

# CLASS MEMBER VERIFICATION FORM

*Pena. v. KPS Alarms, Inc., et al.*  
(Alameda County Superior Court Case No. RG18927434)

ONLY RETURN THIS FORM IF you believe KPS Alarm's and/or KPS Fire Sprinklers records of the number of pay periods you worked during Class Period in Section F in the Class Notice is inaccurate. If you believe this information is inaccurate you may submit this Dispute Form to the Settlement Administrator by email, FAX, or mail, *including supporting documents* (such as paycheck stubs) to the Settlement Administrator at:

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ILYM Group, Inc.

**MAILING ADDRESS 1**

**MAILING ADDRESS 2**

**PHONE**

**FAX**

**EMAIL ADDRESS**

This Class Member Dispute Form and supporting documents must be postmarked, faxed, or emailed by no later than **[DISPUTE DATE]**. The Settlement Administrator will inform the Class Member regarding the final determination of their total number of workweeks.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security # or ITIN: \_\_\_\_\_

Email: \_\_\_\_\_

I believe the number of workweeks indicated in Section F of the Class Notice sent to me is inaccurate. I worked \_\_\_\_\_ pay periods between November 1, 2014 through **[DATE OF PRELIMINARY APPROVAL]**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list supporting documentation that you are attaching to this Form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_