

IMPORTANT LEGAL MATERIALS

FOR OFFICIAL USE ONLY
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WORKWEEKS FORM

In the matter of:
Ortegon-Ramirez v. Cedar Fair L.P., et al.
Santa Clara County Superior Court, Case No. 1-13-CV-254098

INSTRUCTIONS: IF THE WORKWEEK INFORMATION IN SECTION A, BELOW, IS INCORRECT, YOU MUST PROVIDE THE CORRECT INFORMATION IN THE SPACE PROVIDED IN SECTION B, BELOW, **AND PROMPTLY RETURN THIS FORM, POSTMARKED ON OR BEFORE AUGUST 11, 2015, TO:**

Ortegon-Ramirez v. Cedar Fair Class Action Claims Administrator
c/o Rust Consulting, Inc. - 4722
PO Box 2396
Faribault, MN 55021-9096
Telephone: (877) 522-0019

1. CLAIMANT IDENTIFICATION

CORRECT INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Telephone (home): (_____) _____

Telephone (work/cell): (_____) _____

IF ANY OF THE INFORMATION ABOVE IS INCORRECT, YOU MUST PROVIDE THE CORRECT INFORMATION IN THE SPACE PROVIDED ABOVE.

2. EMPLOYMENT WITH CEDAR FAIR

Section A: Claim Based on Company's Records

The Company's records indicate that you worked for Cedar Fair in California as a non-exempt hourly or salaried employee at some point during the time period from October 3, 2009 to May 15, 2015 ("the Class Period").

Questions? Call (877) 522-0019
Claims Postmark Deadline: August 11, 2015



The amount that you will receive if you do not exclude yourself from the Settlement depends on the number of weeks that you worked for the Company in a non-exempt position in California during the Class Period ("Qualifying Workweeks"). Cedar Fair's records show that you were employed a total of _____ Qualifying Workweeks between October 3, 2009 and May 15, 2015. The estimated amount of your Individual Settlement Award is \$_____. Your Individual Settlement Award was determined on a *pro rata* basis with all other Class Members' Qualifying Workweeks as explained in the attached Notice.

Please note the Individual Settlement Award stated here is an estimate. The actual amount you receive may be different, subject to Court approval of deductions from the Maximum Settlement Amount, actual costs of administration, and participation by other Class Members. The Individual Settlement Award to each Participating Class Member is required by law to be reduced by applicable payroll tax withholdings and deductions. No representation is made by the Class Representative, Class Counsel or Defendants concerning the tax consequences of the Settlement or your election to participate in the Settlement.

If you agree with the Qualifying Workweeks, no further action is required of you, and you will receive your share of the Settlement upon Final Approval by the Court. **If you disagree with the Qualifying Workweeks stated above, please complete Section B below before you sign, date and return this Form.** Your completed Workweeks Form must be postmarked or received by the Claims Administrator **on or before August 11, 2015.**

It is your responsibility to ensure the Claims Administrator has timely received your Workweeks Form. You may contact the Claims Administrator at the toll-free number below to ensure that your Workweeks Form has been received.

Equally important, is your responsibility to keep a current address on file with the Claims Administrator to ensure receipt of your share of the Settlement.

Section B: Claim Based on Information Provided by Class Member

Complete this section **ONLY IF** you believe that the information set forth in Section A, above, is not accurate. When you return this Form to the Claims Administrator, **you should also send any documentation you have** that supports or relates to the information that you provide in this Section B. Weeks worked for Cedar Fair in California in non-qualifying positions or prior to October 3, 2009, are not included in the determination of Qualifying Workweeks.

Information regarding _____, is as follows:
Your Name

Time Periods Worked <i>(Provide beginning and end dates.)</i>
1.
2.
3.
4.
5.

Signed: _____ * Date: _____

Print Name: _____ * Last 4 Digits of your Social Security Number: _____ *

*Required Information

CLAIM NO.: _____