CLAIM FORM

This Claim Form exists in connection with the *Scola v. Facebook, Inc*. Settlement. You should complete this form if you wish to make a claim for money to pay for medical treatment for certain conditions and, if you have one of the allowable conditions, for damages.

To receive payment from the Settlement Fund, you must complete this Claim Form. **Claim Forms must be submitted no later than Monday, March 14, 2022.** If you fail to submit a timely Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement Fund. Before you complete this Claim Form, you should read and be familiar with the Notice of Proposed Class Action Settlement (the "Notice") available on the Settlement Website, ContentModeratorSettlement.com.

The information on this form will be kept confidential and will not be shared with anyone at Facebook or its vendors.

I. General Information

Full Name:

Mailing Address:

City

State

ZIP Code

Telephone Number:

– –

Email Address:

Preferred Method of Payment (check one and indicate information for your checked method):

☐ Check

☐ Venmo

Venmo Handle:

☐ Direct Deposit

Account Number:

Routing Number:

☐ PayPal

PayPal Handle:

I, _____ (name), attest under penalty of perjury that I am a member of the Settlement Class (i.e., that I worked as a Content Moderator for a vendor of Facebook, Inc. ("Facebook"), as an employee or subcontractor at any time between September 15, 2015, and August 14, 2020).

Signature: _____ Date: __ – __ – ____
MM DD YYYY

II. Qualifying Diagnosis

Have your medical provider complete the attached Diagnosis Verification Form attesting that your medical provider is a qualified medical provider, attesting that you meet the criteria for a Qualifying Diagnosis resulting in whole or in part from your work as a Content Moderator for Facebook, and identifying your diagnosis or diagnoses.

I, _____ (name), attest under penalty of perjury that I obtained the diagnosis or diagnoses indicated on the attached Diagnosis Verification Form from a medical provider licensed by a U.S. State or territory to provide healthcare services and qualified to diagnose me with the diagnosis or diagnoses listed on the Diagnosis Verification Form.

Signature: _____ Date: __ – __ – ____
MM DD YYYY

III. Other Damages

You should complete this section of the form only if you have a Qualifying Diagnosis as described in Section II of this form and you are requesting a further payment for other damages.

I believe that I sustained the following damages as a result of my experience as a Content Moderator reviewing Facebook content.

☐ Past Medical Expenses

$ _____ . __ (estimated monetary value)

☐ Lost Wages

$ _____ . __ (estimated monetary value)

☐ Emotional Distress

$ ☐☐☐☐☐☐☐ . ☐☐ (estimated monetary value)

☐ Other

$ ☐☐☐☐☐☐☐ . ☐☐ (estimated monetary value)

Provide a narrative description of the damages that you are claiming (attach additional sheets if necessary).

_____

_____

_____

_____

_____

_____

You should also include with this form any documentation supporting your Claim for damages. For instance, you may include a personal declaration, supporting statements from others, receipts, credit card statements, bills, doctor's notes, or other similar materials. Any declarations or statements must include at the end of the statement the following sentence: "I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct" and be signed and dated by the person making the statement.

If you accept a payment for Other Damages, you will be deemed to have and, by operation of law, shall have fully, finally, and forever compromised, released, relinquished, settled, and discharged any and all claims that you ever had, now have, or hereafter can, shall, or may have, claim, or assert in any capacity against Facebook with respect to the conduct alleged in the *Scola v. Facebook, Inc.* lawsuit; (b) shall have covenanted not to sue Facebook with respect to any of the claims for which you receive an Other Damages payment; and (c) shall be permanently barred and enjoined from instituting, commencing, or prosecuting any claims for Other Damages against Facebook.

I, ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (name), attest under penalty of perjury that I believe my experience as a Content Moderator reviewing Facebook content caused (in whole or in part) the damages that I have described above.

Signature: ☐

Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

IV. Instructions for Submission

Submit this form, the Diagnosis Verification Form, and any attachments to the Settlement Administrator by email at info@ContentModeratorSettlement.com; by mail at P.O. Box 3748, Portland, OR 97208-3748; or electronically by following the directions on the Settlement Website, www.ContentModeratorSettlement.com.