

IN THE CIRCUIT COURT OF COLE COUNTY
STATE OF MISSOURI
19th JUDICIAL CIRCUIT

LINDA GERKEN, *et al.*,)
Plaintiffs,)
)
v.) Case No. 06AC-CC00123-03
) Division IV
GARY SHERMAN, *et al.*,)
Defendants.)

To: **NAME**
ADDRESS
DCN

Date: _____

NOTICE OF DENIED CLAIM – Exhibit D

The Department of Social Services has processed your claim for compensation in the *Gerken vs. Corsi* class action lawsuit. You are hereby notified that your claim for compensation has been denied because:

- You are not an Eligible Member of the class because you did not receive a blind pension payment for the time period between February 1, 2001, and June 30, 2010.
- You did not file your claim with the Department by [date] and your claim was untimely.
- You did not provide satisfactory documentation to establish that you are the claimant's authorized representative.
- You did not sign your claim form.
- You did not complete your claim form.
- Your claim was for more money than authorized by the Court's Judgment and Order approving the Class Action Settlement Agreement.
- You have made a claim that is not authorized by the Judgment and Order
- Other

WHAT HAPPENS IF I AGREE WITH THIS DECISION?

If you agree with this decision then you do not have to do anything. The Department's decision will be final and you will not receive compensation.

WHAT HAPPENS IF I DISAGREE WITH THIS DECISION

If you think that this decision is wrong because you did receive blind pension payments between February 1, 2001, and June 30, 2010, you can ask an Administrative Hearing Officer to review this decision. **You have 90 (ninety) days from the date of this letter to file a Request for Administrative Review with the Family Support Division. If the Department does not receive the request for review by that date, your request for review will not be considered and the Department's decision will be final.**

Administrative review of this decision is limited to whether you are a member of the class; whether you are a proper claimant; and whether the Department's decision that you did not receive a blind pension payment between February 1, 2001, and June 30, 2010 is correct. **You may not ask the Hearing Officer or the Court to reconsider the Class Action Settlement Agreement or any of the Court's prior rulings.**

The Hearing Officer will make a decision based solely on the written information you provide unless you specifically ask for a hearing by telephone conference call or an in-person hearing. The request for a hearing by telephone conference call or an in-person hearing shall be made in writing, shall specify the reasons therefore, and shall be part of the Administrative Request for Review. The Hearing Officer shall grant the request for a hearing by telephone conference call if the Member provides good cause. The Hearing Officer may grant an in-person hearing in the county where the Member is located if the Hearing Officer determines that there is good cause for an in-person hearing and the Member is reasonably unable to present his or her case for review by written submission or telephone conference call.

To ask the Hearing Officer to review the decision please follow the steps listed below:

- Complete the attached Administrative Request for Review form. You or your authorized representative must sign and have the signature verified by a notary public.
- **You must include copies of any documents that you would like the Hearing Officer to consider with your request for a hearing. If you believe that you received a blind pension payment between February 1, 2001, and June 30, 2010, you must attach copies of any documents or information that you have to prove that you received the payments. If you do not include proof that you received payments during this time period your Administrative Request for Review will be denied. The Hearing Officer will only consider the records attached to your request for administrative review.**
- Mail the original form and the supporting documents to:

Family Support Division
Department of Social Services
Attn: Blind Pension Claims Processing Unit
PO Box 2320
Jefferson City, MO 65102-2320

Or E-mail a completed PDF copy of the form to the Family Support Division at:

BPclaims@dss.mo.gov

WHO CAN FILE YOUR REQUEST FOR REVIEW

Only you or your authorized representative may file a Request for Administrative Review on your behalf. An authorized representative is an individual, competent adult who is legally authorized to act on behalf of a Member of the Class. The following individuals can serve as an authorized representative of a member:

- the member's court appointed guardian;
- the member's attorney;
- an individual appointed by the member to handle his or her affairs through a valid Power of Attorney; or
- if the member is deceased, the personal representative of the member's estate.

If your Request for Administrative Review is submitted by your authorized representative the authorized representative must submit satisfactory documentation to prove that he or she is authorized to act on your behalf. Satisfactory documentation is limited to one of the following:

- copy of letters of appointment of a Guardian or Court order;
- entry of appearance signed by the attorney;
- a notarized power of attorney executed by the member; or
- letters of appointment as personal representative.

You will be bound by the information provided by your personal representative.

YOU MUST TELL US IF YOUR CONTACT INFORMATION CHANGES

The Department will communicate with you by United States mail at your last known address of record with the Blind Pension Program. It is **not** the responsibility of the Department to try and find you if you move or if your contact information changes. It is your responsibility to notify the Department of any change in your name, address, telephone number, e-mail address or your authorized representative. You must notify us of the change within 10 days of the change. You can tell the Department about the change in one of two ways:

1. You can mail your information to the Department of Social Services by United States mail at the following address:

Department of Social Services
Family Support Division
Attn: Blind Pension Lawsuit Claims Processing Unit
PO Box 2320
Jefferson City, MO 65102-2320

We recommend that you send your letter by certified mail, return receipt request so that you have a record of when you mailed the claim form and when we received it.

2. You also can e-mail your changed information to the Department of Social Services at the following e-mail address:

BPclaims@dss.mo.gov

CLASS COUNSEL AND QUESTIONS ABOUT THIS NOTICE

When the Court certified the class the court appointed class counsel to represent the interests of the class. The lawyers for the class are:

John Greider
Deborah S. Greider, LLC
8000 Bonhomme Ave., #207
St. Louis, MO. 63105
Telephone: 314-727-8910
E-mail: dgreider@greiderlaw.com

John Ammann,
Legal Clinic, Saint Louis University School of Law
100 North Tucker, #704
St. Louis, MO. 63101
Telephone: 314-977-2778
E-mail: ammannjj@slu.edu

If you have any questions about this case, this notice and how to file a Request for Review please contact class counsel or your own lawyer.

The Department of Social Services and the Attorney General's office cannot give you advice about this notice. Please do not contact the Attorney General's Office, the Department of Social Services, the Family Support Division or Rehabilitation Services for the Blind to seek advice concerning the claims process.