Scroggins v. LNRS FL
c/o Settlement Administrator
P.O. Box 16
West Point, PA 19486

CLAIM FORM
Scroggins v. LexisNexis Risk Solutions FL Inc.
Case No. 3:22-cv-00545-MHL-SLS (E.D. Va.)

CLAIM FORM

DEADLINE - MAY 15, 2026

PRODUCT MEMBERS CAN COMPLETE THIS FORM TO BE ELIGIBLE FOR A SETTLEMENT PAYMENT, AS DESCRIBED IN THE SETTLEMENT NOTICE.

NOTE: THIS CLAIM FORM WILL NOT BE VALID WITHOUT YOUR SIGNATURE. YOU MUST PROVIDE YOUR NAME, CURRENT ADDRESS, DATE OF BIRTH, AND THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.

THE SETTLEMENT ADMINISTRATOR MAY REQUEST ADDITIONAL INFORMATION TO VALIDATE YOUR CLAIM.

THE DEADLINE TO SUBMIT A CLAIM IS MAY 15, 2026. THIS DEADLINE IS SUBJECT TO CHANGE. PLEASE CHECK THE SETTLEMENT WEBSITE FOR ANY CHANGES TO THE CLAIM FILING DEADLINE.

Section I: Contact Information

Please print all information legibly in the space provided.

Name: _____

Current Address: _____

City, State, ZIP: _____

Telephone: _____

Last 4 SSN: _____

Date of Birth: _____

Section II: Claim Certification

I hereby certify under penalty of perjury as follows:

(1) I am the person identified above in Section I and the information provided is correct.

(2) I am alive.

Sign below to verify that the information you are supplying is correct.

_____ _____
Signature Date

CLAIM FORM FILING INSTRUCTIONS	**Online: www.DeceasedReportSuit.com**	**By Mail:** **Scroggins v. LNRS FL** **c/o Settlement Administrator** **P.O. Box 16** **West Point, PA 19486**