

Brookdale Florida and North Carolina Settlement Program

INDIVIDUAL CLAIM FORM

INSTRUCTIONS

To submit a Claim for a payment from the Settlement Fund **on behalf of yourself**, 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 as the Authorized Representative of a claimant, you must complete the Authorized Representative 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	_ _ _ _ - _ _ _ _ _ - _ _ _ _ _		
Email Address			

II. CLAIM DETAILS

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

(1) Approximate Date You Moved into a Brookdale Community

____/____/____
(Month/Day/Year)

(2) What Brookdale Community did you move into (provide facility name below):

(3) If You Moved into a Brookdale Community in Florida, Did You Pay a Community Fee?

☐

Yes

☐

No

☐

I Don't Know

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

☐

My Arbitration Provision was crossed out or declined in writing.

☐

I did not sign my Residency Agreement. My Residency Agreement was signed by a third

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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.

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.BrookdaleBrightClassSettlement.com or call 1-888-745-5080.