

Gutensohn v. United States
Settlement Administrator
P.O. Box 301130
Los Angeles, CA 90030-1130



RCN

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Gutensohn, et al. v. United States

UNITED STATES COURT OF FEDERAL CLAIMS

Case No. 18-1804C

**Must Be Postmarked
No Later Than
November 4, 2024**

Claim Form

U.S. Court of Federal Claims

Gutensohn, et al. v. United States, No. 18-1804C

Opt-In Form To Be Filed ONLINE at WWW.NIGHTPREMIUMCASE.COM

This Form must be completed and filed online by November 4, 2024.

Please include me in the class in the case of *Gutensohn, et al. v. United States*, No. 18-1804C, in the United States Court of Federal Claims.

I meet the criteria to be a member of the class; I meet the following definition:

Registered Nurses and licensed practical nurses at the Richmond, Virginia VA Medical Center who had been regularly scheduled to work tours of duty at night between 6:00 p.m. and 6:00 a.m., and contiguous hours, who were paid a 10 percent premium pay differential, but who did not receive payment of night premium pay at the rate of 14 percent for which they were eligible and to which they were entitled from November 23, 2012.

By signing this Opt-In Form and submitting this form ONLINE at WWW.NIGHTPREMIUMCASE.COM, I certify that the information provided in this Form is true and correct.

By November 4, 2024, you must complete and file this Opt-In Form ONLINE at: WWW.NIGHTPREMIUMCASE.COM

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Primary Address											
City								State		ZIP Code	
Email Address											
Area Code			Telephone Number (Home)					Area Code			Telephone Number (Work)

(OR: Identify name of a deceased RN or LPN who you represent as an heir): _____

(Your name and address as an heir of a deceased RN or LPN): _____

(Your Telephone): _____

(Email): _____



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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