

**Opt In Form of Consent to Become a Party Plaintiff in a Collective Action**

**Under the Fair Labor Standards Act**

PLEASE COMPLETE THIS CLAIM FORM IF YOU WANT TO PARTICIPATE IN THE COLLECTIVE ACTION THAT IS DESCRIBED IN THE ACCOMPANYING "NOTICE OF A LAWSUIT FOR UNPAID WAGES AND OVERTIME THAT YOU CAN JOIN."

**I. CONTACT INFORMATION AND VERIFICATION**

**IF NECESSARY, PLEASE UPDATE YOUR ADDRESS BELOW**

Class member name:  
Address:  
City, State Zip:  
Email address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Daytime Telephone Number**

**Employee Name:**

**SIGN THE CONSENT AND VERIFICATION**

By signing, you certify that you were employed by AT&T (as defined in the Notice) at one of the call centers located in AT&T's Midwest Region as an hourly-paid employee between September 30, 2012 and the present, that you were not paid for all time you worked, and that your name and address written above are correct.

You also hereby consent and agree to join this Lawsuit, and you hereby opt in to become a plaintiff in the Lawsuit and consent to be bound by any judgment entered in the lawsuit, as described in the attached Notice.

**By signing this Claim Form, I agree to be bound by any Judgment entered by the Court in this case.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**II. IMPORTANT: If your address changes, send the Claims Administrator your new address. It is your responsibility to keep your address on file with the Claims Administrator so that you can be sure to receive future notices.**

Please mail this completed Opt-In Form to the Claims Administrator at the address listed below. You may use the enclosed postage-paid envelope. The address of the Claims Administrator is: **FLSA Lawsuit Against AT&T c/o Dahl Administration, PO Box 3614, Minneapolis MN 55403-0614, Fax: 1-952-955-4589, Email: AT&TFLSA@DahlAdministration.com.**

**IMPORTANT NOTE ABOUT DELIVERY: If you fail to ensure delivery of your Claim and Opt-In Form by the deadline, you will not be entitled to any benefits or money under this Settlement. Class Counsel strongly urge you to utilize email, certified or registered mail to deliver your claim form to the Claims Administrator so that you will have independent documentation of delivery**

If you have any questions about completing this Opt-In Form, please call Class Counsel at Telephone: **1-312-546-5056** or the Claims Administrator toll free at **1-888-755-9508**.