DATE: [Insert Date]

CASE NAME: [Insert Case Name]

CASE NUMBER: [Insert Case Number]

SETTLEMENT ID: [Insert Settlement ID Number]

Dear [Recipient Name],

Enclosed is your settlement payment regarding the [Insert Name of Class Action Lawsuit] class action settlement. According to our records, you were identified as a Class Member entitled to receive a distribution from this fund.

Payment Details:

- **Check Number:** [Insert Check Number]
- **Payment Amount:** $[Insert Amount]
- **Issue Date:** [Insert Date]

Important Information Regarding This Payment:

1. **Expiration Date:** This check must be cashed or deposited by [Insert Expiration Date]. After this date, the check will become void and the funds may be redistributed or forfeited according to the terms of the Settlement Agreement.

2. **Tax Information:** Neither the Settlement Administrator nor the parties to the lawsuit can provide tax advice. This payment may be considered taxable income. Please consult with a tax professional regarding the reporting requirements for this disbursement.

3. **Address Updates:** If you move before cashing this check or expect future distributions, please notify the Settlement Administrator of your new address immediately.

If you have any questions regarding this payment or the settlement in general, please visit the official settlement website at [Insert Website URL] or contact the Settlement Administrator at [Insert Phone Number].

Sincerely,

[Insert Name/Organization]
Settlement Administrator
[Insert Address]
[Insert City, State, Zip Code]