

HOLYOKE SOLDIERS' HOME CLASS ACTION SETTLEMENT
CLAIM FORM
SUBMIT BY AUGUST 16, 2022

I, the undersigned, am submitting this Claim Form on my own behalf, on behalf of a living Settlement Class Member, or on behalf of the Estate of a Settlement Class Member, to confirm that I want to participate in the Holyoke Soldiers' Home Class Settlement relating to the case captioned as Sniadach et al. v. Walsh et al., 20-CV-30115-MGM. I understand that by participating in and receiving payment as part of the Settlement, I am simultaneously executing a Release and waiving any rights to litigate claims relating to the facts and circumstances underlying this action. By signing below, I hereby represent, warrant, and certify under the pains and penalties of perjury that (1) I have the authority identified below to submit this Claim Form or am currently seeking the authority that would be necessary to submit this Claim Form; (2) I hereby provide the Holyoke Soldiers Home, the Commonwealth of Massachusetts, and/or any agency thereof, as that term is defined in Section 1 of Chapter 29 of the General Laws, permission to release to the Claims Administrator and Class Counsel COVID testing results for the Settlement Class Member; and (3) the information provided to the Claims Administrator in this Claim Form and any documentation submitted with it, including any Power of Attorney or Letter of Authority, is true, accurate, and authentic.

Date

Signature of Veteran or Veteran's Representative

PROVIDE THE FOLLOWING ADDITIONAL INFORMATION

Name of Veteran:	
Contact Information for the Veteran or Veteran's Representative:	Name: Telephone: E-mail: Fax: Mailing Address:

Please return by either (1) mailing the Claim Form to Donald K. Stern, Claims Administrator, P.O. Box 961987 Boston, MA 02196, or (2) scanning a legible copy of this form and emailing it to HSHClaims@affiliatedmonitors.com or faxing it to (617) 830-0563.

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	Select preferred method of contact: <p style="text-align: center;">Email Mail Telephone</p>
Is the Veteran a plaintiff in a lawsuit against any of the Defendants or the Commonwealth of Massachusetts other than in the action, <u>Sniadach et al. v. Walsh et al., 20-CV-30115-MGM?</u>	Select one: Yes / No If Yes, Please Provide the Caption of the Case, Court where it is Pending, and the Docket Number
If you are acting on behalf of a living Veteran, have you been duly appointed as Conservator, Trustee, or Power of Attorney?	Select one: Yes / No If Yes, Please Provide Documentation (e.g., Power of Attorney Authorization Form)
If you are acting on behalf of a deceased Veteran, has a court appointed you or someone else as Personal Representative or Executor of the Veteran's Estate?	Select one: Yes / No If Yes, Please Provide Documentation (e.g., Copy of Letters of Authority or Order of Appointment)

For More Information

HolyokeSoldiersHomeFund.com
 Claims Administrator: 617-807-1128
 Class Counsel: 413-584-7331

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