

*Scouting Settlement Trust (“Trust”)
Instructions for the Claims Processing Portal
& Trust (“Matrix”) Claims Questionnaire (Blue Form)*

The purpose of this document is to provide Attorney(s) and Unrepresented Claimants(s)/Representative(s) with guidance on how to complete and submit a Matrix Claims Questionnaire through the Claims Processing Portal via an electronic or manual signature. Additional guidance is provided on how to submit supporting documentation for your Claim through the “Document” tab. Detailed instructions on the processes can be found below.

Scouting Settlement Trust Account Overview

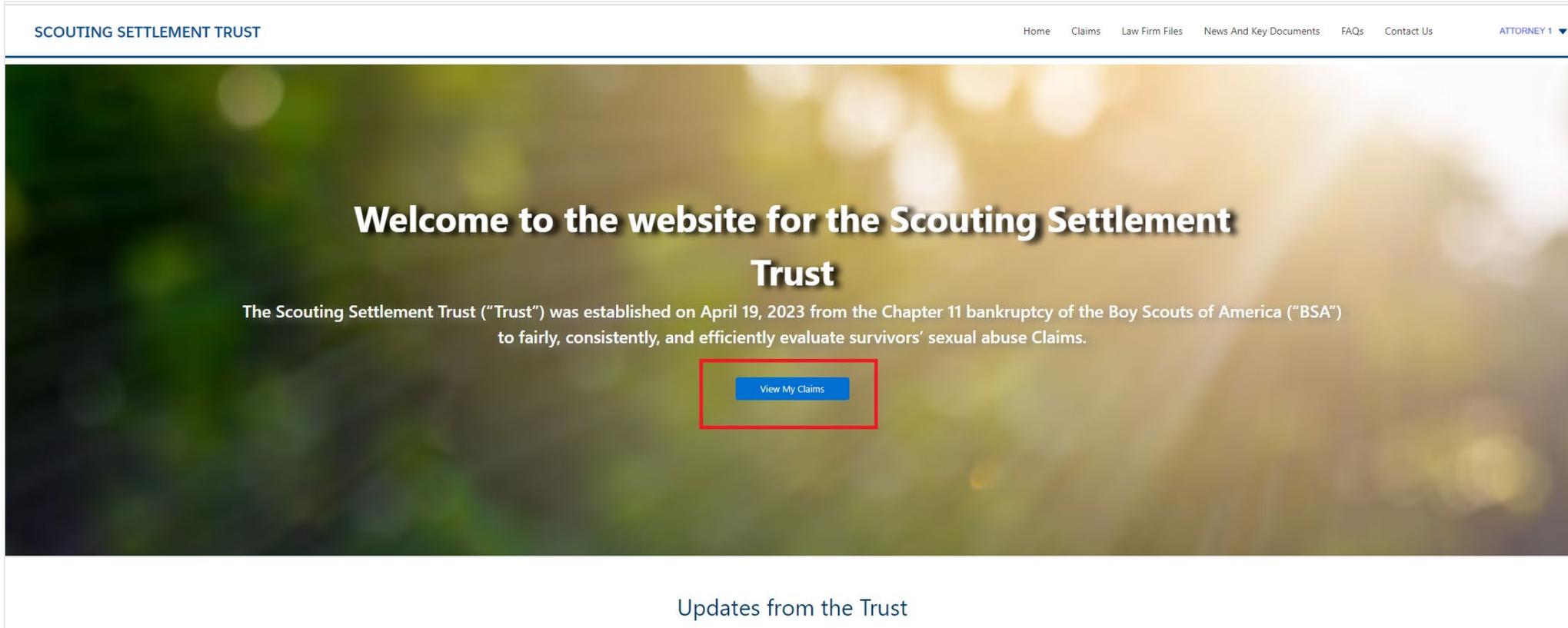
Step 1: Upon logging into the Claims Processing Portal, you will be able to access the “Claims” tab, which will provide you with an overview of the Matrix Claims Questionnaire(s) for the Claimant(s) you represent. If applicable, you will also see Claims within your list view that are associated with other employee(s) and/or Attorney(s) at your law firm. **If you are not represented by an Attorney (“Unrepresented Claimant/Representative”), only one Claim will appear on your Claims List.**

Please note: You will have read-only access for Claims that you do not own; however, you will not be able to edit those Claims.

The screenshot displays the 'Claims Processing Portal' interface. At the top, there is a navigation bar with 'Claims' selected. Below the navigation bar, the main heading 'Claims Processing Portal' is centered, followed by a brief instruction: 'To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue)'. Below this, there are three summary cards: 'Law Firm Name', '46 My Total Claims', and '33 My Questionnaires Submitted'. A 'Welcome Attorney 1' message is on the left, and a 'Register Future Abuse or Other Protected Party Claim' button is on the right. The 'Claims List' section features a search bar, filter options, and a table of claims. A red box highlights the table area.

Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

Additionally, you can also access the Claims List through the home page by clicking on the blue, “View My Claims” button which can be found underneath the “Welcome to the website for the Scouting Settlement Trust” banner.



Step 2: The Claims Processing Portal page will provide you with a summary of the number of “My Total Claims” currently associated with your law firm. While the number of “My Questionnaires Submitted” will populate as you successfully submit and electronically sign the Matrix Claims Questionnaire.

SCOUTING SETTLEMENT TRUST

[Home](#) [Claims](#) [Law Firm Files](#) [News And Key Documents](#) [FAQs](#) [Contact Us](#)

ATTORNEY 1 ▾

Claims Processing Portal

To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue).

Welcome Attorney 1

Law Firm Name
Law Firm Name



46
My Total Claims



33
My Questionnaires Submitted

[Register Future Abuse or Other Protected Party Claim](#)

Claims List

Show my Claims Only

<input type="checkbox"/>	Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
<input type="checkbox"/>	SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
<input type="checkbox"/>	SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
<input type="checkbox"/>	SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
<input type="checkbox"/>	SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
<input type="checkbox"/>	SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

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Step 3: For Attorney(s) Only - The Claims Processing Portal page will provide you with information specific to each Claim associated with your account. You will have the ability to search and filter the Claims associated with your law firm. The “Show my Claims Only” toggle will only list all Claims you currently own.

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[Home](#)
[Claims](#)
[Law Firm Files](#)
[News And Key Documents](#)
[FAQs](#)
[Contact Us](#)
ATTORNEY 1 ▾

Claims Processing Portal

To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue).

Welcome Attorney 1

[Register Future Abuse or Other Protected Party Claim](#)

Law Firm Name
Law Firm Name

46
My Total Claims

33
My Questionnaires Submitted

Claims List

🔍
--None-- ▾
Filter by action required
Show my Claims Only
Reassign Owner
i
Download to Excel

Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

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Step 4: For Attorney(s) Only - The Claims Processing Portal page will also provide you with the ability to “Download to Excel”, this will allow you to download your entire Claims List into an excel format.

SCOUTING SETTLEMENT TRUST
Home Claims Law Firm Files News And Key Documents FAQs Contact Us
ATTORNEY 1 ▾

Claims Processing Portal

To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue).

Welcome Attorney 1

[Register Future Abuse or Other Protected Party Claim](#)

Law Firm Name
Law Firm Name

46
My Total Claims

33
My Questionnaires Submitted

Claims List

Filter by action required
Show my Claims Only
Reassign Owner i

[Download to Excel](#)

<input type="checkbox"/>	Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
<input type="checkbox"/>	SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
<input type="checkbox"/>	SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
<input type="checkbox"/>	SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
<input type="checkbox"/>	SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
<input type="checkbox"/>	SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

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Step 5: For Attorney(s) Only - The “Reassign Owner” option enables you to reassign a Claim you currently own to another employee and/or Attorney at your law firm. To reassign a Claim, check the box located in the far left of the row, then select the “Reassign Owner” button.

Please note: If you do not own the Claim, you will not have permission to reassign the Claim.

SCOUTING SETTLEMENT TRUST
Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1 ▾

Claims Processing Portal

To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue).

Welcome Attorney 1
Register Future Abuse or Other Protected Party Claim



Law Firm Name
Law Firm Name



46
My Total Claims



33
My Questionnaires Submitted

Claims List

🔍
--None-- ▾
Filter by action required
Show my Claims Only
Reassign Owner
i
Download to Excel

<input type="checkbox"/>	Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
<input type="checkbox"/>	SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
<input type="checkbox"/>	SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
<input type="checkbox"/>	SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
<input type="checkbox"/>	SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
<input type="checkbox"/>	SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

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Cookie Notice
Privacy Statement

Step 6: For Attorney(s) Only - After selecting the “Reassign Owner” button, a drop-down list of all the employee(s) and/or Attorney(s) associated with the law firm will be displayed. Select the employee or Attorney that you would like to reassign ownership to and confirm your selection with the “Submit” button.

Please note: Once you reassign ownership of a Claim, you will only have read-only access to the Claim and you will not have permission to reassign the Claim.

The screenshot displays the Scouting Settlement Trust web application. At the top, the navigation bar includes 'Home', 'Claims', 'Law Firm Files', 'News And Key Documents', 'FAQs', 'Contact Us', and 'ATTORNEY 1'. A message at the top states: 'To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue)'. On the left, a 'Welcome Test - John Stahley' message is visible. A 'Law Firm Name' field is present. The main area features a 'Claims List' table with a search bar and a 'Filter by' dropdown. The table has columns for 'Claim ID', 'Action Required?', 'Deadline Date', and 'Date Claim Filed'. Two rows are visible, both with red dots in the 'Action Required?' column. A modal dialog titled 'Select New Claim Owner' is open in the center, with the text 'Change Owner to this user:' and a dropdown menu showing 'Attorney 2' selected. 'Cancel' and 'Submit' buttons are at the bottom of the modal. A 'Download to Excel' button is located to the right of the modal. At the bottom of the page, there are navigation controls and a footer with 'Terms of Service', 'Cookie Notice', and 'Privacy Statement'.

Step 7: For Attorney(s) Only – Located on the “Claims” tab, you will find a blue “Register Future Abuse or Other Protected Party Claim” button, which can be used to register Future Abuse or Other Protected Party Claims for your clients who are holders of that specific Claim Type. **For further guidance on how to register and submit a Future Abuse or Other Protected Party Claim for your clients, please see the “Instructions for Future Abuse and Other Protected Party Claims – Attorney(s) with Current Access to the Portal Only” guide on the “News and Key Documents” tab.**

Please note: As an Unrepresented Claimant(s)/Representative(s) whom is a holder of a Matrix or Expedited Claim, this blue “Register Future Abuse or Other Protected Party Claim” button will not be visible.

SCOUTING SETTLEMENT TRUST Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1

Claims Processing Portal

To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue).

Welcome Attorney 1

Register Future Abuse or Other Protected Party Claim

Law Firm Name
Law Firm Name

46
My Total Claims

33
My Questionnaires Submitted

Claims List

Search: --None-- Filter by action required Show my Claims Only Reassign Owner

Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

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Step 8: To open the Matrix Claims Questionnaire, navigate to the “Claim ID” column and select the light blue Claim ID number.

Please note: Once you have opened the Matrix Claims Questionnaire for that Claim, the status of your Claim will change from “Not Started” to “Claims Questionnaire in Progress”.

SCOUTING SETTLEMENT TRUST
Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1 ▾

Claims Processing Portal

To submit your Claim and upload supporting documentation, navigate to your Claim in the List below by clicking the SST Claim ID (the SST Number in the Claim ID Column in blue).

Welcome Attorney 1

Law Firm Name
Law Firm Name

46
My Total Claims

33
My Questionnaires Submitted

[Register Future Abuse or Other Protected Party Claim](#)

Claims List

Q
--None--
Filter by action required
Show my Claims Only
Reassign Owner
i
Download to Excel

<input type="checkbox"/>	Claim ID	Action Required?	Abuse Claim Type	Claim Type	Claim Workflow	Claim Status	First Name	Last Name	Owner	Deadline Date	Date Claim Filed
<input type="checkbox"/>	SST-000054	●	Direct Abuse Claim	Settlement Trust Review	Not Started	Not Started	Claimant	Name 1	Attorney 1		
<input type="checkbox"/>	SST-000055		Direct Abuse Claim	Settlement Trust Review	Claim Under Review	Review in Progress	Claimant	Name 2	Attorney 1		2023-09-14
<input type="checkbox"/>	SST-000056		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 3	Attorney 2		2023-09-19
<input type="checkbox"/>	SST-000057		Direct Abuse Claim	Expedited Review	Release and Payment Processing	Payment Review in Progress	Claimant	Name 4	Attorney 3		2023-09-26
<input type="checkbox"/>	SST-000058		Direct Abuse Claim	Expedited Review	Claim Under Review	Review in Progress	Claimant	Name 5	Attorney 2		2023-11-20

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Trust (“Matrix”) Claims Questionnaire Overview

Step 1: Once you have selected the Claim ID, you will open the Matrix Claims Questionnaire. The Matrix Claims Questionnaire contains sixteen (16) sections from A to P.

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Claim Workflow

Not Started Claims Questionnaire Claim Under Review Claim Notice Issued, Awaiting Response Reconsideration Release and Payment Processing Payment Made Complete

Claimant Name: **Claimant Name 1** Claim Id: **SST-000054** Date Claim Filed: Claim Status: **Claims Questionnaire in Progress**

Claims Questionnaire Correspondence Documents Claimant Access

- > A. Welcome & Instructions
- > B. Election: Which process would you like to use to resolve your Claim?
- > C. Reviewing information provided on Proof of Claim form
- > D. Attorney Overview of Claim
- > E. Basic Identifying Information
- > F. Criminal History
- > G. Has Claimant Sued a Chartered Organization?
- > H. Resolution of Claim in previous litigation
- > I. Is the Claimant submitting the Claim or is a Representative submitting on behalf of the Claimant due to the Claimant's death or incapacity?
- > J. Connection to Scouting
- > K. Tell us about the Abuse
- > L. Identity of the Abuser(s)
- > M. Overall Impact of the Abuse
- > N. Other Claim Information
- > O. Documentation
- > P. Signature under penalty of perjury

If you would like to save a copy of your responses for your records, please do so prior to submitting your Questionnaire by clicking the "Print" button.

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Step 2: Each section of the Matrix Claims Questionnaire is expandable and collapsible. To access a particular section of the Matrix Claims Questionnaire, click on the arrow next to each of the sections. Each section will detail which questions are required with a red asterisk. Confirm that all of your responses are saved before moving to the next section by pressing the “Save” button and review all sections prior to submission of the Matrix Claims Questionnaire.

Please note: You may navigate to the “Print” icon at the bottom of the page to save a copy for your records or to print and review before submission.

SCOUTING SETTLEMENT TRUST Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1 ▾

Claim Workflow

Not Started Claims Questionnaire Claim Under Review Claim Notice Issued, Awaiting Response Reconsideration Release and Payment Processing Payment Made Complete

Claimant Name: **Claimant Name 1** Claim id: **SST-000054** Date Claim Filed: Claim Status: **Claims Questionnaire in Progress**

Claims Questionnaire Correspondence Documents Claimant Access

- >** A. Welcome & Instructions
- > B. Election: Which process would you like to use to resolve your Claim?
- > C. Reviewing information provided on Proof of Claim form
- > D. Attorney Overview of Claim
- > E. Basic Identifying Information
- > F. Criminal History
- > G. Has Claimant Sued a Chartered Organization?
- > H. Resolution of Claim in previous litigation
- > I. Is the Claimant submitting the Claim or is a Representative submitting on behalf of the Claimant due to the Claimant's death or incapacity?
- > J. Connection to Scouting
- > K. Tell us about the Abuse
- > L. Identity of the Abuser(s)
- > M. Overall Impact of the Abuse
- > N. Other Claim Information
- > O. Documentation
- > P. Signature under penalty of perjury

If you would like to save a copy of your responses for your records, please do so prior to submitting your Questionnaire by clicking the "Print" button 🖨️

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Step 3: Upload any documents related to your Claim by navigating to the “Documents” tab at the top of the page. From there you will select the “Upload Document” button to the right of the screen.

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Claim Workflow

Not Started Claims Questionnaire Claim Under Review Claim Notice Issued, Awaiting Response Reconsideration Release and Payment Processing Payment Made Complete

Claimant Name: **Claimant Name 1** Claim Id: **SST-000054** Date Claim Filed: Claim Status: **Claims Questionnaire in Progress**

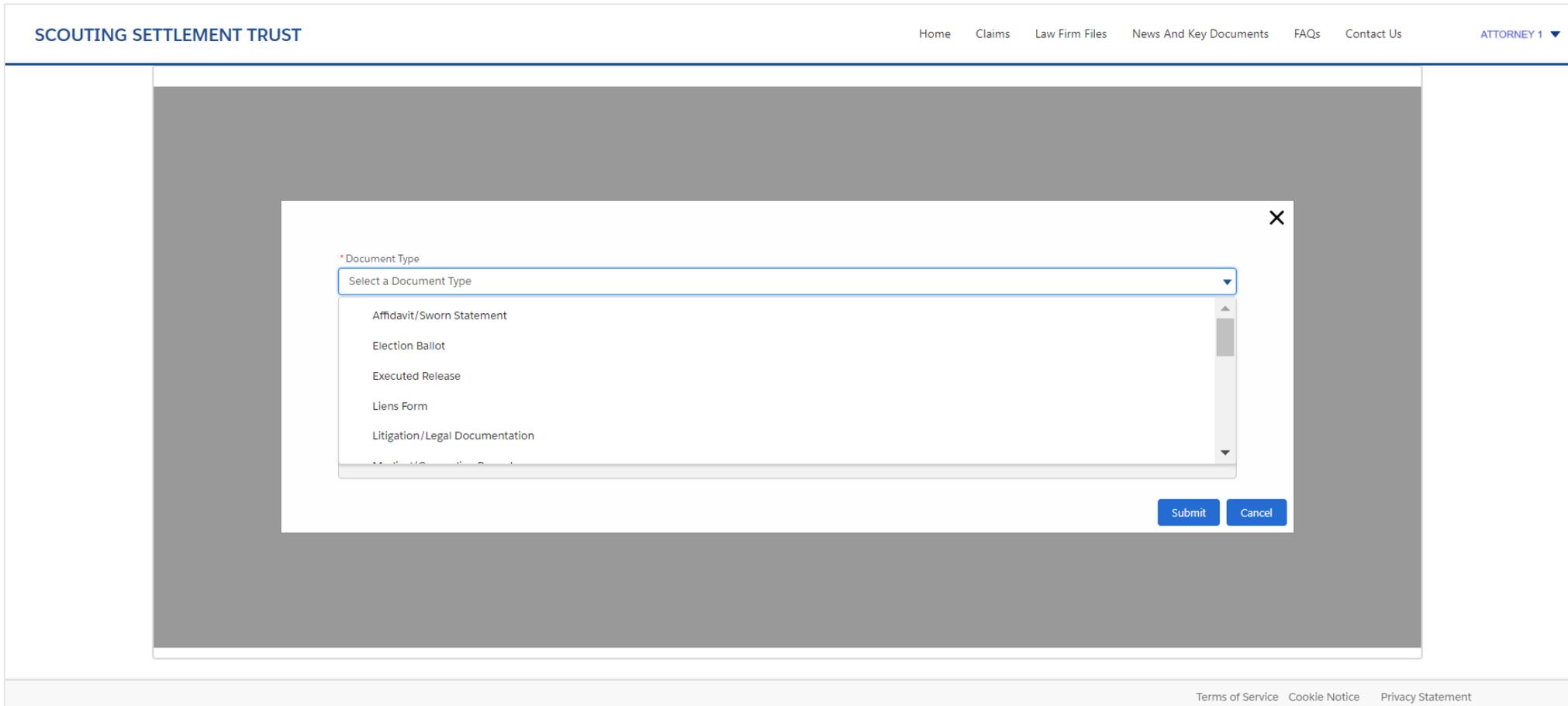
Claims Questionnaire Correspondence **Documents**

Documents (0) Download Files Upload Document

<input type="checkbox"/> Id	Preview	Title	Document Type	Uploaded Date	Uploaded By	Access Level
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Step 4: Once you have selected the “Upload Document” button, you will be re-directed to a page which will allow you to upload a file by clicking on the “Upload Files” button or by dropping your files in the indicated space. Once the file has been attached, you will select the document type from the document drop-down list. To access the document drop-down list, please click on the down arrow to the right of the field.



Step 5: Once you have attached the file and have selected the document type, please provide a description of the document you are providing, as well as the pages relevant to the Claim. Select the Submit button, and the document will be available on your documents list.

Please note: Once your Matrix Claims Questionnaire has been submitted, it can no longer be edited, and you will no longer be able to upload supporting documents.

The screenshot displays the 'SCOUTING SETTLEMENT TRUST' website interface. At the top, there is a navigation menu with links for Home, Claims, Law Firm Files, News And Key Documents, FAQs, and Contact Us. A user profile for 'ATTORNEY 1' is visible in the top right corner. Below the navigation, a header section contains fields for Claimant Name (Claimant Name 1), Claim Id (SST-000054), Date Claim Filed, and Claim Status (Claims Questionnaire in Progress). A tabbed interface below shows 'Claims Questionnaire', 'Correspondence', and 'Documents'. A modal form is open for document upload, featuring a dropdown menu for 'Document Type' (set to 'Personal Representative Documentation'), a text area for 'Description' (containing 'Please see pages 4-8, which provide more details about my legal authority to serve as the Claimant's Personal Representative.'), and a file selection section with an 'Upload Files' button and 'Or drop files' text. The 'Selected File' field shows 'Representative Information.docx'. The 'Submit' button is highlighted with a red box, and a 'Cancel' button is also present. The footer of the page includes links for Terms of Service, Cookie Notice, and Privacy Statement.

Step 6: To download a document that has been uploaded to the Claims Processing Portal, select the document by selecting the box on the corresponding row located next to the “Id” column. Then click on the “Download Files” button.

Please note: the downloaded document(s) will appear in the Downloads folder on your Desktop.

The screenshot displays the 'SCOUTING SETTLEMENT TRUST' portal interface. At the top, navigation links include Home, Claims, Law Firm Files, News And Key Documents, FAQs, and Contact Us. The user is logged in as 'ATTORNEY 1'. The main content area shows claimant details: Claimant Name 'Claimant Name 1', Claim Id 'SST-000054', and Claim Status 'Claims Questionnaire in Progress'. Below this, there are tabs for 'Expedited Questionnaire', 'Correspondence', and 'Documents' (the latter is highlighted with a red box). A 'Documents (1)' section contains a 'Download Files' button (highlighted with a red box) and an 'Upload Document' button. A table lists the document with columns: Id, Preview, Title, Document Type, Uploaded Date, Uploaded By, and Access Level. The first row contains the value '22:10:44.908' in the Id column (highlighted with a red box), a preview icon, the title 'Representative Information', document type 'Personal Representative Do...', upload date 'Dec 4, 2023', and upload by 'Claimant Attorney'. The Access Level is 'Attorneys Only'. At the bottom, there are links for Terms of Service, Cookie Notice, and Privacy Statement.

Step 7: To delete a document that has been uploaded to the Claims Processing Portal, navigate to the drop-down arrow box furthest right of your screen on the row of the document you wish to delete. Then select the “delete” option on the prompt that appears.

The screenshot displays the 'SCOUTING SETTLEMENT TRUST' portal interface. At the top, there is a navigation bar with links for Home, Claims, Law Firm Files, News And Key Documents, FAQs, and Contact Us, along with a user profile for 'ATTORNEY 1'. Below the navigation bar, a 'Claim Workflow' section shows a progress bar with eight stages: Not Started, Claims Questionnaire, Claim Under Review, Claim Notice Issued, Reconsideration, Release and Payment Processing, Payment Made, and Complete. The 'Claims Questionnaire' stage is currently active. Below the workflow, claimant details are shown: Claimant Name 'Claimant Name 1', Claim Id 'SST-000054', Date Claim Filed, and Claim Status 'Claims Questionnaire in Progress'. A tabbed interface below shows 'Claims Questionnaire', 'Correspondence', and 'Documents'. The 'Documents' tab is active, displaying a table with one document entry. The document entry has columns for Id, Preview, Title, Document Type, Uploaded Date, Uploaded By, and Access Level. The 'Delete' option in the document's dropdown menu is highlighted with a red box.

Id	Preview	Title	Document Type	Uploaded Date	Uploaded By	Access Level
22:10:44.908		Representative Information	Personal Representative Docum...	Dec 4, 2023	Claimant Attorney	Show details Delete

Step 8: Once you have completed all sixteen (16) Sections of the Matrix Claims Questionnaire and have reviewed your responses carefully, please determine whether you wish to submit your Claim through electronic signature or manual signature (optional). If you wish to electronically sign your Matrix Claims Questionnaire, select the blue “Submit Claim” button in Section P and follow the steps below. After clicking on the “Submit Claim” button, a verification prompt will appear confirming that you are ready to submit your Matrix Claims Questionnaire with all required supporting documentation. However, if you wish to manually sign your Matrix Claims Questionnaire, please navigate to page 21 for the Manual Signature Overview steps.

Please note: Once your Matrix Claims Questionnaire has been submitted for signature, it can no longer be edited and you will no longer be able to upload supporting documents, unless additional documentation or clarification is requested by the Trust. Your Claim is not considered submitted until it has been signed by you and if applicable, your Attorney. If applicable, the Matrix Claims Questionnaire will be sent for electronic signature to the Primary Attorney Contact as indicated in “Section D - Attorney Contact Information” of the questionnaire.

The screenshot shows the 'SCOUTING SETTLEMENT TRUST' website interface. A navigation menu at the top includes 'Home', 'Claims', 'Law Firm Files', 'News And Key Documents', 'FAQs', 'Contact Us', and 'ATTORNEY 1'. The main content area displays a list of sections: 'L. Identity of the Abuser(s)', 'M. Overall Impact of the Abuse', 'N. Other Claim Information', 'O. Documentation', and 'P. Signature under penalty of perjury'. A modal window is open over section P, containing the following text:

Are you sure that you have completed the Claims Questionnaire and uploaded the required supporting documentation?

Once a Claims Questionnaire has been completed it can **no longer be edited** and you will **no longer be able to upload supporting documents**, unless additional documentation or clarification is requested by the Trust.

After selecting the “Submit for Signature” button, you will receive an email from Adobe Sign to electronically sign your Claims Questionnaire. **Your claim is not considered submitted until you have signed, and, if you are represented by a lawyer, your lawyer has signed the Claims Questionnaire.**

Buttons for 'Cancel' and 'Submit for Signature' are visible at the bottom right of the modal. Below the modal, there is a section for 'Optional] Print and Sign Hard Copy Questionnaire' with a checkbox and a 'Recall Claim' section with a 'Recall Claim' button. At the bottom of the page, there are links for 'Terms of Service', 'Cookie Notice', and 'Privacy Statement'.

Please note: If you try to submit the Matrix Claims Questionnaire without providing information for a required section of the Trust Claims Questionnaire, a prompt will appear notifying you that the sections highlighted in red have been flagged for missing information and must be completed to submit your Trust Claims Questionnaire.

SCOUTING SETTLEMENT TRUST Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1 ▾

- > L. Identity of the Abuser(s)
- > M. Overall Impact of the Abuse
- > N. Other Claim Information
- > O. Documentation
- ∨ P. Signature under penalty of perjury

It appears that all required fields have not been completed on this Claim Questionnaire. Please reference the section(s) highlighted in red to identify and provide missing information.

Okay

Attorney signature
 If the Claimant is represented by an attorney, this Questionnaire is not complete until the attorney has signed it to swear to the truth of the following attestation:

As the attorney for the Claimant in this Claim, I represent that I have conducted due diligence to investigate this Claim, and, based upon that investigation: (1) I have no reason to believe that the information provided by the Claimant is incorrect, and (2) I am unaware of any other responsive documents or information relevant to the Claim. Additionally, I represent that the narrative responses included in Sections C, K, and M are written in the Claimant's own words, unaltered by counsel (although I may have refreshed the Claimant's recollection based on prior conversations with the Claimant).

[Optional] Print and Sign Hard Copy Questionnaire
Please note that if you want to Electronically Sign through Adobe Sign, DO NOT check this box.

By checking this box, you are electing to sign a printed copy of this Questionnaire. After clicking Submit, you will need to download the Questionnaire, collect all required signatures (i.e., the Claimant or Representative on behalf of the Claimant and Attorney Representation, if applicable), and upload the fully signed Questionnaire through the Documents tab above. You will not be able to edit your responses to this Questionnaire after clicking Submit.

Recall Claim
 If you need to make changes to your Claims Questionnaire after you select "Submit Claim", you may select the "Recall Claim" button. This will move your Claims Questionnaire into Claims Questionnaire in Progress and allow you to edit and re-submit your Questionnaire. The Claims Questionnaire may not be recalled after the Questionnaire is fully signed (i.e., progresses to the Claim Status of Review in Progress).

If you would like to save a copy of your responses for your records, please do so prior to submitting your Questionnaire by clicking the "Print" button.

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Recalling a Trust (“Matrix”) Claims Questionnaire

Step 1: Once you have submitted your Matrix Claims Questionnaire, if you need to make changes after clicking the “Submit Claim” button, you may select the “Recall Claim” button. This will move your Matrix Claims Questionnaire from “Awaiting Questionnaire Signature” to “Claims Questionnaire in Progress”, allowing you to edit and re-submit your Matrix Claims Questionnaire.

Please note: Your Matrix Claims Questionnaire can only be recalled if it is in the statuses, “Awaiting Questionnaire Signature” or “Awaiting Counter Signature” (Represented Claimants Only). The Matrix Claims Questionnaire may not be recalled after it has been fully signed and progresses to the Claim status, “Review in Progress”.

SCOUTING SETTLEMENT TRUST

Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1

- > L. Identity of the Abuser(s)
- > M. Overall Impact of the Abuse
- > N. Other Claim Information
- > O. Documentation
- ✓ P. Signature under penalty of perjury

Claimant signature (under penalty of perjury)
This Questionnaire is not complete until the Claimant has signed it under penalty of perjury. If a Representative is submitting on behalf of the Claimant, the Representative must complete this section.

I have reviewed all of the information that I am providing in this Claims Questionnaire, and I declare under penalty of perjury that the information is true and correct.

Note that false statements made knowingly in connection with submissions to the Trust will be referred for criminal prosecution and may result in, among other things, up to 20 years imprisonment and a fine of up to \$250,000.

Attorney signature
If the Claimant is represented by an attorney, this Questionnaire is not complete until the attorney has signed it to swear to the truth of the following attestation:

As the attorney for the Claimant in this Claim, I represent that I have conducted due diligence to investigate this Claim, and, based upon that investigation: (1) I have no reason to believe that the information provided by the Claimant is incorrect, and (2) I am unaware of any other responsive documents or information relevant to the Claim. Additionally, I represent that the narrative responses included in Sections C, K, and M are written in the Claimant's own words, unaltered by counsel (although I may have refreshed the Claimant's recollection based on prior conversations with the Claimant).

[Optional] Print and Sign Hard Copy Questionnaire
Please note that if you want to Electronically Sign through Adobe Sign, DO NOT check this box.

By checking this box, you are electing to sign a printed copy of this Questionnaire. After clicking Submit, you will need to download the Questionnaire, collect all required signatures (i.e., the Claimant or Representative on behalf of the Claimant and Attorney Representation, if applicable), and upload the fully signed Questionnaire through the Documents tab above. You will not be able to edit your responses to this Questionnaire after clicking Submit.

Recall Claim
If you need to make changes to your Claims Questionnaire after you select "Submit Claim", you may select the "Recall Claim" button. This will move your Claims Questionnaire into Claims Questionnaire in Progress and allow you to edit and re-submit your Questionnaire. The Claims Questionnaire may not be recalled after the Questionnaire is fully signed (i.e., progresses to the Claim Status of Review in Progress).

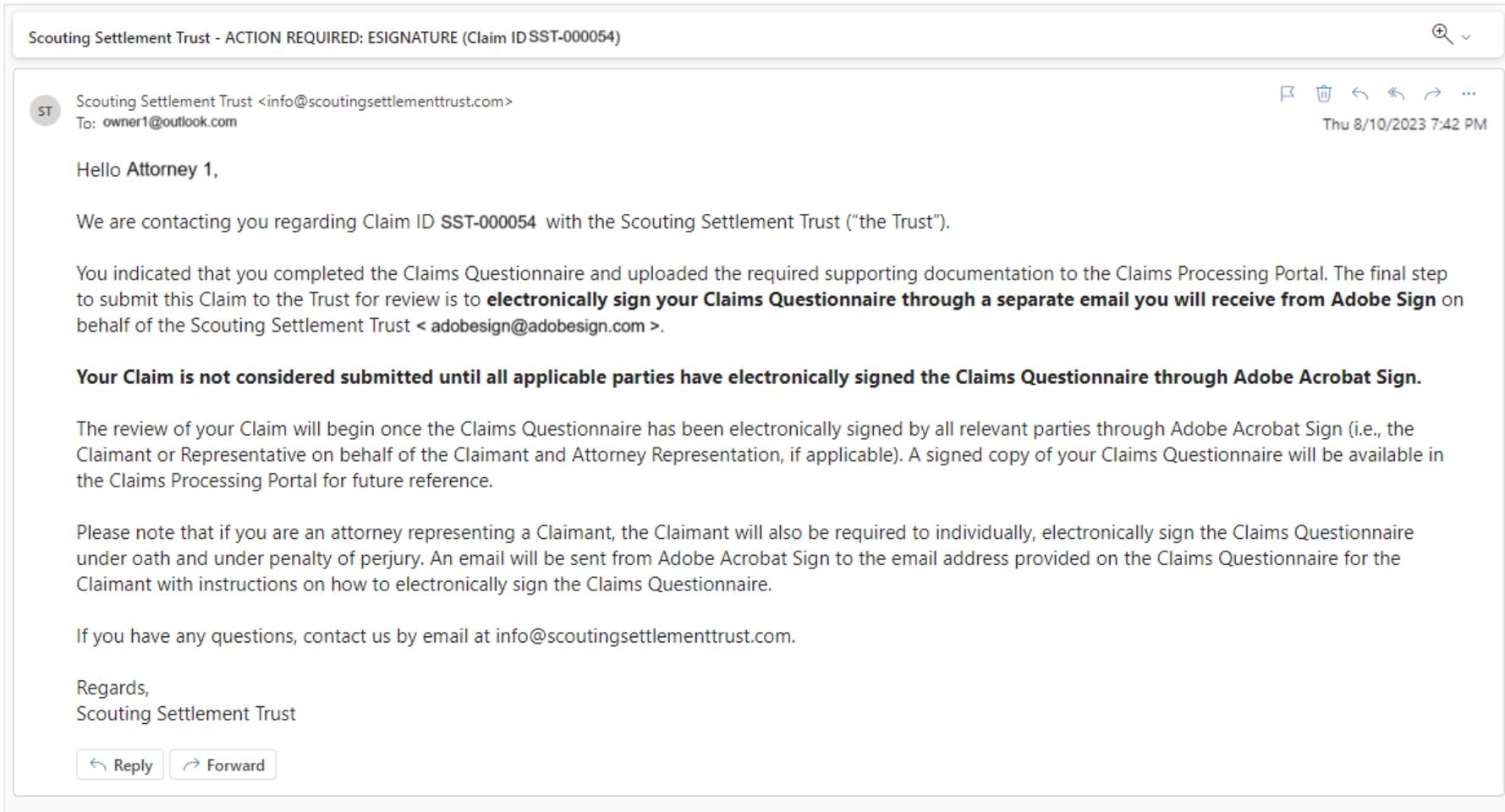
Submit Claim Recall Claim

If you would like to save a copy of your responses for your records, please do so prior to submitting your Questionnaire by clicking the "Print" button.

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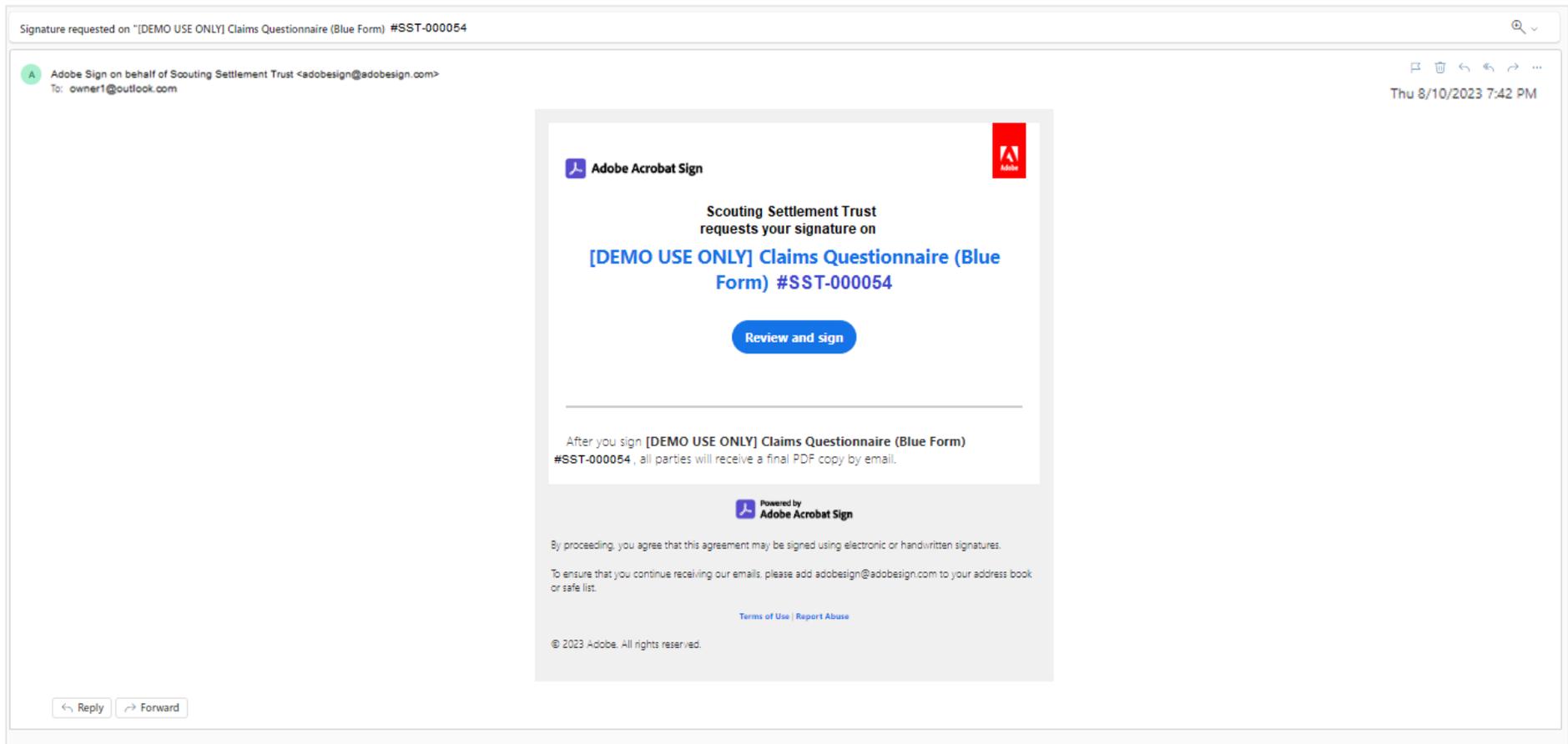
E-Signature Overview

Step 1: Once you have successfully submitted the Matrix Claims Questionnaire through the Claims Processing Portal, you will receive an email from the Scouting Settlement Trust <info@scoutingsettlementtrust.com> similar to the one below informing you that action is required, and you must provide your electronic signature before your Claim can be considered submitted.

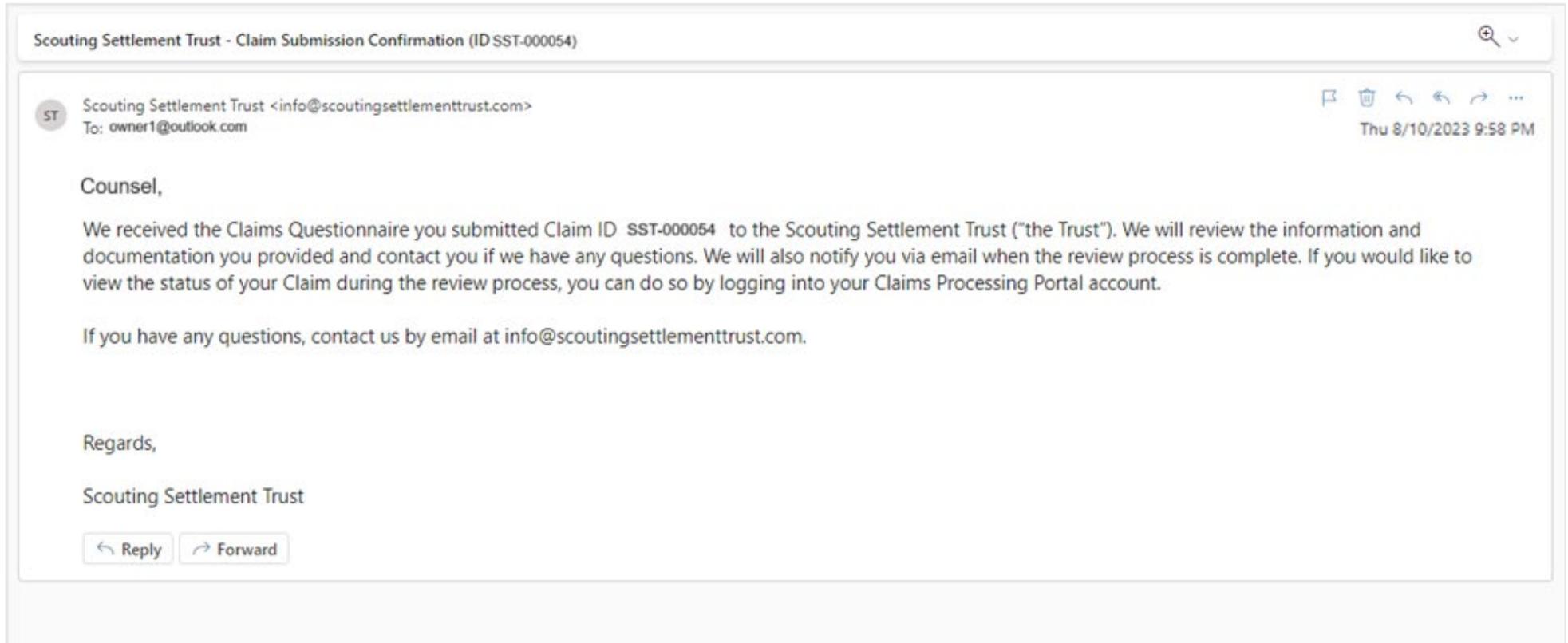


Step 2: You will also receive an email Adobe Sign on behalf of the Scouting Settlement Trust <adobesign@adobesign.com> similar to the one below. Click on the blue “Review and Sign” button in order to electronically sign your Matrix Claims Questionnaire. You will receive a reminder email every seven (7) days until the signature is completed.

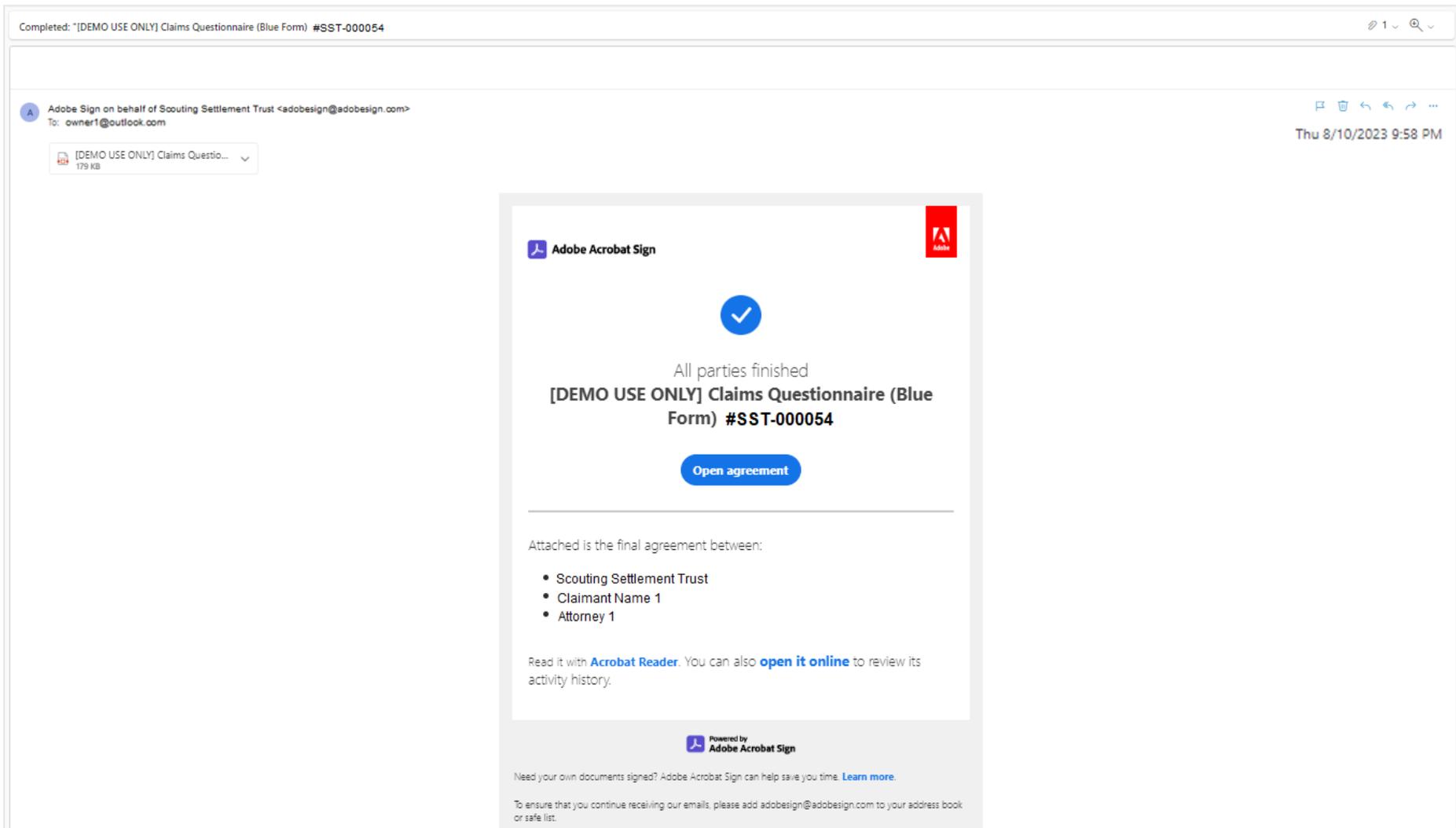
Please note: Your Claim is not considered submitted until you electronically sign your Matrix Claims Questionnaire. If you are not represented by an Attorney, only the Claimant will be required to electronically sign the Matrix Claims Questionnaire. However, if you are represented by an Attorney, both the Claimant and their Attorney must electronically sign the Matrix Claims Questionnaire to complete the Questionnaire. If applicable, the Matrix Claims Questionnaire will be sent for electronic signature to the Primary Attorney Contact as indicated in “Section D - Attorney Contact Information” of the questionnaire.



Step 3: Once all parties have electronically signed the Matrix Claims Questionnaire, an Attorney for a represented claimant and an Unrepresented Claimant/Representative will receive an email from the Scouting Settlement Trust <info@scoutingsettlementtrust.com> notifying them that the Matrix Claims Questionnaire has been submitted to the Trust.



Step 4: All parties will also receive an email from Adobe Sign on behalf of the Scouting Settlement Trust <adobesign@adobesign.com> similar to the one below. Click on the blue “Open Agreement” button in order to review a copy of the signed Matrix Claims Questionnaire. It is recommended that you download and maintain a copy of the signed Matrix Claims Questionnaire for your records.



Manual Signature Overview

Step 1: If you wish to Print and Manually Sign a Hard Copy of the Matrix Claims Questionnaire, you must check the box located in Section P of the Matrix Claims Questionnaire. Please note that if you want to electronically sign through Adobe Sign, do not check the manual signature box. Once you have checked the box and submitted your Matrix Claims Questionnaire, you will be redirected to a new browser tab which will contain your submitted Matrix Claims Questionnaire that you will print and manually sign.

SCOUTING SETTLEMENT TRUST
Home Claims Law Firm Files News And Key Documents FAQs Contact Us ATTORNEY 1 ▾

> L. Identity of the Abuser(s)

> M. Overall Impact of the Abuse

> N. Other Claim Information

> O. Documentation

▼ P. Signature under penalty of perjury

Claimant signature (under penalty of perjury)
 This Questionnaire is not complete until the Claimant has signed it under penalty of perjury. If a Representative is submitting on behalf of the Claimant, the Representative must complete this section.

I have reviewed all of the information that I am providing in this Claims Questionnaire, and I declare under penalty of perjury that the information is true and correct.

Note that false statements made knowingly in connection with submissions to the Trust will be referred for criminal prosecution and may result in, among other things, up to 20 years imprisonment and a fine of up to \$250,000.

Attorney signature
 If the Claimant is represented by an attorney, this Questionnaire is not complete until the attorney has signed it to swear to the truth of the following attestation:

As the attorney for the Claimant in this Claim, I represent that I have conducted due diligence to investigate this Claim, and, based upon that investigation: (1) I have no reason to believe that the information provided by the Claimant is incorrect, and (2) I am unaware of any other responsive documents or information relevant to the Claim. Additionally, I represent that the narrative responses included in Sections C, K, and M are written in the Claimant's own words, unaltered by counsel (although I may have refreshed the Claimant's recollection based on prior conversations with the Claimant).

[Optional] Print and Sign Hard Copy Questionnaire
 Please note that if you want to Electronically Sign through Adobe Sign, DO NOT check this box.

By checking this box, you are electing to sign a printed copy of this Questionnaire. After clicking Submit, you will need to download the Questionnaire, collect all required signatures (i.e., the Claimant or Representative on behalf of the Claimant and Attorney Representation, if applicable), and upload the fully signed Questionnaire through the Documents tab above. You will not be able to edit your responses to this Questionnaire after clicking Submit.

Recall Claim
 If you need to make changes to your Claims Questionnaire after you select "Submit Claim", you may select the "Recall Claim" button. This will move your Claims Questionnaire into Claims Questionnaire in Progress and allow you to edit and re-submit your Questionnaire. The Claims Questionnaire may not be recalled after the Questionnaire is fully signed (i.e., progresses to the Claim Status of Review in Progress).

Submit Claim
Recall Claim

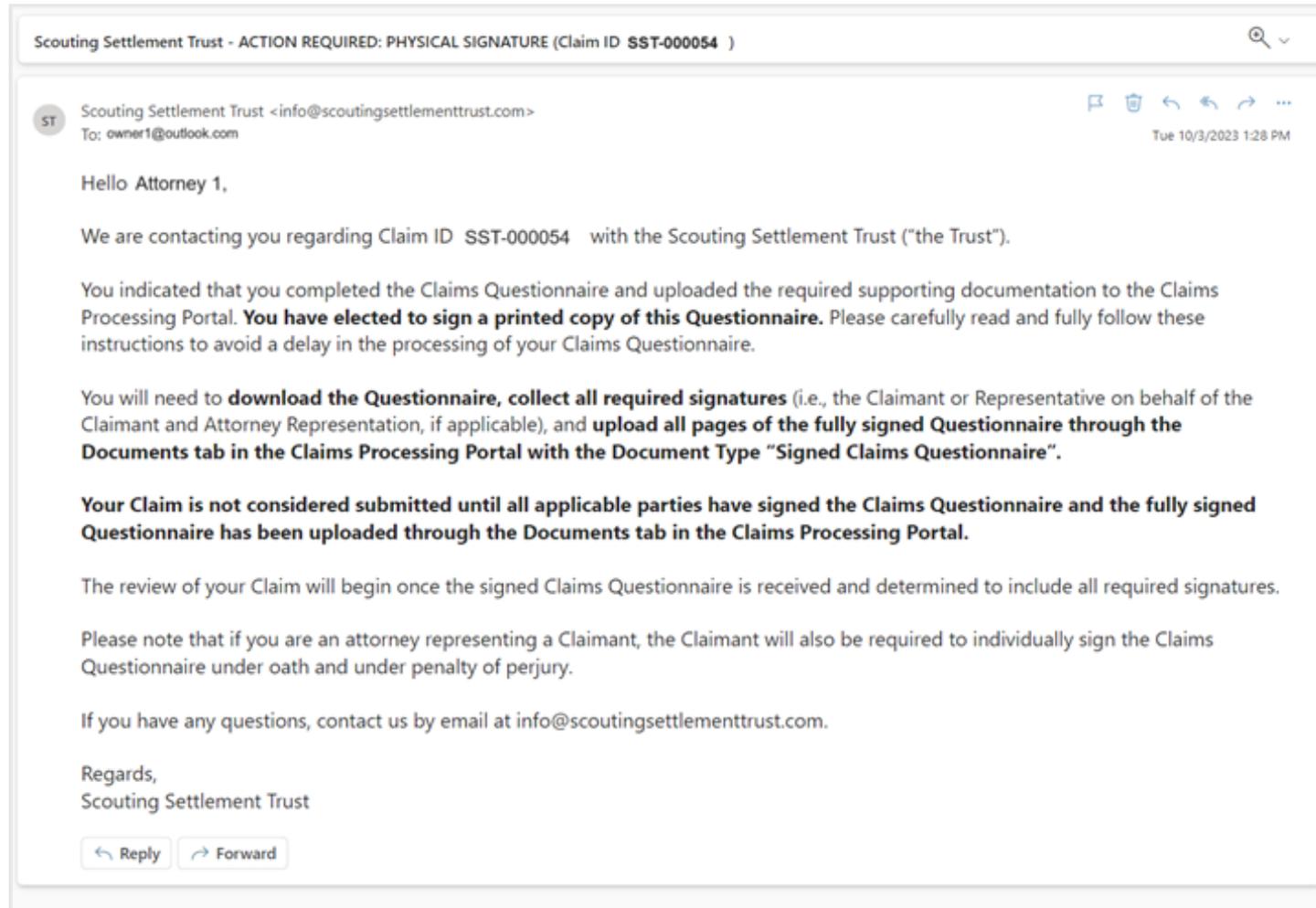
If you would like to save a copy of your responses for your records, please do so prior to submitting your Questionnaire by clicking the "Print" button. 🖨️

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Step 2: Once you have elected to manually sign your Matrix Claims Questionnaire, navigate to the “Documents” tab at the top of the page to upload your manually signed Matrix Claims Questionnaire using the document type, “Signed Claims Questionnaire” then click the “Submit” button.

The screenshot displays the Scouting Settlement Trust website interface. At the top, the logo "SCOUTING SETTLEMENT TRUST" is on the left, and navigation links for Home, Claims, Law Firm Files, News And Key Documents, FAQs, Contact Us, and ATTORNEY 1 are on the right. Below the navigation is a header area with fields for Claimant Name (Claimant Name 1), Claim Id (SST-000054), Date Claim Filed, and Claim Status (Awaiting Questionnaire Signature). A tabbed interface below the header shows "Documents" as the active tab. A modal window is open in the center, titled "Document Type" and "Select File". The modal contains a dropdown menu with "Signed Claims Questionnaire" selected, an "Upload Files" button, and a "Selected File" field. "Submit" and "Cancel" buttons are at the bottom right of the modal. At the bottom of the page, there are links for Terms of Service, Cookie Notice, and Privacy Statement.

Step 3: Once you have elected to manually sign your Matrix Claims Questionnaire and have successfully submitted the Matrix Claims Questionnaire through the Claims Processing Portal, you will receive an email from the Scouting Settlement Trust <info@scoutingsettlementtrust.com> similar to the one below informing you that action is required. You must provide your physical signature and upload the manually signed Matrix Claims Questionnaire before your Claim can be considered submitted.



Step 4: Once we have completed a review of your manual signature, an Attorney for a represented claimant and an Unrepresented Claimant/Representative will receive an email from the Scouting Settlement Trust <info@scoutingsettlementtrust.com> notifying them that the Matrix Claims Questionnaire has been submitted to the Trust.

