

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF KINGS

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ANGAD JAIGOBIN and EDWIN J. VELEZ, on behalf of	:
themselves and all others similarly situated,	INDEX No.: 518669/2017
	:
Plaintiffs,	:
	:
-against-	:
	:
WILLDAN GROUP, INC.; WILLDAN ENERGY SOLUTIONS,	:
INC.; WILLDAN LIGHTING & ELECTRIC, INC.; and	:
ELECTROTEC OF NY ELETRICAL INC.,	:
	:
Defendants.	:
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**CLAIM FORM AND CONSENT TO JOIN SETTLEMENT**

**INSTRUCTIONS**

In order to receive your portion of the settlement funds in the estimated amount of \$\_\_\_\_\_ described in the Notice of Proposed Settlement (“Notice”), you must sign, date, and return this Claim Form and Release to the Settlement Claims Administrator postmarked by February 26, 2018:

**Willdan Wage and Hour Settlement Claims Administrator  
c/o Arden Claims Service, LLC  
PO Box 1015  
Port Washington, New York 11050  
Fax: (516) 944-1771 | Tel: 877-623-2703  
info@ardenclaims.com**

**CHANGES OF ADDRESS**

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

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**CLAIM FORM AND RELEASE**

*THIS FORM MUST BE MAILED, EMAILED OR FAXED BY **February 26, 2018.***

[To be pre-inserted by Claims Administrator:]	[To be provided by employee:]
Name/Address: _____ _____ _____	Name/Address Changes, if any _____ _____ _____
Social Security No.: ____ - ____ - ____	(____) _____ Area Code Home Telephone Number

I hereby consent and opt-in to become a plaintiff for settlement purposes in a lawsuit brought under the Fair Labor Standards Act and New York Labor Law, *Jaigobin et al. v. Willdan Group, Inc. et al.*, Index No. 518669/2017. I agree to be bound by the collective action settlement approved by the Court. I hereby designate the law firm of Fitapelli & Schaffer, LLP to represent me in this action. I understand that by consenting to join this settlement, I will be waiving any and all New York State and Federal wage and hour claims, complaints, causes of action, lawsuits, fees, judgments, benefits, debts, controversies, damages, and/or demands of any kind, nature and character which concern violations or allegations of unpaid compensation (including minimum wage, overtime, premium rate, spread of hours, accrued benefit time, late payment, interest, liquidated damages, attorney fees and costs, civil penalties, and/or statutory penalties) (with the exception of retaliation claims) under the New York Labor Law (“NYLL”), the Fair Labor Standards Act (“FLSA”), and/or any other law, regulation or ordinance regulating the payment of wages, including statutory claims for failure to provide annual wage notices and accurate wage statements under NYLL § 195, from July 1, 2012 through the date of the Court’s Approval Order, against Willdan Group, Inc.; Willdan Energy Solutions, Inc.; Willdan Lighting & Electric, Inc.; and any of their subsidiaries, including but not limited to Electrotec of NY Electrical Inc., and their officers, agents, parent corporations, joint employers and/or representatives for my employment during the period from **July 1, 2012** through **December 7, 2017**.

I understand that by consenting to join this settlement, I must also withdraw with prejudice, any and all administrative complaints, claims, charges, lawsuits, demands, or actions pending or filed against Willdan Group, Inc., Willdan Energy Solutions, Inc., Willdan Lighting & Electric, Inc. and any of their subsidiaries and/or joint employers, including but not limited to Electrotec of NY Electrical Inc., with any federal, state and local agencies, administrative bodies, or courts, that concern violations or allegations of unpaid compensation purportedly owed to you under the NYLL, FLSA or any other law, regulation or ordinance regulating the payment of wages. Should you file or assert a claim, complaint, charge, lawsuit, demand, or action asserting any claim released herein, with any agency, or cooperate with an investigation with any agency, you acknowledge that you are barred from receiving monetary compensation in connection therewith.

_____ Date	_____ Signature
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