

CLAIM FORM #2 – ENHANCED PAYMENT

Who should fill out this form:

If you believe that you or one or more of your family members who lived with you during the Class Period (November 23, 2019 to November 22, 2022) suffered physical or emotional injuries or property damage caused by living at BRANFORD MANOR, then you should send in a Claim Form #2 (Enhanced Payment) for each injured family member **by July 15, 2024. This deadline could be extended if final approval of the Settlement is delayed.**

You must send in a **separate Claim Form #2 for each family member** who you believe suffered these injuries.

You do NOT have to fill in Claim Form #2 to receive Base Payments. Claim Form #2 is only for claims of serious injuries or property damage caused by mold at BRANFORD MANOR.

Instructions for submitting this form:

1. Fill out, sign, and send in Claim Form #1, the Base Payment form. Only one Base Payment form is required per family.
2. Decide whether or not you or one or more of your family members, suffered serious physical or emotional injuries or property damage caused by living at BRANFORD MANOR during some or all of the Class Period (November 23, 2019 to November 22, 2022).
3. If you believe you or one of your family members suffered this kind of injury or property damage, then fill out a Claim Form #2 for EACH family member you believe suffered this kind of injury, and send in **by JULY 15, 2024. This deadline could be extended if final approval of the Settlement is delayed.** You must fill in a separate form for EACH family member you believe suffered this kind of injury. (If you need extra forms, you can make a copy of a blank form, or call toll-free at [1-833-961-3404](tel:1-833-961-3404) to have extra forms mailed to you.)
4. Collect all the evidence you have (including medical records, employment records, receipts, or other documents or emails/texts) that you believe support your claim that the family member suffered serious injuries from conditions at BRANFORD MANOR during the Class Period. **You do not need this kind of evidence to make an Enhanced Payment claim** (but you must still submit Claim Form #2).
5. If you need help with the forms or with gathering supporting documents, call toll-free at 1-833-961-3404, call the law offices of Embry, Neusner, Arscott, & Shafner at 1-860-449-0341, or email info@branfordmanorsettlement.com.
6. Sign each Claim Form #2 (Enhanced Payment). Adults (over the age of 18) must sign their own forms. The forms for children under the age of 18 must be signed by a parent or legal guardian. The forms for adults who have conservators to take care of their legal affairs must be signed by the conservator.

The person signing the form is certifying that the information provided is true and accurate to the best of the person's knowledge.

7. Send in the filled out and signed form **by JULY 15, 2024. This deadline could be extended if final approval of the Settlement is delayed.**

By mail: Mail your claim form(s) to Branford Manor Settlement, c/o JND Legal Administration, P.O. Box 91429, Seattle, WA 98111, using the pre-paid envelope attached to this packet (no need to add postage), or your own envelope (you'll have to pay for the postage).

Questions? Visit www.branfordmanorsettlement.com or call toll-free at 1-833-961-3404
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

By email: Take a photo of your filled out and signed claim form(s), and email the photo(s) to info@branfordmanorsettlement.com OR Scan your filled out and signed claim form(s) and email the scan to info@branfordmanorsettlement.com.

In Person: Take your filled out and signed claim form(s) to the law offices of Embry, Neusner, Arscott, & Shafner, located at 118 Poquonnock Road, Groton, CT 06340 and receive a receipt proving that you brought in the form.

8. Send in the evidence you have collected, if any. The Settlement Administrator will provide the deadline for submitting this information to every Class Member who submits a timely Enhanced Payment Claim Form.

By mail: Mail your evidence to:

Branford Manor Settlement
c/o JND Legal Administration
P.O. Box 91429
Seattle, WA 98111

using the pre-paid envelope attached to this packet (no need to add postage), or your own envelope (you'll have to pay for the postage).

By email: Take photos of each page of each document and email the photo(s) to info@branfordmanorsettlement.com. OR Scan the documents and email the scan info@branfordmanorsettlement.com.

FOR QUESTIONS ABOUT OR HELP WITH ENHANCED PAYMENT CLAIMS,

- Send an email with your question to info@branfordmanorsettlement.com;
- Call toll-free 1-833-961-3404 to speak with a customer service representative;
- Call Embry, Neusner, Arscott, & Shafner, LLC at 1-860-449-0341.

1. Personal information: To make your Enhanced Payment claim, please provide the information requested below:

A. Name	First	MI	Last
B. Current Mailing Address	Street Address		
	Apt. No.		
	City		
	State	Zip	
C. Phone Number			
D. Email Address			
E. Date of Birth			
F. Social Security Number (if known)			
G. Medicare Health Insurance Claim No. (if known)			
H. Health Insurer or Plan Providing Medicare Advantage Health Coverage (if any)			
I. Health Insurer or Plan Providing Medicare Part D Drug Coverage (if any)			
J. Tricare DoD Benefits Number (if any)			
K. Cities Lived in Since Leaving BRANFORD MANOR	City	State	
	City	State	
	City	State	
	City	State	

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If you are submitting an Enhanced Payment claim for any family member under the age of 18, or for any person who has died or for whom you are a conservator, please provide the following information:

Name	Date of Birth	Social Security Number	Medicare Number / HICN (if Applicable)	Additional States Treated / Lived in Since Time at BRANFORD MANOR

2. Injuries you claim: Check off boxes and describe injuries that you claim that you suffered at Branford Manor:

Check all that apply	Claimed injuries or conditions
<input type="checkbox"/>	<p>A. Documented disability or incapacity: Do you claim that conditions at BRANFORD MANOR resulted in serious illness or incapacity that temporarily or permanently disabled you from participating in work, school, or other normal activities? If so, please check the box, provide a description here, and attach any documents that you have that support your claim.</p> <p>Please describe your illness or injury here:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>
<input type="checkbox"/>	<p>B. Hospitalization: Do you claim that dangerous conditions at BRANFORD MANOR resulted in a hospital stay? If so, please check the box, provide a description here, and attach any documents you now have that support your claim.</p> <p>Name of Hospital: _____</p> <p>Approximate Dates of Treatment: _____</p> <p>Information about hospitalization:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>

Check all that apply	Claimed injuries or conditions
<input type="checkbox"/>	<p>C. Physical injury or illness: Do you claim that dangerous conditions at BRANFORD MANOR caused serious injuries or illness? If so, please check the box, provide a description here, and attach any documents that support your claim.</p> <p>Who provided treatment? _____</p> <p>Approximate Dates of Treatment: _____</p> <p>Information about treatment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>
<input type="checkbox"/>	<p>D. Treatment for emotional distress: Do you claim that dangerous conditions at BRANFORD MANOR caused related emotional distress? If so, please check the box, provide a description here, and attach any documents that support your claim.</p> <p>Who provided treatment? _____</p> <p>Approximate Dates of Treatment: _____</p> <p>Information about treatment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>

Check all that apply	Claimed injuries or conditions
<input type="checkbox"/>	<p>E. Lost wages: Do you claim that exposure to mold in your apartment at BRANFORD MANOR caused physical or emotional injury that that resulted in lost work and lost wages? If so, please check the box, provide a description here, and attach any documents that support your claim.</p> <p>Name of Employer or Employers: _____</p> <p>_____</p> <p>Approximate Dates of Employment: _____</p> <p>_____</p> <p>Approximate Lost Income: \$ _____</p> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>
<input type="checkbox"/>	<p>F. Destruction of Personal Property: Do you claim that due to dangerous conditions in your apartment, you suffered major property damage such as extensive destruction of furniture? If so, please check the box, provide a description here, and attach any documents that support your claim, such as photos, receipts, or bills. If you have previously been paid for any property damage at Branford Manor, please explain those circumstances and the amount of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>
<input type="checkbox"/>	<p>G. Unique circumstances: Do you claim that exposure to dangerous conditions in your apartment at BRANFORD MANOR resulted in severe harms or injuries not in items A through F above? If so, please check the box, provide a description here, and attach any documents that support your claim.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>You may send additional documents after submitting the form at any time before the Supporting Document Deadline. The Settlement Administrator is available to help you get records to support your claim.</i></p>

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3. **Proposed Enhanced Payment Criteria.** Information submitted will be reviewed by the Special Masters appointed by the Judge. The Special Masters will evaluate what you submit and decide whether or not you have reasonably shown that you had injuries or property damage that you believe were caused or made worse by dangerous conditions while you lived at BRANFORD MANOR. The Special Masters will award from zero to 15 points to each Class Member who makes an Enhanced Payment Claim, based on their assessment of the severity of the claimed injuries and property damage, and in proportion to the claims made by other Class Members. Scores will be based on the relative severity of a Class Member's injuries or losses, but not on medical expenses for those injuries.

4. **Signature.**

I want to request an Enhanced Payment. I hereby certify under penalty of perjury that the information that I am providing in and with this Enhanced Payment Claim Form is true and accurate to the best of my knowledge and belief.

Sign here: _____

Print your name here: _____

Complete this section only if you are the parent, legal guardian, representative of the estate of a deceased individual, or conservator of the person making this claim. If you are signing this form for a child under the age of 18 or for a legally incapacitated person, please, print that person's name below and check the box that applies to you.

Person making claim: _____

- I am a parent of the child making this claim.
- I am a legal guardian of the child making this claim.
- I am a legal representative of the estate of a deceased individual,
named _____.
- I am a conservator for the adult making this claim.