

CLAIM FORM AND RELEASE

INSTRUCTIONS: In order to receive any portion of the settlement funds described in the accompanying Notice of Pendency and Proposed Settlement of Class Action (“Notice of Settlement”), you must sign, date, and return this Claim Form and Release to the Settlement Claims Administrator (“Administrator”) by either fax, email, or postal mail with postmark within ninety (90) days from the mailing of the Notice of Settlement:

Resorts World Settlement Claims Administrator
PO Box 1015
Port Washington, NY 11050
Tel: 516-738-0744 | Fax: 516-855-3339
Email: ResortsWorld.Info@ardenclaims.com

**** IT IS HIGHLY RECOMMENDED YOU RETAIN A COPY OF THIS FORM FOR YOUR RECORDS, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE THE TIME AND MANNER IN WHICH IT WAS SUBMITTED****

ADDRESS AND CONTACT INFORMATION

CLASS MEMBER NAME
STREET ADDRESS
CITY, STATE ZIP CODE

Name/Address Changes:

It is your responsibility to keep a current address on file with the Administrator. Please make sure to notify Class Counsel or the Administrator of any change of address. Additionally, it is your responsibility to keep a current phone number and email address on file. Please insert such information below:

Phone number: (____) _____

Email address: _____@_____._____

NOTICE TO CLASS MEMBERS REGARDING WAIVER OF CLAIMS

RELEASE OF CLAIMS: UPON THE EFFECTIVE DATE, ALL MEMBERS OF THE CLASS WHO HAVE SUBMITTED A CLAIM FORM AND HAVE NOT TIMELY ELECTED TO OPT-OUT OF THE SETTLEMENT AGREEMENT, FOR THEMSELVES AND FOR THEIR ASSIGNS, AGENTS, REPRESENTATIVES, ATTORNEYS, HEIRS, EXECUTORS, ADMINISTRATORS, BENEFICIARIES, AND PRIVIES (COLLECTIVELY, THE “RELEASING PARTIES”), RELEASE THE DEFENDANT AND ITS RESPECTIVE AFFILIATES, AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, MEMBERS, PARENTS, SUBSIDIARIES, ATTORNEYS, REPRESENTATIVES, ADVISORS, ADMINISTRATORS, PREDECESSORS, SUCCESSORS, INSURERS, ACCOUNTANTS, ADVISORS, OR ANYONE ACTING ON ITS BEHALF (COLLECTIVELY, “RELEASEES”) FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, RIGHTS, DAMAGES, PUNITIVE, OR STATUTORY DAMAGES, PENALTIES, LIABILITIES, EXPENSES AND LOSSES, AND ISSUES, THAT ANY OF THE PLAINTIFFS HAVE OR COULD HAVE MADE AGAINST THE DEFENDANT IN CONNECTION WITH THE IDENTICAL FACTUAL PREDICATE AS THE FACTS ALLEGED IN THE CLASS ACTION COMPLAINT, INCLUDING BUT NOT LIMITED TO THOSE ARISING UNDER THE NY WARN ACT AND WARN ACT (COLLECTIVELY, THE “RELEASED CLAIMS”).

The Released Claims do not include claims that require proof of further facts materially in addition to those alleged in the Class Action Complaint, or that arises from a different nucleus of operative facts.

The Releasing Parties acknowledge that they may discover facts in addition to or different from those that they now know or believe to be true with respect to the subject matter of this release, but that it is their intention to finally and forever settle and release the Released Claims and that, notwithstanding the discovery or existence of any such additional or different facts as to which the Releasing Parties expressly assume the risk, they freely and voluntarily give the release as set forth above.

No ADEA waiver required. This Settlement does not require you to waive or release any rights or claims under the federal Age Discrimination in Employment Act of 1967 (the “ADEA”). No ADEA claims are released by this Settlement, and nothing in the Settlement Agreement prevents you from asserting, filing, or participating in any ADEA charge, claim, or proceeding with the U.S. Equal Employment Opportunity Commission (“EEOC”) or any similar agency. You also retain the right to provide information or testimony to the EEOC.

MY SIGNATURE BELOW CONSTITUTES A FULL AND COMPLETE RELEASE OF THE RELEASED CLAIMS.

ADVICE TO CONSULT WITH COUNSEL. YOU ARE ADVISED TO CONSULT WITH AN ATTORNEY OF YOUR CHOICE BEFORE SIGNING THIS CLAIM FORM AND RELEASE.

THIS FORM MUST BE MAILED, EMAILED, OR FAXED BY JANUARY 15, 2026

BY SUBMITTING THIS CLAIM FORM AND RELEASE, I AFFIRM THAT I WAS LAID OFF FROM MY POSITION GENTING NEW YORK LLC D/B/A RESORTS WORLD CASINO NEW YORK CITY IN JANUARY OF 2014 AS PART OF THE CLOSURE OF THE AQUEDUCT BUFFET. I FURTHER AFFIRM THAT I WISH TO PARTICIPATE IN THE SETTLEMENT OF THE LAWSUIT THAT CLASS REPRESENTATIVES FILED, ON BEHALF OF THEMSELVES AND OTHERS SIMILARLY SITUATED, IN THE EASTERN DISTRICT OF NEW YORK AGAINST DEFENDANTS GENTING NEW YORK LLC D/B/A RESORTS WORLD CASINO NEW YORK CITY, WHICH HAS BEEN ASSIGNED CASE NUMBER 14-CV-00257 (THE “ACTION”).

I hereby designate the law firm of Phillips & Associates, PLLC to represent me in the Action.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO ITS TERMS.

Date

Signature