SETTLEMENT CLAIM REVIEW REQUEST FORM

To Request SSA To Conduct A Settlement Claim Review In *Greenberg*, et al. *v. Colvin*, et al., No. 1:13-cv-01837-RMC (U.S. Dist. Court for D.C.)

** IN ORDER TO BE ELIGIBLE TO RECEIVE ANY PAYMENT PROVIDED BY THE SETTLEMENT AGREEMENT IN THIS LAWSUIT, YOU MUST REQUEST A SETTLEMENT CLAIM REVIEW **

By submitting this form, you are requesting and authorizing SSA to conduct a Settlement Claim Review. As part of a Settlement Claim Review, SSA will determine whether you fall within the definition of the "Class" in this class action lawsuit; whether or not you have excluded yourself from the Class and the Settlement Agreement in this class action lawsuit; and whether and to what extent you are eligible for a payment of money from SSA under the Settlement Agreement reached in this class action lawsuit. SSA may need to ask you questions or get additional information from you as part of the Settlement Claim Review process.

Name of Class Membe	er:				
Address:					
Street	City	State/Province	Postal Code	Country	
Telephone:					
	Code (if not U.S. pho	one number) Area Code/l	Phone No. (Ext. if ap	plicable)	
Email address:					
United States Social S	ecurity Number of C	lass Member:			
Claim Review. I furtl	her understand that	n, I am requesting and a SSA may ask me questio he Settlement Claim Revi	ns or that I provide		
Date Signed		O	Member, or Executor Executor Class Me	•	_

To be effective as a request for a Settlement Claim Review, this Settlement Claim Review Request Form must be completed in full, signed and sent by regular mail, postmarked, or delivered by hand no earlier than [DATE] but no later than [DATE], to the address listed below.

SOCIAL SECURITY ADMINISTRATION
Attn: Greenberg Lawsuit, Request for Settlement Claim

Office of International Operations
PO Box 33001
Baltimore, Maryland 21290-3001 USA.