



Claim Form

Please read the Full Notice (available at www.IowaSchoolFoodSettlement.com)
carefully before filling out this Form.

If you or your student paid for food at one of the 894 schools in Iowa that have been members of a buying cooperative known as the Iowa Educators Consortium or The Iowa Association For Educational Purchasing (the "IEC") between January 1, 2000 and August 1, 2014 (referred to as the "Class Period" below), you may be entitled to compensation if you complete this Claim Form and follow the instructions to submit this Claim Form *or* if you fill out a Claim Form online, as described below.

Eligible Payments

You may be eligible to recover a settlement payment for all purchases of or payments for food at IEC-member schools for which you submit this Claim Form. The amount of payment for valid claims will depend in part on the number of valid claims made by Class Members. This is described in greater detail in the Full Notice available at www.IowaSchoolFoodSettlement.com.

How You Can Qualify for and Receive Payment

In order to obtain money from the Settlement, your signed Claim Form must be postmarked, faxed or sent electronically in PDF format to the Settlement Administrator no later than **September 30, 2014**, *or* you must fill out a Claim Form online no later than **September 30, 2014**, at www.IowaSchoolFoodSettlement.com.

All information that you submit in making a claim will be kept confidential.

A. YOUR INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Address
<input type="text"/>

Continuation of Primary Address
<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address (optional)
<input type="text"/>

Area code	Telephone number (home)	Area code	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. STUDENTS WHO ATTENDED AN IEC-MEMBER SCHOOL

For each student you identify who attended an IEC-Member School, you will be entitled to receive a one-time payment of up to \$3.50 per year of attendance up to a maximum of \$50 per student if you submit a valid, sworn and timely claim. If you are unsure whether the schools you identify are members of the IEC, you can check the list of IEC-Member Schools available at www.IowaSchoolFoodSettlement.com or call the Settlement Administrator.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B	<input type="radio"/> ATP
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NAME OF FIRST STUDENT

First Name

[Grid for First Name]

M.I.

[Grid for M.I.]

Last Name

[Grid for Last Name]

Date of Birth

[Grid for Date of Birth]

Name of Schools (K-12) Attended

[Grid for School Name 1]

Years Attended

[Grid for Years Attended 1]

Name of Schools (K-12) Attended

[Grid for School Name 2]

Years Attended

[Grid for Years Attended 2]

Name of Schools (K-12) Attended

[Grid for School Name 3]

Years Attended

[Grid for Years Attended 3]

Name of Schools (K-12) Attended

[Grid for School Name 4]

Years Attended

[Grid for Years Attended 4]

NAME OF SECOND STUDENT

First Name

[Grid for First Name]

M.I.

[Grid for M.I.]

Last Name

[Grid for Last Name]

Date of Birth

[Grid for Date of Birth]

Name of Schools (K-12) Attended

[Grid for School Name 1]

Years Attended

[Grid for Years Attended 1]

Name of Schools (K-12) Attended

[Grid for School Name 2]

Years Attended

[Grid for Years Attended 2]

Name of Schools (K-12) Attended

[Grid for School Name 3]

Years Attended

[Grid for Years Attended 3]

Name of Schools (K-12) Attended

[Grid for School Name 4]

Years Attended

[Grid for Years Attended 4]

C. VERIFICATION

I declare under penalty of perjury of the laws of the United States of America and the State of Iowa that all the information provided in this Claim Form is, to the best of my knowledge, accurate and correct.

Signature

Print Name

Month/Date/Year

Please keep a copy of your completed Claim Form for your records.

Please mail, fax or email your completed Claim Form to:

IOWA SCHOOL FOOD SETTLEMENT ADMINISTRATOR

c/o Gilardi & Co. LLC

P.O. Box 8060

San Rafael, CA 94912-8060

1-888-223-8707

Fax: 1-415-256-9756

info@IowaSchoolFoodSettlement.com

YOUR SIGNED CLAIM FORM MUST BE POSTMARKED, FAXED OR SENT ELECTRONICALLY IN PDF FORMAT TO THE SETTLEMENT ADMINISTRATOR NO LATER THAN SEPTEMBER 30, 2014.

ALTERNATIVELY, YOU MUST FILL OUT A CLAIM FORM ONLINE AT WWW.IOWASCHOOLFOODSETTLEMENT.COM BY SEPTEMBER 30, 2014.

IF YOU DO NOT SUBMIT A TIMELY CLAIM FORM, YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY PAYMENTS.

