

**SECTION II - ELIGIBILITY FOR A MONETARY AWARD**

You may be entitled to, and will be considered for, backpay (lost salary and benefits), reimbursement of medical expenses and lost pension and retirement benefits. Answers to these questions will help to determine your membership in the class and eligibility for monetary relief. **Please review the statements and questions below and check the box and/or fill in the blanks as they apply to you. You must answer every question.**

1. Please select your race:
☐ African American ☐ Latino
2. Have you worked as a teacher for the New York City Department of Education ("DOE") at any time since the date you first failed the LAST?
☐ Yes ☐ No
3. Did you fail any administration of the Liberal Arts and Sciences Test ("LAST") **for the first time** on or after February 14, 2004?
☐ Yes ☐ No
4. Are you a United States citizen?
☐ Yes ☐ No
 - If you are a naturalized U.S. Citizen, when did you obtain your citizenship?
 / / (mm/dd/yyyy)
 - If you are not a United States citizen, do you have a Green Card?
☐ Yes ☐ No
 If yes, when did you obtain your Green Card?
 / / (mm/dd/yyyy)
 - If you are not a United States citizen and you do not have a Green Card, do you have an H1 Visa?
☐ Yes ☐ No
 If yes, when did you obtain the H1 Visa?
 / / (mm/dd/yyyy)
5. Have you collected any award of backpay from any employer as a result of a judgment or settlement of a lawsuit alleging discrimination from the time you failed the LAST through the present?
☐ Yes ☐ No
6. Have you received unemployment compensation from the City of New York since you left the DOE?
☐ Yes ☐ No
7. Have you received disability benefits from the City of New York since you left the DOE?
☐ Yes ☐ No

SECTION II - ELIGIBILITY FOR A MONETARY AWARD (CONTINUED)

- ☐ Yes ☐ No

[illegible]

- ☐ Yes ☐ No

- | | Yes* | No |
|--|------|-----|
| 1. I have a good understanding of the company's financial performance. | 50% | 50% |
| 2. I am confident in the company's future prospects. | 60% | 40% |
| 3. I believe the company is well-managed. | 70% | 30% |
| 4. I am satisfied with the company's customer service. | 80% | 20% |
| 5. I would recommend the company to others. | 90% | 10% |

Yes No

- ☐ **Please check here** if you have documents establishing the amounts you have paid for medical care since first failing the LAST.

- Yes No**



SECTION II - ELIGIBILITY FOR A MONETARY AWARD (CONTINUED)

14. Please list your work history from when you first failed the LAST through today, including any positions with the DOE, positions with the United States military during periods of active duty, or any other employment. If you cannot recall when you first failed the LAST, please list your work history starting from February 14, 2004. If you were a full-time student, unemployed, retired, disabled, etc. please indicate that in the spaces provided. Indicate the beginning and ending month and year for each job, occupation, or other event. **Do not leave any gaps in the timeline.** Please attach additional pages if necessary.

Reminder: At the end of this Claim Form is a Consent Form for the Social Security Administration. Please be sure to fill out and sign this Claim Form AND the Consent Form. The Consent Form will only be used to obtain your earnings information from the Social Security Administration if you are eligible for an award and to assist in calculating the monetary award you may receive. Certain information on the attached form has already been completed for you. Please complete the remainder of the form. If you have any questions, please contact the Claims Administrator.

Starting Month/Year:

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Ending Month/Year:

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Employer:

Position:

Starting Month/Year:

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Ending Month/Year:

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Employer:

Position:

Starting Month/Year:

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Ending Month/Year:

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Employer:

Position:

Starting Month/Year:

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Ending Month/Year:

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Employer:

Position:

SECTION II - ELIGIBILITY FOR A MONETARY AWARD (CONTINUED)

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|---|---|
| Starting Month/Year: | Ending Month/Year: |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Employer: | |
| <input type="text"/> | |
| Position: | |
| <input type="text"/> | |

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| Starting Month/Year: | Ending Month/Year: |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Employer: | |
| <input type="text"/> | |
| Position: | |
| <input type="text"/> | |

Starting Month/Year:

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Ending Month/Year:

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Employer:

Position:

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| Starting Month/Year: | Ending Month/Year: |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Employer: | <input type="text"/> |
| Position: | <input type="text"/> |

Starting Month/Year:

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Ending Month/Year:

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Employer:

Position:



SECTION III - ELIGIBILITY TO OBTAIN INITIAL CERTIFICATION TO TEACH IN NEW YORK CITY PUBLIC SCHOOLS

If you have not already obtained a New York State teaching certificate, you may be able to obtain the equivalent of initial certification that will allow you to apply to teach in the New York City public schools even if you have not passed the LAST (or its successor, the ALST). You will have to provide confirmation that you have met all of the requirements for an initial certificate, other than passing the LAST, to be eligible to apply to teach in the New York City public schools.

☐ **Please check here** if you have not already obtained a New York State teaching certificate, and you are interested in obtaining initial certification to teach in New York City public schools. Checking this box merely indicates your interest in becoming certified and does not mean you will be hired. Also, you will not have to accept a position if the City offers one to you. If you check this box, Plaintiffs' attorneys will contact you with additional information regarding this form of relief.

SECTION IV - EXECUTOR OR ADMINISTRATOR INFORMATION

☐ Check here if you are completing this form as the executor of a Claimant's estate or with power of attorney for a Claimant. Please write that person's name, social security number, and contact information, in Section I of this form. Please enter your own name and contact information below. Please also provide documentation along with this Claim Form regarding your authority to submit this form on behalf of the Claimant.

Your Name (first, middle, last):

Address:

City:

State:

Zip:

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Home Telephone Number:

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Work Telephone Number:

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Cell Telephone Number:

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Other Telephone Number:

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**SECTION V – ACKNOWLEDGMENT AND CERTIFICATION THAT
MY ANSWERS ARE TRUE AND CORRECT**

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background and eligibility for relief may be requested, and I may be required to provide that information to be eligible to receive any award the Court may order in this lawsuit; **and I further understand that filling out this Claim Form does not guarantee that I will receive any individual award in this lawsuit.**

I CERTIFY under penalty of perjury that the information above is true and correct.

Signature of Claimant, Executor, Trustee, Etc.

/ /

Date (mm/dd/yyyy)

Print your name here

Capacity of Signor if not Claimant

Mail your Claim Form and the attached Consent Form to the address listed below, upload them electronically using the Claimant Portal at www.gulinolitigation.com, or email them to questions@gulinolitigation.com.

Gulino v. Board of Education
PO Box 9000, #6543
Merrick, NY 11566-9000

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REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM TO REQUEST
YEARLY EARNINGS TOTALS

Yearly earnings totals are free to the public if you do not require certification.

To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount.

Privacy Act Statement Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, authorizes us to collect the information on this form. We will use the information you provide to identify your records and send the earnings information you request. Completion of this form is voluntary; however, failure to do so may prevent your request from being processed.

We rarely use the information in your earnings record for any purpose other than for determining your entitlement to Social Security benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

A complete list of routine uses for earnings information is available in our Systems of Records Notices entitled, the Earnings Recording and Self-Employment Income System (60-0059), the Master Beneficiary Record (60-0090), and the SSA-Initiated Personal Earnings and Benefit Estimate Statement (60-0224). In addition, you may choose to pay for the earnings information you requested with a credit card. 31 C.F.R. Part 206 specifically authorizes us to collect credit card information. The information you provide about your credit card is voluntary. Providing payment information is only necessary if you are making payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order). If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and the Social Security Administration's (SSA) account.

Routine uses applicable to credit card information, include but are not limited to: (1) to enable a third party or an agency to assist Social Security to effect a salary or an administrative offset or to an agent of SSA that is a consumer reporting agency for preparation of a commercial credit report in accordance with 31 U.S.C. §§ 3711, 3717, and 3718; and (2) to a consumer reporting agency or debt collection agent to aid in the collection of outstanding debts to the Federal Government. A complete list of routine uses for credit card information is available in our System of Records Notice entitled, the Financial Transactions of SSA Accounting and Finance Offices (60-0231). The notice, additional information regarding this form, routine uses of information, and our programs and systems is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name:

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Middle Initial:

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Last Name:

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Social Security Number (SSN)

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One SSN per request

Date of Birth:

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Date of Death:

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Other Name(s) Used
Maiden Name)

2. What kind of earnings information do you need? (Choose **ONE** of the following types of earnings or SSA must return this request.)

☐ **Itemized Statement of Earnings \$91.00**

(Includes the names and addresses of employers)

If you check this box, tell us why you need this information below.

Year(s) Requested:

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Year(s) Requested:

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☐ Check this box if you want the earnings information **CERTIFIED** for an additional \$34.00 fee.

☒ **Certified Yearly Totals of Earnings \$34.00**

(Does not include the names and addresses of employers) Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at www.ssa.gov/myaccount.

Year(s) Requested:

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|---|---|---|---|
| 1 | 9 | 9 | 3 |
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| 2 | 0 | 1 | 8 |
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Year(s) Requested:

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3. If you would like this information **sent to someone else**, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name Gullino v. Board of Education

Address PO Box 9000 #6543

State NY

City Merrick

ZIP Code 11566

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

Signature AND Printed Name of Individual or Legal Guardian

SSA must receive this form within 120 days from the date signed

Date

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Relationship (if applicable, you must attach proof)

Daytime Phone:

Address

State

City

ZIP Code

Witnesses must sign this form ONLY if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



INSTRUCTIONS FOR FILING A CLAIM TO BE CONSIDERED FOR A MONETARY AWARD AND/OR INITIAL CERTIFICATION TO TEACH IN NEW YORK CITY PUBLIC SCHOOLS

1. To be considered for an individual award in this lawsuit (such as money or initial teaching certification), you must return a completed Claim Form with your signature.

Please note: If you provide incomplete, incorrect, or inaccurate information, your claim may be denied. The information you provide will be used for processing of your claim and will not be used or released for any other purpose. Your Social Security Number is necessary for tax reporting purposes and will be kept strictly confidential.

Filling out the Claim Form does not guarantee that you will receive an award, but if you do not complete and return the Claim Form, you will not be eligible to receive benefits from this lawsuit.

2. This Claim Form includes a Social Security Administration Consent Form. Please be sure to fill out and sign the Claim Form AND the Consent Form. The Consent Form will only be used to obtain your earnings information from the Social Security Administration. If you are eligible for an award, this information will assist in calculating the amount of money you should receive. *Please write your claim number in the upper right corner of the Consent Form.* **Sections 2 and 3 of the Consent Form have already been completed for you. Please complete only sections 1 and 4 of the Consent Form. If you have any questions, please contact the Claims Administrator.**
3. **FILL OUT EVERY SECTION OF THE CLAIM FORM.**
4. Mail your Claim Form and Consent Form to the address listed below, upload them electronically using the Claimant Portal at <http://www.gulinolitigation.com>, or email them to questions@gulinolitigation.com.

Gulino v Board of Education
PO Box 9000, #6543
Merrick, NY 11566-9000

5. You may also complete this Claim Form online at www.gulinolitigation.com. Please click on the link "Submit Claim Form Online" and follow the instructions. Please note – You will still be required to complete, sign and return the Consent Form by mail or email in accordance with the instructions in #4 above.
6. **All forms must be postmarked or electronically submitted by May 31, 2017 or else you will lose the chance to receive an award (such as money or initial teaching certification), absent good cause.**
7. If you return the Claim Form and/or the attached Consent Form:
 - You authorize your materials to be shared among counsel for the parties, the New York City Department of Education, any expert witness retained by the parties, the Court, the Court-appointed Claims Administrator, and a Court-appointed Special Master.



- The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 45 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 45 days, please call the Claims Administrator toll free at 1 (844) 322-8233.
 - You may be asked for more information, so please look out for future mailings.
 - The Court will make the final decision about whether you are eligible for an award.
8. Please keep all records of your employment earnings, employment history, unemployment history (including records related to periods of disability), medical history, income taxes (including tax returns and W2 statements), out-of-pocket expenses for insurance and medical care, pension or retirement plan, and any public benefits (i.e. SNAP benefits, Section-8 housing, Medicaid, etc.) from the time you first failed the LAST through the present. You may be asked to provide these records.
9. Money awards will be calculated based on the standards of the Title VII statute and applicable case law. Under Title VII, a victim of employment discrimination is entitled to the salary he or she would have earned absent the discrimination, from the time of the wrongful employment action through the time of judgment. Backpay includes any anticipated raises and benefits the victim would have received, and it excludes salary earned through other employment during the backpay period. Victims are also ordinarily entitled to compounded interest on their overall backpay award. *See DeCurtis v. Upward Bound Int'l, Inc.*, 09-CV-5378, 2011 WL 4549412, *3, 6 (S.D.N.Y. Sept. 27, 2011); 42 U.S.C. § 2000e(g)(1).
10. For more information, please visit www.gulinolitigation.com or contact the Garden City Group, LLC, the Court-appointed Claims Administrator, at the address or phone number above, or by e-mail at questions@gulinolitigation.com. Please continue to periodically check www.gulinolitigation.com for further information concerning assistance with completing the Claim Form.
11. Before sending your Claim Form, please verify that you have completed the following sections:
- Section I – Claimant Information
 - Section II – Eligibility for a Monetary Award
 - Section III – Eligibility to Obtain Initial Certification to Teach in New York City Public Schools
 - Section IV – Executor or Administrator Information (if applicable)
 - Section V – Acknowledgment and Certification That My Answers are True and Correct
 - Social Security Administration Consent Form (Sections 1 & 4)