

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 Member: _____

Address: _____
Street City State/Province Postal Code Country

Telephone: _____
Country Code (if not U.S. phone number) Area Code/Phone No. (Ext. if applicable)

Email address: _____

United States Social Security Number of Class Member: _____ - _____ - _____

I understand that by submitting this form, I am requesting and authorizing SSA to conduct a Settlement Claim Review. I further understand that SSA may ask me questions or that I provide SSA with additional information or documentation as part of the Settlement Claim Review process.

Date Signed

Signature of Class Member, or Executor, Administrator
or Personal Representative of Class Member

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.**