



The Commonwealth of Massachusetts will deduct any outstanding child support, tax, or other debts owed to the Commonwealth before sending a settlement check to you. This will reduce the amount you owe. You may owe taxes on your share of the settlement.

**Please check one box to indicate how your check should be handled if your claim is approved:**

**Mail the check to my address on front.** *If you do not select any of these options, the check will be sent to your address.*

**Mail the check to this address:**

First Name

Last Name

Street Address

City

State

Zip Code

**Step Two - Substitute W-9 Request for Taxpayer Identification Number.**

This should be your Social Security Number unless you have been given a different number by the IRS for this purpose.

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(9 digits)

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am **NOT** subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

If you have been notified by the IRS that you are subject to backup withholding, you must cross out the word "**NOT**" and check here:

**Step Three - Please sign under penalty of perjury that all of the information you provided in this form is true and accurate to the best of your knowledge and belief.**

It is important that your answers are truthful. If you sign this and you know that statements are not true, you can be charged with perjury pursuant to 18 USCA § 1621 and 28 U.S.C. § 1746.

Under penalty of perjury, I certify that all of the information provided on this form is true and correct:

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Signature

Date Signed

**Step Four - Mail this form, postmarked by September 9, 2010.**

Mail this form to: Tyler Claims Administrator  
P.O. Box 2007  
Chanhassen, MN 55317-2007

This form must be postmarked by September 9, 2010, or your claim will be denied.

**NOTE:** After you mail in your claim form, the Claims Administrator will send you a notice to indicate that your claim was approved or denied. If you do not receive the notice, you must write to the Claims Administrator at the above address, or call at 1-866-233-5640.

If you move, you must notify the Claims Administrator in writing so that your check will be sent to your new address.

You must cash your check within 60 days of the date the check was issued.

All questions regarding this lawsuit or the settlement should be addressed to the Claims Administrator at the above address.

