Eberline v. Douglas J. Holdings c/o Kroll Settlement Administration P.O. Box ##### New York, NY 10150-####

Claim Form

To receive a payment, you must submit your claim online by [Claim Deadline], <u>OR</u> complete and mail this Claim Form to the Settlement Administrator, postmarked by [Claim Deadline].

You may submit a claim for a settlement payment if you were a student who attended Defendant Douglas J. Institute, Inc.'s cosmetology programs in Michigan and participated in the Alpha, Beta, Gamma, and/or Salon Life courses between 2012 and 2022 and if you have not opted-out of the Class.

TO SUBMIT A CLAIM FOR PAYMENT:

- 1. Complete all sections of this Claim Form.
- 2. Print and sign the Claim Form.
- 3. Complete IRS Forms W-4 and W-9 (if applicable)
- 4. Submit the completed Claim Form and IRS Forms (if applicable) to the Settlement Administrator by [Claim Deadline].

This Claim Form should only be used if it is being mailed and you are not filing a claim online. You may go to [URL] to submit your claim online immediately, or you may submit this Claim Form by mail to the address at the top of this form and it will be processed.

I. SETTLEMENT CLASS MEMBER INFORMATION

*Settlement Claim ID:

Your Settlement Claim ID can be found on the postcard you received informing you about the Settlement. If you need additional help locating this ID or if you need to obtain a Settlement Claim ID, please contact the Settlement Administrator at the contact section of the Settlement website, [URL].

*First Name	MI	*Last Name
*Mailing Address: Street Address/P.O. Box (include Ap	artmen	it/Suite/Floor Number)
*City	 *Stat	te *Zip Code Zip4 (Optional)
	@	
*Current Email Address		
() * Current Phone Number (Optional)	Social S	Security Number:

II. PAYMENT ELIGIBILITY INFORMATION

Settlement Class Members who file a valid claim will be eligible to receive payment based on their enrollment status, enrollment period and work time. All information provided will be confirmed against Defendants' records.



I was enrolled primarily as a Full-time student.

I was enrolled primarily as a **Part-time** student.

III. HOURS SPENT ON WORK

Yes

1. During your enrollment at Douglas J, were you required to do laundry during your time at the school?

No (If you answer 'No' proceed to question 2)

How many hours per week on average do you estimate that you spent doing required laundry and related activities (e.g., doing laundry, folding towels, restocking towels, etc.) during the time you were enrolled in the Alpha, Beta, Gamma, and/or Salon Life courses? (Select only one in each column, as applicable)

If you were a Full-time Student:	If you were a Part-time Student:	
Less than 1 hour	Less than 45 minutes	
1-2 hours	45 minutes – 1.5 hours	
More than 2 hours	More than 1.5 hours	

2. During your enrollment at Douglas J, were you required to assist with general cleaning tasks during your time at the school?

Please note general cleaning tasks do not include cleaning your assigned work station, cleaning your own tools, and cleaning up areas that you used to provide services to a guest. Instead, general cleaning tasks include activities such as:

- sweeping or mopping floors away from the area around cleaning and wiping down bottles in the shampoo area; your work station;
- cleaning and wiping down the glass doors and windows;
- cleaning and wiping sinks or mirrors other than at your work station;
- cleaning and wiping down counters or cabinet faces other than after you provided services to a guest;
- cleaning and wiping down walls;
- cleaning the face and wheels of carts other than yours;

- restocking products such as shampoo and condition in the back bar;
- cleaning bowls, brushes or other equipment in the color area other than after you provided services to a guest;
- cleaning throughout the student break room;
- cleaning and wiping down classroom desks, blackboards or whiteboards;
- picking up trash in the classrooms, etc.

Yes

No (If you answered 'No' proceed to question 3)

If you answered yes to question 2, please answer the following: How many hours per week on average do you estimate that you spent doing required general cleaning tasks as described above during the time you were enrolled in the Alpha, Beta, Gamma, and/or Salon Life courses? (Select only one in each column, as applicable)

As a Full-time Student:	As a Part-time Student:
Less than 1 hour	Less than 45 minutes
1-2 hours	45 minutes – 1.5 hours
2-3 hours	1.5 hours – 2 hours
3-4 hours	2-3 hours
More than 4 hours	More than 3 hours

3. During your enrollment at Douglas J, were you required to engage in any product restocking activities or product sales tasks during your time at the school?

Yes

No (if you answered no, proceed to question 4)

If you answered yes, please answer the following: **How many hours per week on average do you estimate that you spent doing product sales activities during the time you were enrolled in the Alpha, Beta, Gamma, and/or Salon Life courses?** (*Select only one in each column, as applicable*)

As a Full-time Student:	As a Part-time Student:	
Less than 1 hour	Less than 45 minutes	
1-2 hours	45 minutes – 1.5 hours	
More than 2 hours	More than 1.5 hours	

4. Were you eligible to work in the United States during the time that you were enrolled as a student at Douglas J.? (Please note that your answer to this question is only being used for the purposes of this settlement and not for any other purpose. Additionally, <u>you are still entitled to payment even if you were ineligible to work in the</u> <u>United States at the time of your enrollment, however taxes will be withheld as required by law</u>).



IF YOU HAVE AN SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER, you must also complete and submit an IRS W4 form and an IRS W9 form. You may complete these forms online at the Settlement website [URL] or complete and submit those forms and mail them together with this Claim Form to the address at the top of this document. If you are mailing the documents (Claim Form, W4 form, & W9 form), they must be postmarked by [Claim Deadline].

IV. SIGN AND DATE YOUR CLAIM FORM

I declare under the penalty of perjury that all the above information is true and correct to the best of my knowledge.

Signature

____ / ____ / ____ ___ ___ Date (mm/dd/yyyy)

Print Name

Please keep a copy of your completed Claim Form for your records.

Mail your completed Claim Form to the Settlement Administrator:

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It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your claim. You can also update your contact information on the Contact page at the Settlement website, [URL].