

*Even If You Signed Cerner's Arbitration Agreement, You Are Still Eligible To Participate In This Settlement*

**THIS CLAIM FORM MUST BE SIGNED AND POSTMARKED BY  
APRIL 30, 2018**

**Fred Speer et al. v. Cerner Corporation**

U.S. District Court, Western District of Missouri, Case No. 4:14-cv-00204-FJG

**SETTLEMENT CLAIM FORM**

**ELIGIBLE SETTLEMENT AMOUNT: <<ELIGIBLE SETTLEMENT AMOUNT>>**

You should have reviewed the Rule 23 Settlement Notice mailed with this Claim Form to understand your rights under the preliminary Settlement of the wage claims asserted in this Lawsuit. If, after reviewing that Notice, you wish to participate in the Settlement and you consent to the release of BOTH your state and federal law claims, you must complete this Claim Form and return it no later than **April 30, 2018**.

If the Court grants final approval of the Settlement and you timely return this completed Claim Form, you will receive the Eligible Settlement Amount listed above, less applicable taxes and withholdings.

**CLAIMANT VERIFICATION**

By signing below, I verify that I give my consent to participate in and make a claim against the Settlement. I agree and understand that if the proposed Settlement is approved by the Court and becomes effective, then I will release both the Missouri state law and federal law claims described in the Settlement Notice, which accompanied this Claim Form. I understand that, even though I did not previously opt in to the FLSA Class, the recovery available to me now is wholly inclusive of the recovery available to FLSA Opt-Ins, and I thereby consent to release both federal and state overtime claims.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Cerner will not be informed of the identity of those who choose to participate.*

**IMPORTANT: If you have a name or address change, please fill out the form on the back of this page.**

**Cerner Overtime Settlement**  
c/o Analytics  
P.O. Box 2006  
Chanhassen, MN 55317-2006

ABC1234567890

Claim Number: 111111



JOHN Q CLASSMEMBER  
123 MAIN ST  
APT 1  
ANYTOWN, ST 12345

**Please fill out the form below:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***(SEE REVERSE SIDE FOR CLAIM FORM)***