

CLAIM FORM AND RELEASE

INSTRUCTIONS: FILL OUT SECTIONS I, II, AND III BELOW AND RETURN CLAIM FORM

In order to receive any portion of the settlement funds described in the Notice of Class Action Settlement ("Notice"), you must sign, date, and return this Claim Form and Release to the Settlement Claims Administrator by either fax, email, or postal mail by **April 26, 2021**:

Empire City Settlement
c/o Arden Claims Service LLC
PO Box 1015
Port Washington, NY 11050
Tel: 877-623-2703 | Fax: 516-888-3501
Email: info@ardenclaims.com

* RETAIN A COPY OF THIS CLAIM FORM, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE THE TIME AND MANNER IN WHICH IT WAS SUBMITTED *

SECTION I: CONTACT INFORMATION & POINTS

Address Changes:

<<First Name>> <<Last Name>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Zip>>
Total Points Based on Tiers**:

** Points are based on the information described in the Notice and as demonstrated by the event records.

Check one box below:

<input type="checkbox"/>	I do NOT challenge the Total Points calculated and will accept the settlement amount when the money is funded by Defendant and approved by the Court.
<input type="checkbox"/>	I do challenge the Total Points because I performed service work at Empire City Casino's catered events on _____ occasions. Note: If this option is selected you should provide documentation or evidence that your wages or event totals differ from what Defendants' documents or information reflect. Your challenge will be processed based on your evidence and information, and you may have to provide additional information, a sworn statement, and/or speak to the Class Counsel. Your failure to respond or provide information will result in your challenge being voided.

You must keep a current address on file with the Settlement Claims Administrator and Class Counsel, along with a valid phone number and email address for updates and to receive any proceeds.

Phone number: _____ Email address: _____@_____.

Please identify your supervisor or manager during catered events at Empire City Casino or staffing agency that assigned you: _____.
This information is important to verifying your claim. If you fail to fill this out, it may result in your claim not being accepted.

SECTION II: RELEASE

By submitting this Claim Form and Release, I affirm that I performed food and beverage service work at catered events sponsored, operated, managed, or catered by either Defendants Yonkers Racing Corporation, Brian Boru of Westchester, Inc., Westchester Hospitality Management Company, LLC or Timothy Rooney, held on or off premises either as direct employees of Defendants or through a third-party staffing agency from October 15, 2012 through January 28, 2019. I further affirm that I wish to join the class, assert a claim under New York State law, and participate in the settlement of the lawsuit that Plaintiff Contreras filed, on behalf of himself and others similarly situated, in the Supreme Court of the State of New York, County of Westchester against Yonkers Racing Corporation, Brian Boru of Westchester, Timothy Rooney, and any other related entities ("Defendants"), which has been assigned index number 61710/2018 (the "Action").

I hereby designate the law firm of Leeds Brown Law, P.C. to represent me in the Action.

My signature below constitutes a full and complete release and discharge of Defendants, Yonkers Racing Corporation, Brian Boru of Westchester, and Timothy Rooney, and their former and present parents and subsidiaries and their officers, directors, managers, employees, partners, shareholders and agents, and any other successors, assigns, or legal representatives, for any and all claims alleged in the Class Action Complaint, including those based on or under New York Labor Law § 196-d, the Hospitality Wage Order, and/or common law claims related to unpaid gratuities, service charges, or administrative charges, arising during the Settlement Period, whether known or unknown, that were asserted in the Action. The Released Class Claims include statutory, constitutional, contractual or common law claims for unpaid gratuities, service charges, tips, interest on such claims, penalties, damages, liquidated damages, attorneys' fees, expenses, disbursements, litigation costs and fees related to such claims, restitution, or equitable relief related to such claims.

I declare under penalty of perjury that the above information is correct and agree to its terms.

Date

Signature

SECTION III: TAX REPORTING

Substitute IRS Form W-9

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

□□□□ - □□□ - □□□□□□

Under penalty of perjury, I certify that:

- 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
- 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; and
- I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

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.

THIS CLAIM FORM MUST BE MAILED, EMAILED, OR FAXED BY APRIL 26, 2021