

Exhibit D

Proposed Claim Form

CLAIM FORM AND RELEASE

INSTRUCTIONS: In order to receive any portion of the settlement funds described in the Notice of Class Action Settlement (“Notice”), you must sign, date, and return this Claim Form and Release to the Settlement Claims Administrator by either fax, email, or postal mail with postmark by **[BAR DATE]**:

“Giorgio’s Catering Settlement”

c/o Claims Admin

Address

Telephone: ----

Fax: -----

Email: -----

****IT IS HIGHLY RECOMMENDED YOU RETAIN A COPY OF THIS FORM FOR YOUR RECORDS, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE THE TIME AND MANNER IN WHICH IT WAS SUBMITTED****

ADDRESS AND CONTACT INFORMATION

«FirstName»«LastName»

Name/Address Changes:

«Address1»«Address2»

«City»«State»«Zip»

It is **your responsibility** to keep a current address on file with the Settlement Claims Administrator. Please make sure to notify Class Counsel or the Settlement Claims Administrator of any change of address. Additionally, it is **your responsibility** to keep a current phone number and email address on file. Please insert such information below:

Phone number: () _____ Social Security Number: _____ - _____ - _____

Email address: _____@_____.

THIS FORM MUST BE MAILED, EMAILED, OR FAXED BY [BAR DATE]

By submitting this Claim Form and Release, I affirm that I worked in a front-of-house food service capacity at the venue commonly known as Giorgio’s Catering, located at 100 Fox Hill Drive, Baiting Hollow, New York, 11933 between January 1, 2011 and December 31, 2023. I further affirm that I wish to join the class, assert a claim under New York State law, and participate in the settlement of the lawsuit that Plaintiff Buonagura filed, on behalf of himself and others similarly situated, in the Supreme Court of the State of New York, County of Suffolk against Defendants Giorgio’s Catering LLC, Fox Hill Country Club Caterers Inc., George Regini, and/or George Regini Jr., which has been assigned index number 601155/2017 (the “Action”).

I hereby designate the law firm of Leeds Brown Law, P.C. to represent me in the Action.

My signature below constitutes a full and complete release and discharge of Defendants, and its present, past, and future owners, affiliates, related business entities, parent companies, subsidiaries, predecessors, successors, assigns, divisions, directors, officers, trustees, members, employees, shareholders, representatives, insurers, business managers, accountants, attorneys, heirs, agents, executors, and administrators, in their individual and representative capacities, and all persons acting by, through, and under, or in concert with any of these (collectively, “Releasees”), by me and on behalf of my respective current, former, and future heirs, spouses, executors, administrators, agents, and attorneys, from all Released Class Claims, which are defined as any and all claims based on or arising under New York Labor Law or the Hospitality Industry Wage Order (Part 146 of Title 12 of the Official Compilation of Codes, Rules, and Regulations of the state of New York), and/or any other applicable New York State Wage Order, for wages, penalties, damages, liquidated damages, interest on such claims, attorney’s fees, expenses, disbursements, litigation costs and fees, restitution, or equitable relief, based on events that took place from the beginning of time through the Final Effective Date. By signing and submitting this claim form, I acknowledge I am also releasing Releasees from any and all claims based on or arising under the Fair Labor Standards Act or New York State law, including without limitation the New York Labor Law, the Hospitality Wage Order, and/or common law, whether known or unknown, for wages, gratuities, service charges, administrative charges, tips, interest on such claims, penalties, damages, liquidated damages, attorney’s fees, expenses, disbursements, litigation costs and fees, restitution, or equitable relief, based on events that took place from the beginning of time through the Final Effective Date.

I declare under penalty of perjury that the above information is correct and agree to its terms.

Date

Signature

Substitute IRS Form W-9

Enter your Social Security Number (SSN) or Tax Payer Identification Number (TIN): -- --

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); *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.

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

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.