

# **ATTACHMENT F**

FDNY Discrimination Case  
PO Box 9000 #6541  
Merrick, NY 11566-9000  
(Toll-free Number) 1 (866) 297 – 7120  
CNY0123456789



Charlie Claimant  
123 Smith Street  
Smithtown, NY 12345

Mailing Date: \_\_\_\_\_, 2014  
**Claimant No: 123456**

ACCEPTANCE OF INDIVIDUAL MONETARY RELIEF AWARD  
& RELEASE OF CLAIMS

RE: *United States and Vulcan Society, et al. v. City of New York*, 07-CV-2067  
(E.D.N.Y.) (NGG) (RLM)

I, [insert name], have received notice of the individual monetary relief award offered to me pursuant to the provisions of the Amended Monetary Relief Consent Decree (“Decree”) entered by the Court on [insert date] in the above-named lawsuit.

The award I am being offered consists of at least the following amounts:

Back pay: [insert back pay amount]  
Fringe benefits: [insert fringe benefits amount]  
Interest: [insert total interest amount]  
TOTAL: [insert sum of the above]

I understand that I will receive payment from the City for the back pay portion of my award and a separate payment from GCG for the fringe benefits and interest portions of my award. **[For City employees only:]** I understand that the City will issue the back pay portion of my award via the method by which my wages are typically paid and that GCG will issue the fringe benefits and interest portions of my award via check.

I understand that the back pay portion of my award will be reduced to make the appropriate withholdings for income taxes, FICA, Medicare, and any other amounts required to be withheld by law, such as child support liens. I understand that employee pension contributions also will be withheld from the back pay portion of my award if I am a priority hire or a Delayed-Hire Claimant entitled to retroactive seniority because I was appointed after my presumptive hire date and I am still employed by the FDNY. I understand that if the back pay portion of my award is less than the minimum mandatory employee pension contributions required by law, then the FDNY will withhold additional employee pension contributions from my future paychecks to fund my retroactive pension benefit. I understand that any applicable New York State or District of Columbia income taxes will be withheld from the back pay portion of my award and that I will have to pay any additional employee-side state income taxes that I may owe if I live in a different state.

In consideration for this award of the relief stated above, I release the City of New York and all prior and current elected and appointed officials thereof, and their employees, agents, attorneys, successors, and assigns, from all or any legal claims based upon alleged disparate impact discrimination on the basis of race and/or national origin with respect to the hiring of black and Hispanic candidates into the position of entry-level firefighter in violation of any federal, state, or local statutes, regulations, or executive orders providing for or giving rise to claims or rights of action relating to equal employment, including Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e, *et seq.*, that were, or could have been, the subject of the above-described lawsuit, of which I am aware, or through the exercise of reasonable diligence could have been aware. The back pay and fringe benefits claims raised in the above-named lawsuit were resolved by entry of the Decree by the Court on  [insert date] .

The release of claims contained herein is not conditioned on my receipt of any other relief under the Decree.

I understand that **I must properly and completely fill out this “Acceptance of Individual Monetary Relief Award & Release of Claims” form and return it to GCG no later than 45 days after entry of Decree and approval of List** in order to receive my award.

*[City employees will not receive one of the following paragraphs. Non-City employees, as identified on the annotated Proposed Relief Awards List provided to GCG by the City, will each receive one of the following two paragraphs: (1) for non-City employees who do not reside in DC and (2) for non-City employees who reside in DC]*

*[(1) For non-City employees who do not reside in DC]* I also understand that **I must complete and return the enclosed federal and New York State tax forms** so that appropriate withholdings for taxes, FICA, and Medicare may be made from the back pay portion of my award.

*[(2) For non-City employees who reside in DC]* I also understand that **I must complete and return the enclosed federal and District of Columbia tax forms** so that appropriate withholdings for taxes, FICA, and Medicare may be made from the back pay portion of my award.

**I HAVE READ AND UNDERSTAND THIS “ACCEPTANCE OF INDIVIDUAL MONETARY RELIEF AWARD & RELEASE OF CLAIMS” FORM. I SIGN THIS FORM OF MY OWN FREE ACT AND DEED.**

**\* I ACCEPT THE AWARD:** Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
\* Date Signed

\_\_\_\_\_  
\* Signature

*\* Indicates required.*

Address you would like payment check(s) sent via first-class U.S. mail (if different from the address listed above):

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(Number & Street)

(Apt./Unit)

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(City)

(State)

(Zip)

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Return this form to GCG no later than [45 days after entry of decree] by:**

- (a) Uploading it to your claimant portal on [www.FDNYlitigation.com](http://www.FDNYlitigation.com) on or before [45 days after entry of decree and approval of list],
- (b) Emailing it to [questions@FDNYlitigation.com](mailto:questions@FDNYlitigation.com) on or before [45 days after entry of decree and approval of list], or
- (c) Mailing it so that it is postmarked by [45 days after entry of decree and approval of list] to: United States v. City of New York, FDNY Discrimination Case, P.O. Box 9000 #6541, Merrick, NY 11566-9000

*\* Indicates required.*