

## **Maxim – Frequently Asked Questions**

1. **WHY DID I GET THIS NOTICE?**

A Settlement has been reached between the parties in this class action, and the Court has preliminarily approved the Settlement. You have received this notice because Maxim's records indicate that you are a member of the Class. This notice is to explain how you can receive a payment under the Settlement. It will also explain how to object to the Settlement or elect not to participate in the Settlement

2. **WHAT IS THE LAWSUIT ABOUT?**

On May 5, 2008, four individuals who are or were Maxim Home Health Aides started a class action (the "Action") against Maxim claiming on behalf of a Class of Maxim employees that they and the Class were not paid the right amount of compensation for all time worked. Specifically, Plaintiffs claimed that they and the Class were owed additional money for (1) compensation at an overtime rate for all hours worked over forty (40) per week; and 2) wages for the time they spent in transit between appointments with clients.

3. **WHAT WILL I RECEIVE FROM THE SETTLEMENT?**

Eligible Class Members will receive 100% of overtime pay as calculated by Class Counsel from payroll data produced by Maxim, equal to the number of work hours reflected in payroll records for each Class Member (which do not include travel time) in excess of 40 per week multiplied by one-half the employee's "Regular Rate of Pay" plus simple interest at 6% per year from the employee's regular paid dates through 2008. In addition, you will receive a pro-rated amount estimated, using minimum wage rates, for travel time based upon the total wages paid to you during the claim period. From a Settlement of up to \$1,200,000.00, less (i) Class Counsel's Fees and Expenses and (ii) the incentive payments made to the four Class Representatives, \$750,000.00 will be divided among and distributed to Class Members.

4. **WHEN WILL I RECEIVE MY SETTLEMENT PAYMENT?**

The Settlement payments will be paid after final Court approval of the Settlement and after all rights to appeal or review are exhausted or any appeal or review has been resolved in favor of the Settlement. You do not need to submit a claim form or respond in any way to receive your payment.

We need your current address in order make sure you receive you check which will be sent by registered mail. You need to report to us your new address if you move. You can do that by calling the Maxim Settlement Hotline at 1-800-611-4777or writing to us at:

Bethune v. Maxim Healthcare Services Settlement  
C/O Administar Services Group, LLC  
PO Box 24389  
Jacksonville, FL 32241-4389

5. **WHAT IF I DO NOT WISH TO PARTICIPATE IN THE SETTLEMENT?**

You will not be included in the Settlement if you submit an Exclusion Form in accordance with the conditions for submitting that form.

6. **DO I HAVE TO FILE CLAIM?**

You are not required to fill out a claim form. If you do nothing, you will receive your payment. Even if you fail to cash the check that is sent to you by the Claims Administrator, you will still be bound by the terms of the Settlement.

7. **TAXES**

Payments to Class Members constitute wages. The Claims Administrator will report each payment to government authorities including the Internal Revenue Service as required by law, and shall make all required tax deductions and/or withholdings from the payments. Class Members shall be solely responsible for the reporting and payment of the employee's share of any federal, state and/or local income or other tax or any other withholdings, if any, on the payments made pursuant to this Stipulation. Maxim will be responsible for paying the employer's share of any applicable payroll or other taxes. The Claims Administrator will issue an IRS Form W-2 to each Class Member receiving settlement monies.

8. **OBJECTING TO THE SETTLEMENT**

If you have any objections to the terms of this Settlement, you may object to the Settlement. Any objection to the Settlement must be in writing and must explain in clear and concise terms, the basis for your objection. In addition, in order to be considered, your objection must be mailed within thirty (30) calendar days from the mailing of this Notice via first class mail, postage prepaid, to the Claims Administrator: Bethune v. Maxim Healthcare Service Settlement, Administar Services Group, LLC, P.O. Box 24389, Jacksonville, FL 32241-4389

Your objection must include your full name, address, date of birth, and dates of your employment at Maxim, and must reference this case: *Bethune v. Maxim Healthcare Services, Inc.*, Case No. 00186, May Term, 2008. In addition, your objection must indicate whether you intend to appear at the Final Approval Hearing scheduled for **October 7, 2009 at 10:00 a.m. in Courtroom 426, City Hall, Philadelphia, Pennsylvania**. Your written objection will be forwarded to the Court overseeing this Settlement.

9. **EXCLUDING YOURSELF FROM THE SETTLEMENT**

If you do not wish to participate in the Settlement, you must complete the enclosed Exclusion Form. To be valid, the Exclusion Form must be completed, signed by you under penalty of perjury, accompanied by a photocopy of your driver's license or other form of government issued picture identification (*e.g.*, passport) and returned to:

Bethune v. Maxim Healthcare Services Settlement  
C/O Administar Services Group, LLC  
PO Box 24389  
Jacksonville, FL 32241-4389

The Exclusion Form must be mailed not later than thirty (30) calendar days after the mailing of the Notice. If the Exclusion Form is sent within the United States, it must be sent through the United States Postal Service via registered or certified mail, with return receipt requested and proper postage prepaid. Any person who files a complete and timely Exclusion Form will, upon receipt by the Claims Administrator, no longer be a member of the Class, will be barred from participating in any portion of the Settlement, and will receive no benefits from the Settlement. Any such person, at his or her own expense, may pursue any claims he or she may have against Maxim, its affiliates, predecessor, or acquired companies.

10. **FINAL SETTLEMENT APPROVAL HEARING.**

The Court will hold a Final Approval Hearing in **Courtroom 426 on the 4<sup>th</sup> floor** of City Hall, Philadelphia, PA 19107, on **October 7, 2009 at 10:00 a.m.**

If you have indicated your intent to appear on your objection, you may be able to speak at the hearing. **It is not necessary for you to appear at this hearing.**

11. **GETTING MORE INFORMATION.**

The Joint Stipulation of Settlement and Release will be available for downloading from the website of Class Counsel at: [www.feldmanshepherd.com](http://www.feldmanshepherd.com). The pleadings and other records in this litigation, including the Settlement Agreement, may be examined at any time during regular business hours at Room 284, City Hall, Philadelphia, PA 19107, or you may contact the Maxim Settlement Hotline at 1-800-611-4777.

**EXCLUSION FORM**

**IF YOU WANT TO BE INCLUDED IN THIS CLASS ACTION SETTLEMENT.  
DO NOT FILL OUT THIS FORM.**

**IF YOU DO NOT WANT TO BE INCLUDED IN THE SETTLEMENT, COMPLETE THIS FORM IN ITS ENTIRETY, SIGN THE FORM UNDER PENALTY OF PERJURY, ENCLOSE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR OTHER FORM OF GOVERNMENT ISSUED PICTURE IDENTIFICATION (e.g., PASSPORT) AND RETURN IT VIA REGISTERED OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE ADDRESS BELOW, NO LATER THAN [DATE 30 CALENDAR DAYS AFTER MAILING OF NOTICE; EXTEND BY ADDITIONAL 30 DAYS IF ORIGINAL NOTICE AND EXCLUSION FORM ARE RETURNED AND DIFFERENT ADDRESS IDENTIFIED FOR RE-MAILING].**

**Bethune v .Maxim Healthcare Services Settlement  
C/O Administar Services Group, LLC  
PO Box 24389  
Jacksonville, FL 32241-4389**

I declare as follows:

I was employed by Maxim Healthcare Services Inc. in a non-supervisory job classification that included the direct provision of unskilled homecare services to clients of Maxim Health Services Inc., i.e., direct service worker, direct care provider, personal care aide, homemaker, home health care worker, home care worker, "certified nurses assistant" ("CNA") or home health aide, during all or part of the period from May 5, 2005 through [Execution Date]. I received notice of the Proposed Settlement in the action titled *Janice Bethune et al. v. Maxim Healthcare Services, Inc.*, and I wish to be excluded from the class and *not* participate in the Proposed Settlement. I understand that because of this I will receive no money from the Settlement.

Dated: \_\_\_\_\_, 2009

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number, including Area Code)

\_\_\_\_\_  
(Social Security Number)