

CLASS NOTICE OPTION SELECTION CLAIM FORM

IMPORTANT

You Must Select ONE Of the Four Options and Follow the Instructions Below. Failure to do so may result in your forfeiting your rights. CHOOSE ONLY ONE



OPTION 1

Acceptance of Settlement -- I choose to participate as a settlement class member and receive the approximate \$1,331.45 settlement benefit. By signing below, I affirm that I am a former employee of Macon County Greyhound Park, Inc. who was permanently laid off in January or February 2010 and that I was covered by the Macon County Greyhound Park, Inc.'s Blue Cross and Blue Shield group health insurance plan. I affirm my belief that I did not receive adequate COBRA/ARRA notification following my layoff and that I was not rehired by Macon County Greyhound Park, Inc., following my layoff. I understand that if the above statements are true and I wish to participate in the class action settlement, I must provide the requested information and return this Claim Form to First Class, Inc., 5410 West Roosevelt Road, Suite 222, Chicago, Illinois 60644-1479. If the settlement is approved by the Court, I will receive a payment in the amount of approximately \$1,331.45. (This amount could change slightly based upon the incorrect inclusion or omission of possible class members.)

I swear and affirm that I am not currently in bankruptcy and that I understand that I am responsible for payment of any and all taxes from the class action settlement.

Name – **PLEASE PRINT**

Name – **SIGNATURE**

Date of Birth: _____

Social Security No.: _____

CURRENT ADDRESS:

CURRENT TELEPHONE(S):

Street Address

Home: _____

Work: _____

Post Office Box # (if applicable)

Cell: _____

City State Zip

Email Address:

If you choose Option 1, please print and sign your name and provide your telephone number. Return this form in the pre-addressed, stamped envelope provided for your convenience. You need not take any further action.

OPTION 2

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(Do not participate) - I do **NOT** wish to participate in this lawsuit against Macon County Greyhound Park ("VictoryLand"). By selecting this option, I understand that I am waiving my rights to bring any future action as described in detail in the TERMS OF RELEASE. I also understand that I am waiving (giving up) my claim to the \$1,331.45 settlement benefit that is being held in trust to be paid to settlement class members. I understand that after making this selection I cannot come back later and select another option.

Print Your Name: _____ Your Signature: _____
Your Telephone Number: _____

If you choose Option 2, please print and sign your name and provide your telephone number. Return this form in the pre-addressed, stamped envelope provided for your convenience. You need not take any further action.

OPTION 3

(Bring your own Lawsuit) - I do **NOT** wish to participate in this lawsuit against Macon County Greyhound Park ("VictoryLand") and thereby waive all present and future claims to the settlement benefit amount of \$1,331.45. By selecting this option I certify that I have special damages in excess of the settlement claim amount of \$1,331.45 and I intend to bring my own lawsuit. (In order to choose this option you must have special damages in excess of the settlement claim amount.). This letter must be postmarked *no later than* **(45 days from the date of mailing)**. Furthermore, I understand that I will be responsible for retaining my own Attorney and all Attorneys' fees, costs, and expenses in prosecuting my personal action will be at my personal expense and that the Attorneys appointed by the Court (Class Counsel) will **not be** representing me or assisting me in the prosecution of my case. I understand that it will be my responsibility to prove liability, that there has been no judicial determination of liability, VictoryLand denies liability, and if I am unable to prove liability in the appropriate Court of Law there no award for damages, including special damages that I may have incurred.

Print Your Name: _____ Your Signature: _____
Your Telephone Number: _____

*If you choose Option 3, please print and sign your name and provide your telephone number. Return this form in the pre-addressed, stamped envelope provided for your convenience *postmarked no later than* **(45 days from the date of mailing)**.*

OPTION 4

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Objection to Settlement - I intend to object to the proposed settlement. The reason for my objection is; (PLEASE DESCRIBE IN DETAIL YOUR REASON FOR OBJECTING IN THE SPACE BELOW. If you need more room you may also write on the back.)

Print Your Name: _____ Your Signature: _____
Your Telephone Number: _____

NOTICE OF INTENTION TO APPEAR.

YES. BY CHECKING THE BOX ABOVE, I REQUEST THAT I BE ALLOWED TO SPEAK AT THE HEARING ON APPROVAL OF THE SETTLEMENT

If you choose Option 4, please print and sign your name and provide your telephone number. Return this form in the pre-addressed, stamped envelope provided for your convenience. You must then send your written objection(s), postmarked no later than (45 days from the date of the mailing): In addition to all of the above, if you wish to be allowed to speak at the hearing on approval of the settlement, you must check the box "Notice of Intention to Appear."