

## SALMON HEALTH ALR SETTLEMENT PROGRAM CHECK REISSUANCE REQUEST FORM

**If you want to ask the Settlement Administrator to reissue your settlement check for any reason, you must complete and return this form to the address in Section VI below so that the Settlement Administrator receives it by August 28, 2023. The Settlement Administrator cannot consider any requests received after that date. The Settlement Administrator and the parties to the settlement will consider your request and determine whether a check can be reissued.**

### I. ORIGINAL SETTLEMENT CLASS MEMBER INFORMATION

**Complete this section using the information that appears on your settlement check or the Class Notice we sent you in early 2023.** If there are multiple payees on your settlement check, include all names below. You may otherwise request that the Settlement Administrator update the check payee name and/or address in Section IV below if you need to do so.

|   |  |                  |          |
|---|--|------------------|----------|
| <b>Settlement<br/>Class<br/>Member<br/>Name</b> | First Name (Or Complete Business Name) | Middle Name      |          |
|   | Last Name                              | Suffix           |          |
| <b>Mailing<br/>Address</b>                      | Street/P.O. Box                        | Unit/Apt. Number |          |
|   | City/Town                              | State            | Zip Code |
| <b>Notice ID</b>                                |  |                  |          |

### II. REASON FOR REISSUANCE REQUEST

**Explain why you need us to reissue your check by checking the appropriate box or boxes below.**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | My name changed from what appeared on my notice, and I cannot cash or deposit the check I received that was issued in my previous name.   |
| <input type="checkbox"/> | My address changed from what appeared on my notice, and I have not yet received my check.   |
| <input type="checkbox"/> | Though my address has not changed from what appeared on my notice, I have not yet received my check.  |
| <input type="checkbox"/> | I received my check, but I cannot cash or deposit my check because it was damaged in transit.   |
| <input type="checkbox"/> | I received my check, but I cannot cash or deposit my check because I lost it.   |
| <input type="checkbox"/> | I am the legal representative or heir of an incapacitated or deceased person who is a Settlement Class Member and I cannot effect successful negotiation of the check as originally issued. I certify that I have legal authority to act on the Settlement Class Member's behalf as it relates to this settlement and this payment, and I am enclosing proof of the person's incapacitation or death. |

### III. REQUESTOR'S INFORMATION

Provide the name and current contact information for the person submitting this reissuance request whose signature appears in Section V below.

|                          |  |                      |          |
|--------------------------|--|----------------------|----------|
| <b>Name</b>              | First Name (Or Complete Business Name) | Middle Name          |          |
|                          | Last Name                              | Suffix               |          |
| <b>Mailing Address</b>   | Street/P.O. Box                        | Unit/Apt. Number     |          |
|                          | City/Town                              | State                | Zip Code |
| <b>Contact Telephone</b> |  | <b>Email Address</b> |          |

### IV. UPDATED CHECK INFORMATION

Provide below (1) the exact name to which you would like a reissued check to be made payable and (2) the address to which you would like that reissued check to be mailed.

|                                      |   |                  |          |
|--------------------------------------|---|------------------|----------|
| <b>Updated Payee Name</b>            | First Name (Or Complete Estate Name or Business Name) | Middle Name      |          |
|                                      | Last Name   | Suffix           |          |
| <b>Updated Check Mailing Address</b> | Street/P.O. Box                                       | Unit/Apt. Number |          |
|                                      | City/Town   | State            | Zip Code |

### V. CERTIFICATION AND SIGNATURE

By submitting this check reissuance request and signing below, you certify that no one has already cashed or deposited the original settlement check issued to the Settlement Class Member identified in Section I (the "Original Check") and that no one will attempt to do so in the future. You further certify that you have legal authority to submit this request and that the payee information provided in Section IV is the appropriate payee information under applicable law. You acknowledge that we may officially and permanently void the Original Check. If anyone attempts to negotiate the Original Check, you agree to pay personally for any returned check fees incurred as a result of those actions. You further acknowledge that we may not be able to reissue your check, notwithstanding the fact that you cannot deposit or cash the Original Check.

|                  |       |
|------------------|-------|
| <b>Signature</b> | <hr/> |
|------------------|-------|

### VI. RETURN THIS FORM TO:

Salmon Health ALR Settlement Program  
BrownGreer PLC  
P.O. Box 25277  
Richmond, VA 23260

[Questions@SalmonHealthALRSettlement.com](mailto:Questions@SalmonHealthALRSettlement.com)