

Section II: Catastrophic Injury Claim

This section is only required if you would like to submit a claim for the Catastrophic Injury Fund. You do not need to complete this section to receive the Settlement Award Amount on page one of this claim form. If you complete this Section II please also complete Section I of this claim form.

If you wish to be considered for a Catastrophic Injury award, please select the injuries the claimant suffered below and provide a description of the injuries in the designated field. For consideration of an award, documentation must be provided to support these injuries. Acceptable forms of documentation include but are not limited to, medical files, medical notes from doctors and time-stamped emails.

Completion of this form does guarantee funds will be awarded to you. Awards will be determined at the sole discretion of the Settlement Master, and you may be required to provide additional information or documentation to support your claim.

Select all injuries that the claimant suffered while in the care of this Facility between 8/15/2014 and 12/14/2017.

- | | |
|--|--|
| <input type="checkbox"/> Physical injury as a result of understaffing | <input type="checkbox"/> Lack of care leading to hospitalization |
| <input type="checkbox"/> Emotional distress as a result of understaffing | <input type="checkbox"/> Lack of care leading to death |
| <input type="checkbox"/> Cost of other necessary medical treatment | <input type="checkbox"/> Other |

Please provide a detailed written description of these injuries below referencing any documentation provided that supports the injury. Please be as specific as possible with your written description (including, but not limited to, dates, employee names, location of injury within the Facility, etc.). Please upload or mail a copy of the supporting documentation with this claim form.

If additional space is needed, please attach a separate sheet and return with the claim form.

Catastrophic Injury Claim Certification

I affirm under the laws of the United States that the information I have supplied in this claim form and any documentation that I am providing to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Master before my claim is deemed complete.

Signature: _____

Date: / /

FOR MORE INFORMATION, VISIT www.JamesSquareSettlement.com or CALL 914-298-3281.