

*Tiffany Aguero, et al. v. Nova Southeastern University, Inc. Class Action*

Settlement Administrator

RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

*Tiffany Aguero, et al. v. Nova Southeastern University, Inc.*  
17<sup>th</sup> Judicial Circuit in and for Broward County, Florida  
Case Number: CACE-18-028483

**Must be postmarked on or before July 21, 2021**

**TO QUALIFY TO RECEIVE A PAYMENT FROM THIS SETTLEMENT, YOU MUST  
COMPLETE AND SUBMIT THIS CLAIM FORM**

**THE INFORMATION PROVIDED IN THIS CLAIM FORM IS BEING SUBMITTED  
UNDER THE PENALTY OF PERJURY**

**Mail your claim to:**

Nova Southeastern Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

**Section A: General Information**

**The Settlement Administrator will use this information for all communications regarding the Claim Form and to send your payment from the settlement fund should you qualify. If this information changes, you must notify the Settlement Administrator in writing at the address above. The information to be completed herein relates solely to the Settlement Class Member.**

Name of Class Member: \_\_\_\_\_

Are You Over The Age of 18? Yes No

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section B: Parent or Guardian Information**

**This section must be completed if the Settlement Class Member is a minor under the age of 18.**

Name of Parent/Guardian if Class Member is a Minor:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Settlement Class Member: \_\_\_\_\_

**Section C: Questions**

**You must provide an answer to each of the questions in this section.**

**Question 1:** Did the Settlement Class Member receive a letter from Linda Niessen, Dean and Professor of Nova Southeastern University's College of Dental Medicine, informing them that they may have been exposed to inconsistencies in prescribed sterilization protocols while a patient at NSU's Post-Graduate Orthodontic Clinic located at 3200 South University Drive in Davie, Florida, between July 2015 to February 2018, and offering a screening blood test?

Yes

No

**Question 2:** Did the Settlement Class Member obtain a screening blood test following receipt of the letter from Linda Niessen?

Yes

No

**Question 3:** If the Settlement Class Member obtained a screening blood test following receipt of the letter from Linda Niessen, were the results of the blood test negative?

Yes

No

**Section D: Certification (To be completed by Settlement Class Member. If the Settlement Class Member is a minor under the age of 18, this must be completed by the legal parent or guardian of the Settlement Class Member).**

Under penalties of perjury, I swear and affirm that I have read and am familiar with the contents of this Claim Form, that the information provided by me is true, correct and complete, and that I am submitting this information on behalf of myself or a Settlement Class Member for whom I am the legal parent or guardian.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2021.  
(date) (month)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mail the completed Claim Form postmarked on or before July 21, 2021 to the following address:

Nova Southeastern Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

**REMINDER CHECKLIST:**

1. The Claim Form must be fully and completely filled out.
2. Please keep a copy of your Claim Form and supporting documentation for your records.
3. If you move or your address changes, please send your new address and/or your new name and contact information to the Settlement Administrator.
4. You must also complete and submit the Release.