

**Your claim must
be submitted
on or before
JUNE 18, 2019**

SingleCare Services TCPA Settlement
Case No. CACE-18-022689
CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

SCS

CLAIM FORM

To submit a Claim for a payment from the Settlement Fund, please fill out the Claim Form below and submit it by U.S. mail at the address below, by email to info@SCSTCPASettlement.com, or by fax to 1-814-791-5292. You may also file a Claim Form online at www.SCSTCPASettlement.com. The deadline to file a Claim Form online, by email, or by fax is **11:59 p.m. EDT on June 18, 2019**. If you send in a Claim Form by regular mail, it must be postmarked on or before **June 18, 2019**.

*Name:
(First Name / MI / Last Name or Business Name)

*Street Address 1:

Street Address 2:

*City:

*State:

*Zip Code: --

*Fax Number: -- --
(Fax Number that received one or more faxes from SingleCare)

Phone Number: -- --

Email Address:

*I declare under penalty of perjury that to the best of my knowledge I received one (1) or more faxes sent by or on behalf of SingleCare.

*Signature: _____

*Date: _____

Questions? Visit www.SCSTCPASettlement.com or email info@SCSTCPASettlement.com.

To submit by U.S. Mail, send to:

SingleCare Services TCPA Settlement
c/o Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

***DENOTES INFORMATION YOU MUST PROVIDE TO HAVE A VALID CLAIM.**