

CLAIM FORM

Deadline to Submit Claim Form: May 3, 2025

- Submit this form if you want to share in the Settlement money received from the settlements with Defendants in *Borozny v. RTX Corp., Pratt & Whitney Division*, No. 21-cv-1657 (D. Conn.).
- You may only submit this form if you meet the requirements listed under "Am I Part of the Class?" section below.

Am I Part of the Class?

Employees who held specific job titles at one or more of the Defendant companies may be Class Members who can submit a claim to get a payment when the Settlements Fund in this case is distributed. You can only submit a claim if you were:

Employed by Pratt & Whitney, Agilis, Belcan, Cyient, Parametric Solutions, QuEST, or their wholly-owned subsidiaries as Aerospace Workers at any time from January 1, 2011 through January 3, 2025.

“Aerospace Workers” are defined as aerospace engineers or other skilled workers in the jet propulsion systems industry, including but not limited to, employees of the Defendants who engaged in any work for the following aerospace companies, and their related subsidiaries or affiliates: Aerojet Rocketdyne, Airbus Americas Inc., BE Aerospace, Bombardier Aerospace, General Electric, GE Aerospace, Hamilton Sundstrand, Honeywell, Lockheed Martin, Northrup Grumman, Parker Hannifin, Raytheon, Rolls Royce Corporation, Rockwell Collins, Sikorsky Aircraft, and UTAS.

To be a Class Member, you must have been employed as an Aerospace Worker for at least one of the Defendants at any time during the Class Period.

If you need any help determining whether you are eligible to submit a claim, please go to www.AerospaceAntitrustLitigation.com or call 1-800-341-4827.

How Do I Fill Out and Submit This Claim Form?

If you believe you are eligible and you would like to submit a claim, you have two options: (1) complete and submit an online Claim Form at www.AerospaceAntitrustLitigation.com, or (2) complete this paper Claim Form and send it by first-class mail to:

Aerospace Worker Settlements
Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 173132
Milwaukee, WI 53217

Your claim must be submitted online, or post-marked, by May 3, 2025. Please read and follow these instructions carefully. Please provide all of the required information. If you do not provide complete and accurate information, there may be delays in your Claim Form being processed.

INSTRUCTIONS:

1. Fill out all the sections on the Claim Form.

Section 1 - Claimant Information

- Please provide all required contact information for the Aerospace Worker making the claim. If you are completing this form, you are the "Claimant."
- If you are completing this Claim Form for an Aerospace Worker (that is not you), then you must show you are authorized to submit this claim on behalf of the Claimant.

Section 2 – Employment Information

- Please provide all the requested information about the Claimant's Employment.

Section 3 – Substitute IRS Form W-9

- Any distribution from the Settlement Fund to Claimants that file valid and timely claims will be taxed and reported as wages. A W-9 form, as well as verification with the Internal Revenue Service, is required to effectuate payment.
- If you are a "U.S. person," please complete the Substitute IRS Form W-9 in Section 3. You are a U.S. person if you are a U.S. citizen or a U.S. resident alien. A U.S. "resident alien" is an individual who meets either the "Green Card Test" or the "Substantial Presence Test." An undocumented individual is treated as a U.S. person for tax purposes if the Substantial Presence Test is met. The Substantial Presence Test is met if you are physically present in the U.S. on at least:
 - 31 days during 2024 and 183 days counting: all the days you were present in 2024, and 1/3 of the days you were present in 2023, and 1/6 of the days you were present in 2022.

IMPORTANT:

If you are ***not*** a U.S. person, you should ***not*** complete Form W-9 and ***do not*** need to complete Form W-9 to get a payment. You ***will*** still be eligible for a payment if you cannot complete the Substitute IRS Form W-9 because you are not a U.S. person.

Section 4 - Claimant Signature and Certification

Please read, date and sign the statement.

2. Submit your Claim Form.

Submit your Claim Form online or send your completed paper Claim Form by first-class mail to:

Aerospace Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 173132
Milwaukee, WI 53217

Your claim must be submitted online, or postmarked, on or before May 3, 2025.

Do I Need to Attach Any Documents to the Claim Form?

No. At this time, you do not need to submit any documents with the completed Claim Form. Later, you may be asked by Class Counsel, the Claims Administrator, or the Court for documents to support your claim.

Please remember to sign your Claim Form.

CLAIM FORM

Section 1- Claimant Information

CLAIMANT NAME*

AUTHORIZED FILER OR REPRESENTATIVE (IF DIFFERENT THAN CLAIMANT NAME)

STREET ADDRESS*

FLOOR/SUITE

<input type="text"/>	<input type="text"/>
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CITY*

STATE*

ZIP*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MOBILE PHONE NUMBER*

NOTICE ID (SEE YOUR EMAIL OR MAILED NOTICE)

EMAIL ADDRESS*

If you have one, you must provide a current, valid email address or mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Claims Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you about your payment, you will be able to select from a number of digital payment options to immediately receive your payment. At that time, you will also have the option to request a paper check, but a paper check will take additional time to process.

Section 2 - Employment Information

Complete the following chart. Please type or write as neatly as possible.

Employer	Start Date	End Date	Position/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We will use this information to try to match your information with the data we were provided. If we cannot, we may contact you by email, letter, or phone to ask for more information.

Section 3 – Substitute W9

Substitute IRS Form W-9
Taxpayer Identification Number Certification

Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN):

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Print your name as it appears on your federal income tax return (First Name and Last Name for Individuals):

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person:

SIGNATURE

DATE

Section 4 - Claimant Signature and Certification

By signing below, I certify that the information included on this claim form is true, accurate, and complete to the best of my knowledge, information, and belief. If I am submitting this claim form on behalf of a Claimant, I certify that I am authorized to submit this claim on their behalf. I am (or the Claimant is) a Class Member. I agree and consent to being communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to provide additional information about this claim if the Claims Administrator asks me to do so.

SIGNATURE

DATE
