

EXHIBIT B

TYPE I CLAIM FOR SETTLEMENT AWARD FROM FAIRFIELD RESORTS

YOU HAVE BEEN PRELIMINARILY IDENTIFIED AS SOMEONE WHO MAY BE ENTITLED TO RECEIVE MONEY FROM FAIRFIELD RESORTS BECAUSE OF THE SETTLEMENT OF A LAWSUIT AGAINST FAIRFIELD RESORTS ALLEGING SEXUAL HARASSMENT, GENDER DISCRIMINATION AND RETALIATION IN ITS NASHVILLE, TENNESSEE FACILITY. THAT LAWSUIT IS KNOWN AS *WILSON, ET AL. V. FAIRFIELD RESORTS, INC.*, CIVIL ACTION NO. 3:04-1133, IN THE U.S. DISTRICT COURT IN NASHVILLE, TN. AS DESCRIBED IN THE NOTICE YOU RECEIVED, YOU MUST DECIDE WHETHER YOU WISH TO FILE A CLAIM, AND IF SO, WHETHER TO FILE A TYPE I OR TYPE II CLAIM. **USE THIS FORM ONLY IF YOU WISH TO FILE A TYPE I, NON-ARBITRATION CLAIM.**

TO BE CONSIDERED FOR A TYPE I MONETARY PAYMENT, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM, MAIL IT IN THE ENVELOPE PROVIDED, POSTMARKED BY THE UNITED STATES POSTAL SERVICE, ON OR BEFORE _____, 2005 TO:

[INSERT ADDRESS HERE]

IF YOU DO NOT RETURN THIS CLAIM FORM POSTMARKED BY THE DATE ABOVE, YOU WILL NOT BE ELIGIBLE TO RECEIVE MONEY FOR A TYPE I CLAIM IN THIS CASE.

NO LATE CLAIM FORMS WILL BE CONSIDERED.

DO NOT FILE BOTH A TYPE I AND TYPE II CLAIM FORM.

[pre-printed with: Name
address
telephone number]

If any of the above information is incorrect, please provide the current correct information.

Please answer the following five questions by placing your initials in the correct spaces.

1. Do you believe that you were a victim of sexual harassment at Fairfield Nashville between May 8, 2002 and [Preliminary Approval Date]?

Yes ____ No ____

If yes, identify the individual(s) who you believe sexually harassed you:

_____.

2. Do you believe that you were a victim of gender discrimination at Fairfield Nashville as to one or more terms and conditions of your employment, such as pay, promotion or discharge between May 8, 2002 and [Preliminary Approval Date]?

Yes _____ No _____

If yes, identify the individual(s) who you believe discriminated against you because you are a woman:

_____.

3. Do you believe that you were a victim of retaliation at Fairfield Nashville for opposing sexual harassment or gender discrimination, or asserting or participating (as a witness or otherwise) in a claim of sexual harassment or gender discrimination between May 8, 2002 and [Preliminary Approval Date]?

Yes _____ No _____

If yes, identify the individual(s) who you believe retaliated against you:

_____.

4. Do you believe that you were a victim of one or more of the following at Fairfield Nashville between May 8, 2002 and [Preliminary Approval Date]:

Initial if Yes as to Any of the Following:

_____ assault (e.g., feeling threatened that you were about to be subjected to an unwelcome physical touching or fondling)

_____ battery (e.g., actually being subjected to an unwelcome physical touching or fondling)

_____ invasion of privacy (e.g., being asked unwelcome and intrusive questions about your sex life, body parts or other private affairs)

_____ intentional or reckless infliction of emotional distress (e.g., being stalked, called by unwelcome sexual names, or otherwise subjected to extreme and outrageous conduct)

_____ negligent infliction of emotional distress (e.g., being involuntarily included in an unwelcome discussion about sexual conduct or issues)

_____ negligent and/or wanton supervision, training and retention, or wanton hiring (e.g., your employer retaining an employee who has mistreated you in one of the ways described above, even after you have filed an internal complaint in the manner prescribed by the employer)

If your answer to any of the subparts of this question is "yes," identify the individual(s) who you believe engaged in each such incident of improper conduct against you:

5. Did you consult with a licensed psychiatrist, psychologist, psychotherapist or physician between May 8, 2002 and April 30, 2005, for emotional distress, pain and suffering and/or psychological disturbance that you believe resulted from alleged sexual harassment, gender discrimination and/or retaliation at Fairfield Nashville? (Such consultation must have occurred not later than 90 days following the termination of your employment at Fairfield Nashville.)

Yes _____ No _____

If yes, you may be eligible for an increase in your Type I payment, but only if you attach medical records and/or treatment notes and a signed statement from that licensed psychiatrist, psychologist, psychotherapist or physician attesting that he/she provided treatment to you for emotional distress, pain and suffering and/or psychological disturbance attributed to alleged sexual harassment, gender discrimination and/or retaliation at Fairfield Nashville. Such copies shall be submitted under seal and reviewed only by the Claims Administrator and by counsel for Fairfield Resorts and for the Settlement Class. Have you attached such records?

Yes _____ No _____

I SOLEMNLY SWEAR UNDER PENALTY OF PERJURY THAT THE FOREGOING ANSWERS ARE TRUE

Date

Signature

Daytime or Alternative Phone Number

Social Security Number

Please keep a copy of your completed Claim Form for your records. If you would like confirmation that your Claim Form has been received, you may send it by certified mail, return receipt requested.