

Dental Crown Settlement
Bhatia v. 3M Co., No. 0:16-cv-01304
Check Reissuance Request Form

If you want to ask the Claims Administrator to reissue your settlement check for any reason, you must complete and return this form to the address in Section VI below so that the Claims Administrator receives it by October 4, 2022.

I. ORIGINAL SETTLEMENT CLASS MEMBER INFORMATION

Complete this section using the information that appears on your settlement check or the Settlement Class Notice we sent you. You may update the check payee name and/or address in Section IV below if you need to do so.

Settlement Class Member Name	First Name	Middle Name	
	Last Name	Suffix	
Original Mailing Address	Street/P.O. Box	Unit/Apt. Number	
	City/Town	State	Zip Code
Contact Telephone		Email Address	

II. REASON FOR REISSUANCE REQUEST

Explain why you need us to reissue your check by checking the appropriate box or boxes below.

- My name changed from what appeared on my notice, and I cannot cash or deposit the check I received that was issued in my previous name.
- My address changed from what appeared on my notice, and I have not yet received my check.
- Though my address has not changed from what appeared on my notice, I have not yet received my check.
- I received my check, but I cannot cash or deposit my check because it was damaged in transit.
- I received my check, but I cannot cash or deposit my check because I lost it.
- I am the legal representative of a deceased Settlement Class Member and cannot effect successful negotiation of the check as originally issued. I certify that I have legal authority to act on the Settlement Class Member's behalf as it relates to this settlement and this payment, and understand that the reissued check will be made payable to the estate of the deceased Settlement Class Member.

III. REQUESTOR'S INFORMATION

Provide the name and current contact information for the person submitting this reissuance request whose signature appears in Section V below.

Name	First Name	Middle Name	
	Last Name	Suffix	
Mailing Address	Street/P.O. Box	Unit/Apt. Number	
	City/Town	State	Zip Code
Contact Telephone		Email Address	

IV. UPDATED CHECK INFORMATION

Provide below (1) the exact name to which you would like a reissued check to be made payable and (2) the address to which you would like that reissued check to be mailed.

Updated Payee Name	First Name	Middle Name	
	Last Name	Suffix	
Updated Check Mailing Address	Street/P.O. Box	Unit/Apt. Number	
	City/Town	State	Zip Code

V. CERTIFICATION AND SIGNATURE

By submitting this check reissuance request and signing below, you certify that no one has already cashed or deposited the original settlement check issued to the Settlement Class Member identified in Section I (the "Original Check") and that no one will not attempt to do so in the future. You further certify that you have legal authority to submit this request and that the payee information provided in Section IV is the appropriate payee information under applicable law. You acknowledge that we may officially and permanently void the Original Check. If anyone attempts to negotiate the Original Check, you agree to pay personally for any returned check fees incurred as a result of those actions. You further acknowledge that we may not be able to reissue your check, notwithstanding the fact that you cannot deposit or cash the Original Check.

Signature	<hr/>
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VI. MAIL THIS FORM TO:

Dental Crown Settlement
Claims Administrator
P.O. Box 26207
Richmond, VA 23260