

Edwardo Munoz v. 7-Eleven, Inc.  
Settlement Administrator  
P.O. Box 43501  
Providence, RI 02940-3501



**EEM**

*EDUARDO MUNOZ V. 7-ELEVEN, INC.*  
U.S. DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
Case No. 2:18-cv-03893-RGK-AGR

**Must Be Postmarked No Later Than  
September 23, 2019**

## 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			

Return this Claim Form to:

*Edwardo Munoz v. 7-Eleven, Inc.* Settlement Administrator  
P.O. Box 43501  
Providence, RI 02940-3501

Questions, visit [www.7ElevenFCRALawsuit.com](http://www.7ElevenFCRALawsuit.com) or call 1-866-367-8384.

**DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY SEPTEMBER 23, 2019, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.**

**Instructions:** If you applied for work at a 7-Eleven, Inc. (“7-Eleven” or “Defendant”) and had a background check obtained regarding your employment, you may be entitled to a monetary payment if the settlement is finally approved by the Court. If the settlement is approved, each Class Member, whether or not he or she submits a claim, will release the Defendant and related entities, and all their officers, agents, employees, and those working with them, from any and all claims as a result of the background check disclosures that are the subject of this litigation. Only one claim per applicant or employee is allowed, regardless of how many notices were received/viewed or the number of background checks procured.

Claimants who are part of this class will receive one (1) Claim Payment from the Net Settlement Fund, which equals \$1,972,500 less all Settlement Administration Expenses, and any approved Incentive Award and Fee Award. Claim Payments will be of equal value and will not exceed \$550.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.**

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained herein is true and correct.

Call Class Counsel at 1-720-213-0676 for Further Information.

**CLASS MEMBER VERIFICATION**

By submitting this Claim Form, I declare under penalty of perjury that I applied for work at a 7-Eleven, Inc. corporate location and had a background check procured in regard to my potential or actual employment.

Additional information regarding the settlement can be found at [www.7ElevenFCRALawsuit.com](http://www.7ElevenFCRALawsuit.com).

The Settlement Administrator may audit any and all claims. **I declare under penalty of perjury that the foregoing is true and correct.**

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

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

Current Phone Number:     —     —

Your claim will be reviewed by the Settlement Administrator. If accepted, you will be mailed a check for your share of the Settlement based on the Units for which you are eligible. Please be patient.

**CLAIM FORMS MUST BE POSTMARKED NO LATER THAN SEPTEMBER 23, 2019 TO BE ELIGIBLE FOR PAYMENT. MAIL THIS CLAIM FORM TO: *Edwardo Munoz v. 7-Eleven, Inc.* Settlement Administrator, P.O. Box 43501, Providence, RI 02940-3501. If you have questions, you may call the Settlement Administrator at 1-866-367-8384 or Class Counsel at 1-720-213-0676.**

