

Share Form

Hernandez v. OC UrgentCare Medical Group, Inc.
Case No. 30-2019-01100556-CU-OE-CX
Superior Court of the State of California, County of Orange

CPT ID: <<ID>>

<<Name>>

<<Address1>> <<Address2>>

<<City>>, <<State>> <<Zip>>

CORRECT NAME AND ADDRESS HERE:

Telephone Number: (____) _____ - _____

TO ALL CLASS MEMBERS DEFINED AS:

All current and former non-exempt employees who worked for Defendant OC UrgentCare Medical Group, Inc. within the State of California at any time between September 26, 2015 to February 20, 2021 and who did not sign an arbitration agreement. (“Class” or “Class Members”)

The Class Period is September 26, 2015 through February 20, 2021.

YOUR ESTIMATED INDIVIDUAL SETTLEMENT PAYMENT:

Your total Individual Settlement Payment is currently estimated at \$<<estAmount>>. You have been identified as a Class Member. Your estimated award is based on your pro-rata percentage of the Net Settlement Amount based on your membership in the Class relative to all respective Class Members. Your estimated pro-rata share of the Net Settlement Amount (as defined in the accompanying Notice) is: <<IndividualPercent>>%. Your estimated pro-rata share may increase depending on factors such as, but not limited to, the number of Class Members who effectively exclude themselves from the Settlement. The Net Settlement Amount to be distributed to all Settlement Class Members who do not opt-out of the settlement is currently estimated to be \$230,664.80.

YOUR NUMBER OF COMPENSABLE WORKWEEKS:

As a Class Member, your pro-rata percentage is further dependent on your individual Compensable Workweeks worked as a percentage of the total number of Compensable Workweeks worked by all Class Members during the Class Period. “Compensable Workweeks” means the seven-day work week during the Class Period – between September 26, 2015 through February 20, 2021 – during which you were actively employed as an hourly-paid or non-exempt employee for Defendant in California according to its payroll records. OC UrgentCare Medical Group, Inc.’s payroll records show that during the Class Period (between September 26, 2015 through February 20, 2021), you had a total number of <<Workweeks>> Compensable Workweeks.

YOU DO NOT NEED TO DO ANYTHING IN ORDER TO RECEIVE MONEY UNDER THE SETTLEMENT.

If you believe the total number of your Compensable Workweeks worked during the Class Period (listed above) is accurate, you do not need to take any further action in order to receive your payment.

TO CHALLENGE THE NUMBER OF YOUR WEEKS WORKED AS AN HOURLY-PAID OR NON-EXEMPT EMPLOYEE WORKING FOR OC URGENTCARE MEDICAL GROUP, INC. IN CALIFORNIA DURING THE CLASS PERIOD, THE SHARE FORM AND THE CHALLENGE

PORTION OF THE FORM BELOW MUST BE SIGNED AND POSTMARKED NO LATER THAN JULY 1, 2021.

CHALLENGE FORM TO DISPUTE COMPENSABLE WORKWEEK(S)

Important:

1. You do NOT have to complete this part of the Share Form if the total number of your Compensable Workweeks worked as a Class Member in California for OC UrgentCare Medical Group, Inc. during the Class Period as stated above is accurate.
2. If you do submit this form, it is strongly recommended that you keep proof of timely mailing of this form until receipt of your settlement payment.
3. If you change your mailing address, please provide your new mailing address to the Settlement Administrator. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your settlement payment.

Check the box below ONLY if you wish to challenge the total number of your Compensable Workweeks as stated above. All fields on this Challenge Form must be complete for your challenge to be accepted:

- I wish to challenge the total number of my Compensable Workweeks. I have included a written statement detailing what I believe to be the correct number of weeks that I worked as an hourly-paid or non-exempt employee for OC UrgentCare Medical Group, Inc. in California during the Class Period (between September 26, 2015 through February 20, 2021). I have also included information and/or documentary evidence that support my challenge. I understand that by submitting this challenge I authorize the Settlement Administrator to review OC UrgentCare Medical Group, Inc.'s records and determine the validity of my challenge.

Signature: _____

Name of Class Member: <<FullName>>

Class Member ID Number (from address label): <<ID>>

I believe that the correct number of weeks that I worked as an hourly-paid or non-exempt employee for OC UrgentCare Medical Group, Inc. in California during the Class Period between September 26, 2015 through February 20, 2021 is: _____

The following is a statement of my reasons and documentation to support this number of Compensable Workweeks worked:

[Attach documentation and use separate page(s) as necessary]

Mail to: Hernandez v. OC UrgentCare Medical Group, Inc. Settlement Administrator c/o CPT Group, Inc. 50 Corporate Park, Irvine, CA 92606