



TXE

«Barcode»

Postal Service: Please do not mark barcode

Claim#: TXE-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

**EEOC V. TEXAS ROADHOUSE, INC,
TEXAS ROADHOUSE HOLDINGS
LLC, AND TEXAS ROADHOUSE
MANAGEMENT CORP. d/b/a TEXAS
ROADHOUSE**

Civil Action No. 1:11-cv-11732-DJC (U.S.
District Court – District of Massachusetts)

**Must Be Received
No Later Than
Month XX, 2017**

CLASS FUND CLAIM FORM

Pin Code: <<PinCode>>

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address

Primary Address Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

ELIGIBILITY INFORMATION AND INSTRUCTIONS FOR THIS FORM

You may be eligible to receive a monetary award from the Class Fund only if you meet all of the following requirements:

- (1) You applied for a front-of-house position (server, host/hostess, bartender, busser/server assistant) at a company-owned Texas Roadhouse restaurant;
- (2) You were 40 years of age or older at the time of your application;
- (3) Your application was submitted at anytime during the period January 1, 2007 through December 31, 2014;
and
- (4) You were not hired or offered employment by Texas Roadhouse in connection with your job application.

IF YOU DO NOT MEET THE ABOVE REQUIREMENTS, YOU ARE NOT ELIGIBLE TO RECEIVE A MONETARY AWARD. DO NOT SUBMIT A CLAIM FORM.

In order to participate, you must answer the questions below. You must also submit documents relating to earnings since the time of your application, if available. If you are unsure of an answer, please provide your best estimate based on your memory. **Your responses are made under penalty of perjury to EEOC, a federal law enforcement agency. It is illegal to give answers on this form that you know are untrue at the time that you give them.**

This form must be submitted electronically at www.EEOCADEASettlement.com OR received by mail no later than [insert date] or you may not be eligible to participate in the claims fund.



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

(1) Location of Restaurant Where You Applied

Grid for Street Address

Street Address

Grid for City

City

Grid for State

State

Grid for Zip Code

Zip Code

Type of Job You Applied For (check all that apply):

- Server (If you applied more than once, list dates: []/[]/[])
Host/Hostess (If you applied more than once, list dates: []/[]/[])
Bartender (If you applied more than once, list dates: []/[]/[])
Busser/Server Assistant (If you applied more than once, list dates: []/[]/[])

What type of position were you seeking? Full-time Part-time

(2) Did you receive an offer of employment for the job you applied for at Texas Roadhouse? Yes No

If the answer is "yes," what job were you offered?

Grid for job offered

(3) Were you employed at the time you applied at Texas Roadhouse? Yes No

If you were employed at the time you applied at Texas Roadhouse, did you plan to leave that job if hired by Texas Roadhouse or to use Texas Roadhouse as a second job? Leave that Job Use Texas Roadhouse as a Second Job

If you were unemployed at the time you applied at Texas Roadhouse, when were you next employed? Not Applicable
Date of Employment (if you do not know the date on which you were next employed after applying to Texas Roadhouse, how long were you employed until you were next employed?)

Grid for Date of Employment

(4) List the first two jobs you held after the date you applied for a front-of-house position with Texas Roadhouse, including employer, hours worked per week, rate of pay and dates of employment. (EEOC cannot determine your monetary award unless you provide this information):

Employer grid

Position grid

Avg. Hours Per Week, Start Date, End Date, Rate of Pay grid

Reason for Leaving (if applicable) grid



Taxpayer Identification Number Certification

Substitute IRS Form W-9

Enter your Social Security Number: — —

Full Legal Name (must match IRS records)

I certify that:

1. The social security number shown on this form correctly states my taxpayer identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or authorized to work in the U.S.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

I hereby declare, under penalty of perjury under the laws of the United States of America, that the foregoing information is true and correct to the best of my memory, belief, and knowledge.

Signature

Date

*Please note that your answers to the above questions may be subject to verification or follow-up through interviews conducted by EEOC personnel or by other means.

Email Address

— —

Area code Telephone number (personal)

— —

Area code Telephone number (secondary)

