

CLAIM FORM

GENERAL INSTRUCTIONS

Donnelly, et al. v. Aspen Dental Management, Inc.
Claim Number: 2025LA000036, Circuit Court of Sangamon County, Illinois

If you received a Notice, the Settlement Administrator identified you as one of the Settlement Class Members in the above referenced Litigation. You may submit a claim for Settlement benefits, as outlined below. Please refer to the Long-Form Notice posted on the Settlement Website **www.aspendentalpixelsettlement.com**, for more information on submitting a Claim Form.

To receive a payment from this Settlement, you MUST submit the Claim Form below, which can also be done electronically at www.aspendentalpixelsettlement.com by September 15, 2025

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, by U.S. mail to:

Donnelly, et al. v. Aspen Dental Management, Inc.
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

As a Settlement Class Member, you may submit a claim as set forth below:

Settlement Class Members may submit a Claim for a cash payment, which may increase or decrease depending on whether the Settlement Class Member is a Group 1 or Group 2 Settlement Class Member, or depending on how many Valid Claims are made.

Questions? Go to www.aspendentalpixelsettlement.com, email info@aspendentalpixelsettlement.com, or call (844) 496-0570

I. PAYMENT SELECTION

If you would like to elect to receive your cash payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

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Last Name

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Address 1 (street name and number)

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Address 2 (apartment, unit, box number)

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City

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State

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ZIP Code

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Email Address

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Telephone Number (Optional)

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III. PROOF OF CLASS MEMBERSHIP

☐ Check this box to certify that you are a natural person who used the website www.aspendental.com to book a dental appointment between February 20, 2022, and January 1, 2025.

Enter the Notice ID provided on your Postcard or Email Notice:

Notice ID

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IV. ATTESTATION & SIGNATURE

I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Date

Questions? Go to www.aspendentalpixelsettlement.com, email info@aspendentalpixelsettlement.com, or call (844) 496-0570