Brookdale Florida and North Carolina Settlement Program

AUTHORIZED REPRESENTATIVE CLAIM FORM

INSTRUCTIONS

To submit a Claim for a payment from the Settlement Fund **on behalf of a Claimant**, please fill out the Claim Form below and submit it by U.S. mail to the address for the Settlement Administrator listed below *(note: if you are completing a claim on your own behalf, you must complete the Individual Claim Form instead)*. You may also file your Claim Form online at www.BrookdaleBrightClassSettlement.com. **The deadline to file a claim online is 11:59 p.m. ET on January 24, 2027**. If you send in a Claim Form by regular mail, it must be postmarked on or before January 24, 2027.

I. CLAIMANT INFORMATION

Name	First	Middle	Last
Address	Street/P.O. Box		
	City	State	Zip
Telephone Number	|_____|_____|_____| - |_____|_____|_____| - |_____|_____|_____|_____|		
Your Email Address			

Name of Settlement Class Member on whose behalf you are acting:

Name	First	Middle	Last

II. CLAIM DETAILS

In this section, provide the information requested below about your residence at a Brookdale Assisted Living Community.

(1) Approximate Date the Claimant Moved into a Brookdale Community	_____/_____/_____ (Month/Day/Year)

(2) What Brookdale Community did the Claimant move into (prove facility name below):

(3) If the Claimant Moved into a Brookdale Community in Florida, Did the Claimant Pay a Community Fee?	☐ Yes	☐ No	☐ I Don't Know

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(4) One of the following must apply for you to qualify for payment. Please check the box(s) that apply:

☐	The Arbitration Provision in the Claimant's Residency Agreement was crossed out or declined in writing.
☐	The Claimant did not sign the Residency Agreement. The Claimant's Residency Agreement was signed by a third party and the document that authorized the third party to sign the residency agreement excluded the power to consent to arbitration or to waive the right to a jury trial.

(5) If you are submitting this claim form as an Authorized Representative of a Claimant, you must also provide the following:

(a) If the Claimant is deceased, the Authorized Representative's Claim Form must be accompanied by an order appointing the Authorized Representative on behalf of the Claimant's estate or a notarized statement that you are the Claimant's Authorized Representative and are legally authorized to act on their behalf.

(b) If the Claimant is not deceased, the Authorized Representative must submit a copy of the operative authorizing document (such as a Power of Attorney) or a notarized statement that the representative is legally authorized to act on behalf of the Claimant.

I attest to the best of my knowledge that the information provided in this Claim Form is accurate.

Signature		**Date**	____/____/____ (Month/Day/Year)

III. HOW TO SUBMIT THIS CLAIM FORM

Your claim must be postmarked **on or before January 24, 2027**, or completed online by 11:59 p.m. ET on January 24, 2027. Submit your claim to the Administrator using one of the following methods:

By Mail	Brookdale Florida and North Carolina Settlement Program Settlement Administrator P.O. Box 25008 Richmond, VA 23260
Online	Visit: www.BrookdaleBrightClassSettlement.com

IV. MORE INFORMATION

If you have questions, visit www.BrookedaleBrightClassSettlement.com or call 1-888-745-5080.