

## ARBITRATION

Victor Palazuelos, et al.,

v.

HSGI, Inc..

Arbitrator Dennis Clifford

## CLAIM FORM

**Re: Your Eligibility to Recover Monetary Compensation from a Settlement with HSGI**

**DEADLINE TO RETURN CLAIM FORM: DECEMBER 12, 2025**

### **WHY AM I GETTING THIS?**

You are getting this Claim Form because a legal action concerning overtime pay against HSGI was filed and the parties have reached a settlement agreement that will result in a settlement payment to you if you timely submit your Claim Form. The legal action claims HSGI failed to pay overtime at 1.5 times your regular rate of pay for aircraft workers. HSGI denies these allegations and contends it paid you lawfully and properly. The Parties submitted approval of their settlement in arbitration. Arbitrator Dennis Clifford has reviewed and approved the settlement and this Claim Form.

You have been identified as eligible to receive money under the settlement. To participate, you must sign and return your Claim Form by **December 12, 2025**.

### **HOW DO I PARTICIPATE IN THIS CONFIDENTIAL SETTLEMENT?**

Please sign and return your Claim Form by email to **HSGISettlement@cptgroup.com** on or before **December 12, 2025**. If you do so, the Third-Party Administrator will mail your settlement check to you. If you fail to return your signed Claim Form by **December 12, 2025**, the Third-Party Administrator will not mail to you your settlement check, even if you wish to accept the settlement. If you do *not* want to accept the settlement, simply do nothing.

You may access the full Claim form and submit electronically here: [www.HSGISettlement.com](http://www.HSGISettlement.com)

Please use CPT ID and Passcode at the top of this notice to login.

### **WHAT HAPPENS IF I DEPOSIT OR CASH MY CHECK?**

If you deposit or cash your check,

- A. You acknowledge that you consent to join the legal action, acknowledge that you are represented by BRUCKNER BURCH PLLC (“Class Counsel”), and that you will be bound by the terms of the settlement agreement in this case. You will not have to pay Class Counsel any money directly.
- B. You will be waiving and releasing any and all claims for unpaid wages or overtime and any other claims for unpaid compensation against HSGI through the date you execute your Claim Form.
- C. With respect to the portion of your settlement that is considered to be wages, you consent to the withholding of state and federal taxes at the rate of a single person with no dependents.
- D. You will also be responsible for paying taxes on the portion of your settlement that is not considered to be wages.

**WHAT DOES HSGI THINK?**

While HSGI denies that it incorrectly calculated your pay, in order to eliminate the burden, risk, and expense of further litigation and without admitting any liability, HSGI agreed to the settlement and encourages you to accept it by executing this Claim Form.

**WHAT IF I HAVE OTHER QUESTIONS?**

This Claim Form is only a summary. If you have additional questions, please call or email **BRUCKNER BURCH PLLC, 11 GREENWAY PLAZA, SUITE 3025, HOUSTON, TEXAS** at **(713) 877-8788** or **Consents@brucknerburch.com** with your questions or to schedule a call with Class Counsel. Do not contact the Arbitrator.

**ACKNOWLEDGEMENT AND RELEASE**

The following acknowledgement and release will become effective if you sign below.

I want to accept my estimated settlement of **<<SubClass1 Amt>>**. I have read this Claim Form regarding the overtime settlement with HSGI I had the opportunity to talk to Class Counsel, attorneys for Plaintiff in the Lawsuit, about my rights and obligations under the settlement.

**Release of Claims.** In consideration for the payment of my settlement share, I am giving up potential or actual claims against various persons and entities. I fully release and discharge HSGI and its affiliates, owners, and employees from all state, local, and federal wage and hour claims arising on or before the date you execute your Claim Form. that were or could have been asserted in the lawsuit (collectively, the “Released Claims.”). The Released Claims include, but are not limited to the following: claims under the FLSA, Arizona Wage Act, and/or any other wage and hour claim under federal, state, or local law, regulation, or ordinance that can be released, and any claim for unpaid wages, minimum wage, overtime, straight time, failure to timely pay wages, failure to record hours worked, paystub requirements, recordkeeping requirements; misclassification as employees exempt from the minimum wage and overtime provisions of the FLSA; failure to pay for all hours worked or improper pay for all hours worked over 40; and any other federal, state, or local entity’s law, rule, ordinance, or regulation relating in any way to wages or wage-related benefits; claims for back pay; front pay; damages or loss; equitable relief; attorneys’ fees; interest; expenses; costs of any kind, including statutory or common law; promissory estoppel; unjust enrichment; attorneys’ fees; other damages, whether equitable, compensatory, liquidated, or punitive in nature, back pay, front pay, costs, attorneys’ fees, and other damages. The Released Claims shall apply to Claimant and all Settlement Collective Members, including their respective heirs, guardians, executors, administrators, representatives, agents, attorneys, partners, successors, predecessors-in-interest, and assigns.

I understand for tax reporting purposes, fifty (50) percent of the settlement payment will be W-2 wages and fifty (50) percent the settlement payment will be considered liquidated damages reported as non-wage income on a Form 1099. I agree that federal and state taxes may be withheld from the W-2 portion of the settlement at the rate of a single person with no dependents. I agree to assume full responsibility for any tax obligations I incur to any federal, state or local taxing authorities for any tax consequences, including interest and penalties, regarding income and other taxes arising out of the payment to me as described above. I am not responsible for any tax obligations HSGI incurs or may incur. I agree that neither HSGI, its counsel, or Class Counsel, have made any representations regarding the proper tax treatment of such payments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT**

I hereby consent to join this arbitration and consent to Dennis Clifford as arbitrator. I acknowledge that I am represented by BRUCKNER BURCH PLLC (“Class Counsel”). I agree that I will be bound by the terms of the Arbitrator’s Order approving the settlement as well as the terms of the Acknowledgment and Release set forth above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_