

**GLOVER/ALBRECHT CLASS ACTION  
OFFICIAL CLAIM FORM – 1**

If you were employed by the United States Postal Service (USPS) between January 1, 1992 and November 20, 2003, in a permanent rehabilitation position throughout the United States, you may be eligible to receive monetary or other relief under this class action settlement by filing this claim form.

***Instructions:***

**Important -your rights will be affected by the information you provide on this claim form.** To make a claim, you must mail this claim form, postmarked no later than August 23, 2004, to the Claims Administrator, or if you received this claim form in the mail directly from the USPS, you have 45 days from the postmark on the envelope to return the claim form to the Claims Administrator. If you do not file this claim form, you will waive your right to be eligible to receive any monetary or other individual relief in this case.

To make a claim, you must file this claim form. You should file this claim form even if you are unsure of the answers to any of the questions below. Lawyers appointed to represent claimants (“class counsel”) will investigate your claim. There will be no charge to you. If you have any questions about this claim form, or your eligibility to make a claim, you may receive free legal advice from class counsel, who may be contacted at 1-800-280-8301 toll free. Additional information about the claims process may be found at [www.gloverclass.com](http://www.gloverclass.com).

If you are a class member and would like to be considered for monetary or other relief under the terms of the class action settlement agreement, you must complete and sign this claim form, which includes a waiver and release provision. You must mail this claim form, postmarked no later than August 23, 2004, to the Claims Administrator listed below or if you received this claim form in the mail directly from the USPS, you have 45 days from the postmark on the envelope to return the claim form to the Claims Administrator below.

**UNITED STATES POSTAL SERVICE  
GLOVER/ALBRECHT CLASS CLAIM ADMINISTRATOR  
PO BOX 2007  
CHANHASSEN, MN 55317-2007**

If this claim form is received after the applicable claim form return deadline above, you will not receive any monetary or other individual relief under the terms of the class action settlement agreement, unless you submit with your claim form written evidence that proves: (1) you were out of the United States (including territories, possessions, and commonwealths) during the period when the claim form should have been returned (note: you will only be eligible for individual relief for this reason if your claim form was received in the same or fewer days after the applicable claim form return deadline as you were out of the United States); (2) the class member died prior to the applicable claim form return deadline; or (3) the class member was in a comatose state or was found by a court of competent jurisdiction to be legally incapacitated during the period when this form should have been received. Nonetheless, if your claim form is received after January 6, 2005 you will not receive any monetary or other individual

relief under the terms of the class action settlement agreement, regardless of the reason for the delay. Class counsel, in conjunction with the USPS, or an independent arbitrator will decide based solely upon any written evidence submitted with the claim form whether your claim form will be accepted as a late claim or will be dismissed. The joint determination of counsel or the determination of the independent arbitrator will be final and binding with no appeals, motions to confirm or motions to vacate. If you have any questions regarding late claims, contact class counsel at 1-800-280-8301 or visit [www.gloverclass.com](http://www.gloverclass.com). Remember, if you miss the filing deadline, and you do not submit evidence with your claim form that meets one of the three exceptions set forth above, you will not receive any monetary or other individual relief under the terms of the class action settlement.

**I. Personal Information:**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year)

4. While employed by the Postal Service, what, if any, other names were you known by?  
\_\_\_\_\_

5. Current home/mailling address: \_\_\_\_\_  
(Street or P.O. Box) (Apt Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

6. Home telephone number: \_\_\_\_\_

7. Email address: \_\_\_\_\_

8. Are you currently employed by the United States Postal Service? \_\_\_ yes \_\_\_ no

If yes, a) current duty location: \_\_\_\_\_  
(Facility, City and State)

If no, b) what was your last duty location? \_\_\_\_\_  
(Facility, City and State)

**II. Claim Information**

9. Have you at any time from January 1, 1992, to November 20, 2003, held a permanent rehabilitation position at the Postal Service? [You held a permanent rehabilitation position if at any time during this time period you: a) were injured on the job as a Postal Service employee and had a claim for lost wages and permanent partial disability accepted by the Office of Workers Compensation Programs of the Department of Labor and b) were provided with an indefinite modified job assignment or position upon return to work.]

\_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

**If you answered "yes" or "not sure" to Question 9, please complete questions 10, 11, 12, 13 and Section III. Signature, Releases, and Confidentiality Agreement, with regard to the time period you were in a permanent rehabilitation position.**

10. Please briefly describe your on-the-job injury and provide the date of your injury and the OWCP claim number, if you know: \_\_\_\_\_  
\_\_\_\_\_

11. a) While in your permanent rehabilitation position, were you interested in a promotion, training, assignment, detail or award?

\_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

If you answered "yes" to question 11(a) above, please specify the type of opportunity in which you were interested:

- b) Promotion to a union/craft position with a higher grade or salary:

\_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

- c) Promotion to a non-union position (i.e. supervisor, postmaster, etc.) with a higher grade or salary:

\_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

- d) Training for a higher-level position: \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

- e) Assignment: \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

- f) Detail: \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

- g) An award you thought you were entitled to: \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_ not sure

h) If you indicated "yes" in items (b) through (g) above, please provide as much information about the opportunity as you can recall, such as the job title, the facility, the date the opportunity was available, and the name of the person(s) who received it.

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12. a) While in the permanent rehabilitation position, did you bid/apply for a promotion, training, assignment, detail or award opportunity?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

If you answered "yes" to question 12(a) above, please specify the type of opportunity for which you bid or applied:

b) Promotion to a union/craft position with a higher grade or salary:

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

c) Promotion to a non-union position (i.e. supervisor, postmaster, etc.) with a higher grade or salary:

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

d) Training for a higher level position: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

e) Assignment: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

f) Detail: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

g) An award you thought you were entitled to: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

h) If you indicated "yes" in items (b) through (g) above, and did not receive an opportunity for which you applied or bid, please provide as much information about the opportunity as you can recall, such as the job title, the facility, the date of your application, and the name of the person(s) who received this position, assignment, or detail.

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13. a) While you were in a permanent rehabilitation position, did you receive a promotion, detail, training, award or assignment?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure

If you answered "yes" to question 13(a) above, please specify the type of opportunity you received:

- b) Promotion to a union/craft position with a higher grade or salary:  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure
- c) Promotion to a non-union position (i.e. supervisor, postmaster, etc.) with a higher grade or salary:  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure
- d) Training for a higher level position: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure
- e) Assignment: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure
- f) Detail: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure
- g) An award you thought you were entitled to: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure
- h) If you indicated "yes" in items (b) through (g) above, please provide as much information about the opportunity as you can recall, such as the job title, the facility, the date of your application, and the name of the person(s) who received this position, assignment, or detail.

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### **III. Signature, Releases, and Confidentiality Agreement**

Under the United States Equal Employment Opportunity Commission regulations, the claims process is your sole remedy for any claim(s) that is covered by the class action. If you participate in the claims process, you will surrender any right you may have to appeal the settlement agreement to the EEOC, any right you may have to file a civil action in a federal court, and any other right you may have to seek relief for a claim included in the class action certification.

For your claim form to be processed: (1) you must sign this claim form below, (2) you must indicate below that you authorize release of your files, (3) you must indicate below that you agree to proceed through the claims process, and (4) you must indicate below that you agree not to disclose any confidential information that you may learn during the claims process to anyone outside the claims process.

For claims to be evaluated, you must also authorize the release of your files to representatives of the United States Postal Service ("USPS"), attorneys representing the class ("Class Counsel"), your own personal attorney, if any, and to any mediator, arbitrator, administrative judge or office of the EEOC. The information that will be released may include, but is not limited to, this Claim Form 1, your official personnel records, bid records, applications, payroll and work history computerized data, injury compensation information, and Equal Employment Opportunity ("EEO") files maintained by the USPS. This information may be used throughout the claims process including, but not limited to, as hearing exhibits in the event that claims are arbitrated.

