

**CLASS WORKWEEK DISPUTE FORM**

SUPERIOR COURT OF THE STATE OF CALIFORNIA – COUNTY OF TULARE  
CASE NO.: VCU293519

<<MERGED\_Name>>  
<<MERGED\_Address>>  
<<City>>, <<State>> <<Zip Code>>  
XX - XX - \_ \_ \_ \_

Indicate Name/Address Changes, if any:

**INSTRUCTIONS**

IF YOU WERE EMPLOYED BY PACIFIC DISTRIBUTING, INC. (“DEFENDANT”) AS A NON-EXEMPT HOURLY EMPLOYEE, BETWEEN **SEPTEMBER 27, 2018 THROUGH SEPTEMBER 6, 2024** THEN YOU ARE A SETTLEMENT CLASS MEMBER.

The amount of your estimated Settlement Payment is based upon the Workweeks you worked for Defendant in California between September 27, 2018 through September 6, 2024. “Workweeks” are defined as the number of days in which you worked and divided by seven (7). The number of Workweeks applicable to your claim is set forth below. If you believe that the number of weeks stated is incorrect, you may dispute the number of weeks by submitting a completed Dispute Form with supporting document on or before May 27, 2025. **If you believe that the number of weeks stated below is correct, you do not have to do anything.**

If you have moved or may move in the future, you must immediately send your new address to the Settlement Administrator at the address listed above; otherwise, your individual settlement payment may not reach you. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your settlement payment.

**I. YOUR COMPENSABLE WORK WEEKS**

Defendant’s records show that during the Class Period (September 27, 2018 through September 6, 2024), you worked as an hourly employee, in California, which qualifies you as a Settlement Class Member and your total number of Workweeks in this position are: <<MERGED\_ClassWW>>.

**II. YOUR ESTIMATED SETTLEMENT PAYMENT**

Based upon the above numbers of Workweeks, your estimated pre-tax Settlement Payment is \$<<MERGED\_ClassAward>>.

**III. CHALLENGE TO WORK WEEKS**

If you wish to dispute the Eligible Workweeks data listed above, you must postmark your dispute and provide all supporting information and/or documentation to the Settlement Administrator by **May 27, 2025**.

*Check a box below ONLY if you wish to dispute the dates listed above:*

☐ I wish to dispute the number of Workweeks listed above. I believe the correct amount of my work weeks is \_\_\_\_\_. I have also included information and/or documentary evidence that support my dispute (such as paystubs, time records, tax documents). I understand that, by submitting this dispute, I hereby authorize the Settlement Administrator to review Defendant’s records and make a determination as to the validity of my dispute based upon Defendant’s records as well as the records and information that I submit to the Settlement Administrator.

I declare under penalty of perjury under the laws of the State of California and the United States of America that the information I provided in this Workweek Dispute Form is true and correct.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

**MAIL TO:**

**ILYM Group, Inc.  
P.O. Box 2031  
Tustin, CA 92781  
Telephone: (888) 250-6810  
Fax: (888) 845-6185  
Email: [claims@ilymgroup.com](mailto:claims@ilymgroup.com)**

**IF YOU ARE CONTESTING THE AMOUNT OF YOUR ELIGIBLE WORKWEEKS, TO CHALLENGE YOUR WORK  
WEEK AMOUNT YOU MUST SIGN AND POSTMARK AND RETURN THIS FORM TO THE SETTLEMENT  
ADMINISTRATOR ON OR BEFORE  
MAY 27, 2025.**