

Claim Form

Type of Claim (circle one):

1. Arbitration Hearing

2. Written Submission

3. Confidential Written Submission
(current Costco employees only)

Claimant:

Name: _____

Home Address: _____

Telephone: _____

Email: _____

Promotions Challenged (in order of preference):

Claim #1

Position (circle one): AGM GM

Date of Promotion (approx.): _____

Warehouse of Promotion: _____

Name of Man Promoted: _____

Claim #2

Position (circle one): AGM GM

Date of Promotion (approx.): _____

Warehouse of Promotion: _____

Name of Man Promoted: _____

Claim #3

Position (circle one): AGM GM

Date of Promotion (approx.): _____

Warehouse of Promotion: _____

Name of Man Promoted: _____

Please contact the attorneys listed on page 2 of the Claim Guide before submitting this form. This Claim Form must be received by the Claims Administrator at the address or email address below no later than July 26, 2014.

Class Administrator
Ellis v. Costco Wholesale Corp. Claims
Settlement Services, Inc.
P.O. Box 10847
Tallahassee, FL 32302-2847
staff@settlementservicesinc.com