

MN Dept. of Education Settlement  
c/o Claims Administrator  
P.O. Box 16  
West Point, PA 19486

CLAIM FORM  
*K.O. et al. v. Jett*  
Case No. 21-cv-01837 (USDC - Minnesota)

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### CLAIM FORM INSTRUCTIONS

#### DEADLINE – DECEMBER 7, 2024

- In order for you to qualify to receive benefits related to *K.O. et al. v. Jett* as described in the Class Notice, you must complete and submit the attached Claim Form. The Claim Form must be postmarked by **December 7, 2024** and sent by first class mail to:

MN Dept. of Education Settlement  
c/o Claims Administrator  
P.O. Box 16  
West Point, PA 19486

- Your claim will be considered only if you comply with all of the following conditions:
  - You must be a person (or acting on behalf of the person) to whom a Class Notice was addressed and you must be listed as a potential Class Member based on data maintained by the Claims Administrator and received from the Minnesota Department of Education and/or a local school district. The Class Member is referred to as the “Student” in the Claim Form.
  - You must accurately complete all required portions of the Claim Form.
  - By submitting the Claim Form, you are certifying that: (1) to the best of your knowledge, you (or the person on whose behalf you are submitting the Claim Form) are a member of the Class; and (2) if you are submitting a Claim Form on behalf of someone else (for example, your child), you are authorized to act on that individual’s behalf.
- Submission of a Claim Form does not mean you will automatically receive any benefit. All Claim Forms are subject to further determination of eligibility as a Class Member and for benefits. The amount of benefits (if any) you receive will depend on: (1) your share of the Settlement amount based on your birthdate and the number of valid claims received; and (2) your ability at a later stage to provide adequate documentation of certain expenses or direct payment to a provider for services up to your share. Once your Claim Form has been received, and your eligibility for benefits is confirmed, the Claims Administrator will mail to you a form with additional instructions to obtain reimbursement of qualified expenses or direct payment to a provider for services.
- If you do not submit a Claim Form by **December 7, 2024**, you will not receive any benefit from the Settlement.
- If you have questions or need assistance filing the Claim Form, please contact the Claims Administrator at [questions@EducationBenefitsClassAction.com](mailto:questions@EducationBenefitsClassAction.com) or call (833) 215-9289.

# CLAIM FORM

## Section I - Student/Class Member Information:

(Please note that the Claims Administrator may contact you for additional information, if necessary to identify you.)

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Last School District in Which the Student Received Special Education: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Please provide student's telephone number and email address:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Section II - Representative Information (i.e., Parent, Guardian, etc.):

(Complete the following only if the individual submitting the Claim Form is different from the Student/Class Member.)

Representative Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Please provide representative's telephone number and email address:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Section III - Signature:

By submitting the Claim Form, you are certifying that:

- (1) to the best of your knowledge, you (or the person on whose behalf you are submitting the Claim Form) are a member of the Class; and
- (2) if you are submitting a Claim Form on behalf of someone else (for example, your child), you are authorized to act on that individual's behalf.

*By signing your name, you are attesting to the truthfulness of this statement under penalty of perjury.*

\_\_\_\_\_  
Signature Printed Name Date

**CLAIM FORM  
FILING  
INSTRUCTIONS**

**By Mail:** MN Dept. of Education Settlement  
c/o Claims Administrator  
P.O. Box 16  
West Point, PA 19486

**Deadline: DECEMBER 7, 2024**