

ATTACHMENT TO FTCA CLAIM SETTLEMENT LETTER

You must **ACCEPT** or **REJECT** this offer, **SIGN** this document, and **RETURN** it to TSA.

I **ACCEPT** this offer.

Payee Social Security Number or other taxpayer identification number: _____

Payee Name or Company: _____

Address (PO Boxes are not accepted): _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

NOTICE: If you choose this option, you are accepting the offered payment in full satisfaction and release of all claims relating to the incident from which your claim arose. If your claim is governed by California law, you waive the protections of Calif. Civ. Code § 1542. I and my guardians, heirs, executors, administrators, and assigns ("I") agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which I may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of **My** administrative claim, or that relate or pertain to or arise from, directly or indirectly, the subject matter of **My** administrative claim. I further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of **My** administrative claim.

Payment Method:

- I request a check mailed to the address above. (You will receive a check from the U.S. Treasury)
- I request payment by electronic funds transfer into the following account: (Deposit will be from the U.S. Treasury. Deposit code will show as USCG Treas or CGVA.) **Option for U.S. bank payments only - any errors or omissions in the banking information below may result in your payment being mailed to the above address. Bank account must be in the claimant's (or guardian) name.**

Payee Account Name:	U.S. Bank Name:
U.S. Routing Number/ABA Bank # (9 digits):	U.S. Bank Address:
Payee Account #:	
Check One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

I **REJECT** the settlement offer, but request reevaluation of the offer.

I acknowledge that I am acting in my capacity as the claimant; as the claimant's duly authorized agent; or as the claimant's legal representative.

Authorized Signature: _____ **Date:** _____

PRIVACY ACT STATEMENT AND PAPERWORK REDUCTION ACT STATEMENT

AUTHORITY: 31 U.S.C. 3325(d); 31 U.S.C. 3332. **PRINCIPAL PURPOSE(S):** This information will be used to remit payment of your claim. **ROUTINE USE(S):** The information you provide, including your social security number, will be disclosed to the U.S. Treasury Department to determine whether you have any outstanding debts to the government that should be paid from your settlement and may also be disclosed to other Federal agencies in order to process your claim, or for other routine uses listed in the applicable system of records notices. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in a delay or denial of payment on your claim. Failure to provide you SSN or taxpayer identifying number may result in a delay of payment of your claim.

Paperwork Reduction Act Statement of Public Burden: TSA is collecting this information because a determination has been made regarding your tort claim against the agency that payment is warranted; therefore TSA needs certain information to facilitate payment. The public burden for this collection of information is estimated to be approximately 30 minutes. This is a voluntary collection of information; however, failure to provide this information may delay or hinder the processing of your claim payment. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0039, which expires 08/31/2009.