

Medgebow v. Checkers Claims Administrator
P.O. Box 404000
Louisville, KY 40233-4000



C3M

Medgebow v. Checkers Drive-In Restaurants, Inc.
U.S.D.C. SOUTHERN DISTRICT OF FLORIDA
Case No. 9:19-cv-80090

**Must Be Postmarked No Later Than
August 13, 2019**

Claim Form

CLAIMANT INFORMATION

First Name				M.I.	Last Name			
Primary Address								
Primary Address Continued								
City					State	Zip Code		
Foreign Province			Foreign Postal Code		Foreign Country Name/Abbreviation			

TO RECEIVE CASH BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM.

YOU MUST MAIL OR SUBMIT THIS CLAIM FORM ONLINE TO:

**MEDGEBOW V. CHECKERS CLAIMS ADMINISTRATOR, P.O. BOX 404000, LOUISVILLE, KY 40233-4000;
OR WWW.CDIRSETTLEMENT.COM**

YOUR CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE ON OR BEFORE AUGUST 13, 2019.

1. CLAIMANT INFORMATION:

ALL CELLULAR TELEPHONE NUMBERS THAT MAY HAVE RECEIVED TEXT MESSAGES FROM CHECKERS AFTER MAKING AN OPT-OUT REQUEST:

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	—		—			—		—		

CURRENT CONTACT TELEPHONE NUMBER:

E-MAIL ADDRESS:

2. AFFIRMATION:

By signing below, I affirm that I received a text message from Checkers during the Class Period after making an opt-out request.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

QUESTIONS? VISIT WWW.CDIRSETTLEMENT.COM OR CALL 877-236-9485



FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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