

**CLAIM FORM TO RECEIVE REIMBURSEMENT IN  
ROSARIO ET AL. V. DRIVESAFETODAY.COM, INC.**

This form must be submitted or postmarked on or before **March 8, 2022**

**Complete this form only to make a claim for reimbursement for DriveSafeToday's TLSAE Course or TLSAE & Driver's Education Combination Course under the Settlement.**

**PLEASE TYPE OR PRINT LEGIBLY**

*You must supply all of the following information in order to obtain reimbursement under this Settlement.*

<i>Student</i>	<i>Payor (if different from Student)</i>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email address: _____	Email address: _____
Course Purchased: _____	
Date of Purchase: _____	

- I have included proof of payment (*i.e.*, credit card statement, receipt of payment) identifying the payor (and payor's address if different from student's address above).
- I am unable to obtain proof of payment. I have identified the payor above.

You **MUST** submit a Claim Form if you are seeking reimbursement under the Settlement.

**PLEASE SEE QUESTIONS 6-10 ON THE NOTICE FORM FOR MORE INFORMATION.**

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COMPLETE THIS CLAIM FORM AND MAIL IT, POSTMARKED ON OR BEFORE

**March 8, 2022**, TO:

Christopher J. Dalton, Esq.  
BUCHANAN INGERSOLL & ROONEY PC  
550 Broad Street, Suite 810  
Newark, New Jersey 07102

**QUESTIONS? CALL CLASS COUNSEL AT (215) 258-4700**

**STUDENT DECLARATION**

I declare under penalty of perjury that the information above is true and correct to the best of my knowledge.

Signed On: \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(DD/MM/YYYY) (City) (State)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

**PAYOR DECLARATION (IF DIFFERENT FROM STUDENT)**

I declare under penalty of perjury that the information above is true and correct to the best of my knowledge.

Signed On: \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(DD/MM/YYYY) (City) (State)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)