

CLAIM FORM #1 – BASE PAYMENT

1. Name	First	Middle Initial	Last
2. Mailing Address	Street Address		
	Apt. No.		
	City		
	State	Zip	
3. Phone Number			
4. Email Address			
5. Date of Birth			
6. Social Security Number (if known)			
7. Medicare Health Insurance Claim No. (if known)			
8. Medicare Advantage Health Plan (if any)	Plan or Provider Name		
	Your Member ID Number		
9. Medicare Part D Drug Plan (if any)	Plan or Provider Name		
	Your Member ID Number		
10. Tricare DoD Benefits Number (if any)			

Questions? Visit www.branfordmanorsettlement.com or call toll-free at 1-833-961-3404
 To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

For each family member who lived with you at BRANFORD MANOR during some or all of the “time period” (November 23, 2019 to November 22, 2022), please provide the following information:

Name	Date of Birth	Social Security Number	Medicare Number/HICN (If Applicable)	Additional States Treated/Lived in since time at BRANFORD MANOR

If any of your family members listed on this form (including yourself) were ever incarcerated in the State of Connecticut, please list their names here:

Name

SIGNATURE:

I want to participate in the proposed class action settlement. I understand that if the class action settlement is approved, my children and I will be eligible for the benefits described in the Notice.

Sign here: _____

Print your name here: _____

Date: _____

SEND IN:

Mail this form in the enclosed envelope (you do not have to add postage)

OR

Take a photo of or scan this form and email to info@branfordmanorsettlement.com

If you have questions or need help with filling out this form:

- Send an email with your question to info@branfordmanorsettlement.com;
- Call toll-free 1-833-961-3404 to speak with a customer service representative; or
- Call Embry, Neusner, Arscott, & Shafner, LLC at 1-860-449-0341.