

Scouting Settlement Trust (“Trust”) Reconsideration Request Form

Reconsideration Request Introduction & Instructions

To submit a Reconsideration Request, you **MUST** timely:

1. Complete and submit this Reconsideration Request Form:

- (i) Complete all fields within this form and upload it to the Documents tab in your Portal using the Document Type “Reconsideration Request”.
- (ii) Email info@scoutingsettlementtrust.com to inform the Trust that you are filing a Reconsideration Request prior to the day of your Reconsideration Deadline Date. Please title the subject line of the email “Reconsideration Request SST-XXXXXX” and include your claim’s SST number. **Do not attach your Reconsideration Request form to the email; upload the form to the portal.**

2. Submit the \$1k Reconsideration Fee or have obtained a waiver of the Reconsideration Fee:

- (i) Payments must be made in accordance with the Reconsideration Payment Instructions. Please email info@scoutingsettlementtrust.com to request the payment instructions with the subject line “Request for Reconsideration Payment Instructions SST-XXXXXX” and include your claim’s SST number.
- (ii) Please note that the Reconsideration Payment Instructions are the same for all Reconsideration Requests. If you have already successfully wired a Reconsideration Fee to the Trust, you can use the same Reconsideration Payment Instructions for future Reconsideration Requests. If requesting the Reconsideration Payment Instructions for the first time, you must email the Trust requesting the Reconsideration Payment Instructions **no later than 10 days prior to your Reconsideration Deadline Date**. You must submit your Reconsideration Fee payment **no later than 5 days prior to your Reconsideration Deadline Date** to avoid delays subject to bank processing times. Please email info@scoutingsettlementtrust.com when you have submitted the Reconsideration Fee with the subject, “Reconsideration Fee Payment Submitted SST-XXXXXX”.
- (iii) While the Trustee has discretion to waive the Reconsideration Fee, it is highly unlikely that a Claimant represented by a law firm will be granted a fee waiver. Pro se claimants who establish an inability to pay the Reconsideration Fee may be entitled to a fee waiver. If you believe your financial circumstances are such that you are unable to pay the Reconsideration Fee, upload your completed Reconsideration Fee Waiver Affidavit to your portal and email info@scoutingsettlementtrust.com **no later than 14 days after receipt of your claim determination notice** with the subject line “Reconsideration Request Fee Waiver SST-XXXXXX” and include your claim’s SST number. If a fee waiver is not granted, you must pay the Reconsideration Fee as noted in item 2.i above in a timely manner. The Reconsideration Fee Waiver form is available on the Trust’s website under “News and Key Documents/Trust Forms”.

Once this Reconsideration Request Form and the Reconsideration Fee have been received by the Trust (unless a fee waiver has been granted), the Trustee will review your Reconsideration Request. You will be notified within thirty (30) days if the Trustee has granted or denied your Reconsideration Request. If granted, the Trustee will conduct a Reconsideration Review of your claim and notify you of her determination within ninety (90) days of granting your Reconsideration Request. The decision to grant your Reconsideration Request does not guarantee that the Trustee will reach a different result after reconsideration. A Reconsideration Request can only be made once.

Please remember that your Reconsideration Request is not complete until you have submitted the Reconsideration Request Form and paid the \$1,000 Reconsideration Fee (unless a fee waiver has been granted). Both the form and the fee must be received within 30 days of receipt of your claim determination notice. Failure to comply with all of these requirements timely will result in a denial of your Reconsideration Request.

Reconsideration Request Form				
SST Claim ID *	SST Claim ID Number			
	SST- _____			
Claimant Name *	First Name	Middle Initial	Last Name	Suffix

Reconsideration Request

1. You **MUST** provide a detailed explanation of the basis for your Reconsideration Request including specific areas of the Trust’s claim calculation you are asking to be reconsidered and why you believe the Trust’s claim calculation is in error. Use the space below to provide that explanation. If you need more space than provided below, upload your explanation as a separate document to the Documents Tab. If you are relying upon any documents (other than those previously submitted to the Trust) to support your Reconsideration Request, you **MUST** provide those documents by uploading them to the Documents Tab along with this form.

Failure to provide: (i) a detailed explanation of the basis for your Reconsideration Request, including specific areas of the Trust’s claim calculation you are asking to be reconsidered and why you believe the Trust’s claim calculation is in error, and (ii) any documents (other than those previously submitted to the Trust) that support your Reconsideration Request, will result in a denial of your Reconsideration Request.*

