 28, 2014 to October 30, 2019:

Days worked as a Driver: [ ][ ][ ][ ][ ] Days worked as a Helper: [ ][ ][ ][ ][ ]

**VERIFICATION**

By signing below, I declare under penalty of perjury under the laws of the State of California that I worked as a Driver and/or Helper delivering Macy's products and/or furnishings, who did not sign a Delivery Service Agreement with Defendants, and who were tendered loads at the location identified as the Macy's Logistics and Operations distribution center, 1208 Whipple Road, Union City, California 94587 from December 28, 2014 to October 30, 2019 for the approximate number of days stated above.

Executed this [ ] day of [ ] [Date], [ ] [Month], [ ] [Year] at [ ] [City], [ ] [State].

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

[ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ]  
Area code Telephone number

**Substitute FORM W-9  
Taxpayer Identification Number Certification**

Social Security Number / Taxpayer Identification Number: \_\_\_\_\_

Exempt Payee Code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

Fill appropriate circle for federal tax classification:

- Individual  C Corporation  S Corporation  Partnership  Trust/estate  Other \_\_\_\_\_
- Limited Liability Company - choose tax classification  C Corporation  S Corporation  Partnership

Print your name as it appears on your federal income tax return:

\_\_\_\_\_  
First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Note:** If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person: \_\_\_\_\_ Date: \_\_\_\_\_

