

SUPREME COURT OF NEW YORK COUNTY OF
THE BRONX

.....	X
VERONICA WALLACE, IDA WALLACE,	:
PRIMROSE SCOTT, PATRICK GAYLE,	: Civil Index 22703-2019E
STELLA PARRIS, THERESA OBAAH,	:
VERONA DIXON, BEVERLY NICHOLSON, KATHLEEN	:
TURNER, Individually and on Behalf of All Other	:
Persons Similarly Situated,	:
	:
Plaintiffs,	:
	:
-against-	:
	:
STERLING HOME CARE, INC., MARK R. ZWERGER,	:
MATTHEW G. ANDERSON, MICHELE THOMAS,	:
EILEEN KILLEEN, and JOHN DOES #1-10,	:
	:
Defendants.	:
.....	X

CLASS ACTION SETTLEMENT CLAIM FORM

Veronica Wallace, et al. v. Sterling Home Care, Inc. et al.

New York Supreme Court, County of the Bronx, Case No. 22703-2019E (the “Action”)

**THIS FORM MUST BE RECEIVED BY THE SETTLEMENT CLAIMS ADMINISTRATOR NO
LATER THAN MAY 22, 2025.**

By signing below, I am making a claim to be paid my proportionate share of the settlement monies recovered in the above referenced Action and in consideration therefore forever and fully release STERLING HOME CARE, INC (“Sterling”), its former and present parent companies, subsidiaries, divisions, representatives, attorneys, insurers, successors and assigns, and any individual (including but not limited to the individually named Defendants) or entity that could be jointly liable with any of the foregoing from all my wage and hour claims under the New York Labor Law and Fair Labor Standards Act (“FLSA”) and their respective regulations, including but not limited to claims for unpaid regular or overtime wages, any related wage and hour claims, claims for failure to give proper wage notice or wage statements, all ‘derivative benefit claims’ (i.e., claims for benefits resulting from alleged failure to pay overtime or wages, both ERISA and non-ERISA benefits), interest on such claims, penalties, damages, liquidated damages and attorneys’ fees, expenses, disbursements and costs and fees related to such claims (“Released Class Member Claims”). “Released Class Claims” shall not include claims for workers compensation benefits, unemployment benefits or for other accrued vested benefits like pension, vacation pay, disability or medical benefits or for wage or benefits claims unrelated to those in the Class Action Complaint.

I declare under penalty of perjury that the above information is correct.

Date

Signature

To be valid, this Claims Form and Individual Release must be properly completed, signed, dated, and mailed/faxed or emailed to the Settlement Claims Administrator at the following addresses via First Class United States Mail or phone or internet and received by the Settlement Claims Administrator by May 22, 2025:

Wallace, et al. v. Sterling Home Care, Inc. et al.
c/o CPT Group, Inc.
50 Corporate Park, Irvine, CA 92606
Fax: (949) 419-3446
Toll Free: 1-888-502-7780
Email: SterlingHomeCareAction@cptgroup.com
Website: www.cptgroupcaseinfo.com/SterlingHomeCareAction

CLAIMS FORM INSTRUCTIONS

In order to receive your share of the settlement fund you MUST complete, sign, date, and mail, email or fax this CLAIMS FORM to the Settlement Claims Administrator at the addresses and numbers above in time for the Settlement Claims Administrator to receive it by May 22, 2025. If the Settlement Claims Administrator does not receive the CLAIMS FORM by May 22, 2025, you will NOT be eligible to receive any portion of the settlement fund. For more information on the Settlement, how your share of the settlement fund will be calculated, and your rights, please see the attached NOTICE.

This Claims Form must be personally filled out by the current or former employee who seeks to participate in the settlement or someone with a legal right to act on his or her behalf.

If you are a Settlement Class Member and if you properly complete the Claims Form and mail it so it is received in a timely manner by the Settlement Claims Administrator, you will be eligible for a distribution from the Settlement in accordance with the formula described in the Notice.

Return the Claims Form to the Administrator, CPT Group Inc., at the address above.

BE SURE TO MAKE A COPY OF THE SIGNED CLAIM FORM FOR YOUR RECORDS.

CHANGE OF ADDRESS

It is your responsibility to keep a current address on file with the Settlement Claims Administrator. Please make sure to notify the Settlement Claims Administrator of any change of address.

Substitute IRS Form W-9

(Optional – not required to complete Claim Form, information will aid in processing of Claim)

Enter your Social Security Number (SSN) or Tax Payer Identification Number (TIN):

_____ -- _____ -- _____

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); *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.

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

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.