

CLAIM FORM INSTRUCTIONS AND INFORMATION

Defendant's records show that you have been employed by Ampac Paper LLC ("ProAmpac") as a converting department employee in ProAmpac's facility located in Walden, New York at some point between April 15, 2016 and July 31, 2024.

To be eligible to receive money from the settlement in the case *Jackson et al. v. Ampac Paper LLC*, No. 7:22-cv-03120 (NSR) (SDNY) you must complete and return the other side of this form by **October 24, 2025**

1. To receive your payment, you must complete and sign the other side of this form and return the completed claim form by mail, email, or fax by **October 24, 2025**, to Optime Administration. You can use the enclosed postage prepaid envelope to mail the Claim Form.
2. Your Claim Form must be postmarked, emailed, submitted electronically, or faxed on or before **October 24, 2025**, or it will be rejected.
3. If you mail, email, or fax your completed Claim Form, you will be sent a confirmation notice confirming that your Claim Form was timely submitted and received. If you do not receive a confirmation notice, you must contact the Settlement Administrator, Optime Administration to confirm that your Claim Form was received.
4. It is your responsibility to keep the Settlement Administrator informed of your current address.
5. Checks sent pursuant to this settlement will be void after 120 days.

Settlement Administrator:

ProAmpac Settlement
c/o Optime Administration, LLC
PO Box 3206, Brockton, MA 02304
Phone: 844-625-7313
Email: PROAMPAC@OPTIMEADMIN.COM
Fax: 781-287-0381

To participate in the settlement, complete, sign, and return the Claim Form on the other side of this page by **October 24, 2025** using the enclosed envelope addressed to Optime Administration

CLAIM FORM

Jackson et al. v. Ampac Paper LLC

Yes, I wish to participate in the settlement and receive a payment in exchange for my release of all wage and hour claims against Ampac Paper LLC pursuant to the terms of the Settlement Agreement in this case.

(Sign your name here)

(Date)

Print Your Name Here¹

(____) _____
Area Code Daytime Phone #

(____) _____
Area Code Cell Phone #

Email address

Address where you want your check mailed

**YOU MUST COMPLETE AND SUBMIT THIS FORM TO OPTIME
ADMINISTRATION BY OCTOBER 24, 2025 TO RECEIVE PAYMENT**

Questions? Contact Optime Administration

ProAmpac Settlement
c/o Optime Administration, LLC
PO Box 3206, Brockton, MA 02304
Phone: 844-625-7313
Email: PROAMPAC@OPTIMEADMIN.COM
Fax: 781-287-0381

¹ If your name was different during your employment with ProAmpac, please also specify the name that you worked under.