

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NEW YORK**

EBON BONNETTE, KHALID BOSTON,
DONNA COX, MARY DIXON, ODESSA
DIXON, ROBERT ELLIS, MICHAEL
FOSTER, JEREL GRIFFIN, MARK HALE,
JEAN HOWARD, BERTHA JOHNSON,
ELLEN JOHNSON, STEPHANIE
JOHNSON, JOHNNY KEGLER, MARY
LALOR-TIMMONS, MARCIA LANE,
ROBERT LANE, GAIL MARSHALL-
JOHNSON, THOMAS MOORE, DELRAY
MORGAN, DELORES PRAD, TONEY
PROCTOR, WILLIE SANDERS, LOLITA
SMITH, BRETT STEVENSON, EVERLENE
THOMPSON, OPHELIA TISDALE,
RICHARD WALFORD, WANDA WEBB,
PATRICIA WHITE, ROBERT WILLIAMS
and BONNIE WRIGHT, individually and on
behalf of all others similarly situated,

Plaintiffs,

v.

ROCHESTER GAS & ELECTRIC CO.,

Defendant.

CIVIL ACTION NO.: 6:07-cv-06635-MAT

CLAIM FORM

TO: «fname» «mi» «lname»

I. DESCRIPTION OF SETTLEMENT

The Court has preliminarily approved the settlement of this case. The settlement provides for changes to the employment practices of Rochester Gas & Electric Co. (“RG&E”), and creates a settlement fund to pay appropriately supported claims of discrimination. If you are a Class Member, you may be entitled to a monetary payment from the settlement fund. The paragraphs below explain the claim procedure and the steps that you need to take to qualify for a share of the settlement fund. Please read these instructions carefully. Failure to follow these instructions may result in your losing benefits to which you might otherwise be entitled.

II. INSTRUCTIONS FOR COMPLETING AND RETURNING THE CLAIM FORM

A. Eligibility To Receive A Monetary Payment

To qualify for any payment from the settlement fund:

1. You must be a Class Member. That is, you must be an African American who was employed by RG&E at any time between May 24, 2002 and October 1, 2006.
2. You must fully complete Claim Form Sections III and IV and return the completed Claim Form signed under penalty of perjury postmarked no later than March 27, 2008. Enclosed is a self-addressed envelope for returning the Claim Form. You must mail the Claim Form to:

RG&E Claims Administrator
HEFFLER, RADETICH & SAITTA LLP
1515 Market Street, Suite 1700
Philadelphia, PA 19102
Tel: 1-800-768-8450

Note that if you do not return this Claim Form postmarked by March 27, 2008, your claim will be rejected and you will lose all rights to receive any money from this settlement.

B. Determination Of The Value Of Your Claim

The amount that you may be entitled to receive from the settlement will be determined by a Claims Administrator appointed by the Court. The Claims Administrator shall determine the amount based upon the allocation of points for specific claims that you set forth in this Claim Form that have arisen from your employment by RG&E. If you believe that RG&E did not discriminate against you on the basis of your race, African American, then you must state that in response to Question No. 1 in Section IV below.

The Claims Administrator will total the points applicable to all Qualified Claimants, determine each Qualified Claimant's proportionate share of the total points, and allocate each Qualified Claimant's proportionate share of the settlement fund. The claims procedure has been approved by the Court.

C. Payment Of Claims

Checks for payment of claims will be mailed to all Qualified Claimants following the determination of all claims and final approval of this settlement by the Court.

D. Change Of Address

It is important that you notify the Claims Administrator in writing of any changes to your address while your claim is pending. A failure to notify the Claims Administrator of a change of address may result in you not receiving your award. Notification of any change of address should be mailed to:

RG&E Claims Administrator
HEFFLER, RADETICH & SAITTA LLP
1515 Market Street, Suite 1700
Philadelphia, PA 19102
Tel: 1-800-768-8450

E. Questions And Assistance In Completing Your Claim Form

If you have questions regarding the claims procedure or how to complete the Claim Form, you may contact the Claims Administrator. There will be no charge for your call.

3. I believe that between May 24, 2002 and the present, RG&E discriminated against me because of my race, African American, with respect to its denying me a promotion. When I applied for a promotion, a less qualified white employee was assigned to the job.

Yes

Not Applicable

4. I believe that between May 24, 2002 and the present, RG&E discriminated against me because of my race, African American, with respect to a job assignment(s).

Yes

Not Applicable

5. I believe that between May 24, 2002 and the present, RG&E discriminated against me because of my race, African American, with respect to a performance evaluation(s) that I received.

Yes

Not Applicable

6. I believe that between May 24, 2002 and the present, RG&E demoted me because of my race, African American, and would not have demoted a similarly situated white employee.

Yes

Not Applicable

7. I believe that RG&E discriminated against me because of my race, African American, with respect to discipline that I received while employed by the Company (termination does not count for this question).

Yes

Not Applicable

8. **Complete this question only if your employment with RG&E was involuntarily terminated by the Company.** I believe that RG&E discriminated against me because of my race, African American, with respect to my termination by the Company.

Yes

Not Applicable

9. During the period from May 24, 2002 and the present, I personally was subject to a racially hostile work environment at RG&E, in that I witnessed a racist epithet(s) or racist joke(s) or witnessed racist graffiti or racist written material.

Yes

Not Applicable

10. I believe that I was retaliated against by RG&E after I made a complaint(s) about racial discrimination at the Company.

____ Yes

____ Not Applicable

11. I have been treated by a medical provider (e.g., doctor, psychologist, psychiatrist, counselor, etc.), concerning the emotional distress I experienced as a result of the racially discriminatory events that occurred to me at RG&E.

____ Yes

____ Not Applicable

Please review the above answers you have provided to ensure that they are complete. If you are finished filling out the Claim Form, please sign the under oath affirmation below.

I, _____, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information and facts I have stated in this Claim Form are true and accurate to the best of my personal knowledge. I understand that making a knowingly false statement may subject me to prosecution for perjury.

Dated: _____

Signature of Claimant

Print Name of Claimant

Your Claim Form must be postmarked on or before March 27, 2008. A self-addressed envelope has been enclosed for returning the Claim Form. A Claim Form postmarked later than this date will not be accepted for any reason. This Claim Form must be mailed to:

RG&E Claims Administrator
HEFFLER, RADETICH & SAITTA LLP
1515 Market Street, Suite 1700
Philadelphia, PA 19102
Tel: 1-800-768-8450