LA CHILD VICTIMS ACT SETTLEMENT PROGRAM
Example of Point-Based Allocation Payment Notice: Payment Cycle 1

This is an official Notice from the Claims Processor for the Los Angeles Child Victims Act Settlement Program about the Allocation in the Program for the Participating Claimant identified in Section I, who is referred to as "you" or "your" in this Notice. Read this Notice carefully. The outcome in this Notice is subject to the completion of any audit or other analysis if a question should arise before payment regarding the integrity or completeness of your claim submissions.

I. Claimant

1.	**Name:**	Example Points Claimant
2.	**Settlement Plaintiff ID:**	######
3.	**Primary Counsel:**	Example Firm

II. Allocation

You are an Eligible Points Claimant. We previously notified you about your Total Points Assignment. Point-Based Allocations will be paid in five Payment Cycles after the County makes deposits into the Settlement Fund each year from 2026 through 2030, as required by the Master Settlement Agreement ("MSA"). This Notice explains your Point-Based Allocation Payment for Payment Cycle 1 based on the Payment Cycle 1 Point Dollar Value of **$1,006.42.**

III. Payment Amount

1.	**Total Points Assignment**	66.5
2.	**Payment Cycle 1 Point-Based Allocation Gross Payment** (Row 1 multiplied by the Payment Cycle 1 Point Dollar Value)	$66,926.93
3.	**Plaintiffs' Common Benefit Expense Fund Trust Account Deduction of 0.6%**	$401.56
4.	**Reserve for Administered Healthcare Liens** (20% of Payment Cycle 1 Payment in Row 2)	$13,385.39
5.	**Administered Healthcare Lien Fee**	$500.00
6.	**Net Point-Based Allocation Payment in Payment Cycle 1**	$52,639.98

For represented Claimants, we will issue the Net Payment in Row 6 to your Primary Counsel after you have signed the Exhibit A: Acknowledgement of Individual Settlement Agreement and Release. Your primary Counsel will send you the Exhibit A to sign. After deducting the applicable attorney's fees and expenses, your Primary Counsel will issue your payment. Contact your Primary Counsel to receive your payment and for more information.
For unrepresented Claimants, you also must sign the Exhibit A: Acknowledgement of Individual Settlement Agreement and Release, which will be available for review and signature on your secure Portal with us. After receiving the signed Exhibit A, we will mail you a check for the Net Payment in Row 6 to the address we have for you on file in the Settlement Program database.

IV. Deductions from Allocation Payment

A. Deduction for Common Benefit Expense Fund

As required by Section 6.c of the MSA and orders entered by the Los Angeles Superior Court that supervises this Settlement Program, we must deduct 0.6% from your Payment for the Plaintiffs' Common Benefit Expense Fund Trust Account to pay for the costs of administering the Settlement Program. This 0.6% deduction is Court-ordered and cannot be appealed or challenged.

B. Reserve Amount for Potential Administered Healthcare Liens and Administration Fee

Section 6.j of the MSA provides that each Claimant shall bear his or her own medical expenses, loss of earnings, tax obligations, and lien expenses. It also states that no payments can be made to any Claimant unless and until any asserted reimbursement amount(s) by Medicare and/or California Medi-Cal have been resolved. The Claims Processor is charged with identifying and resolving any potential liens by Medicare and/or California Medi-Cal ("Administered Healthcare Liens").
Under the MSA and applicable law, we must withhold 20% of your payment (the "Reserve Amount") to resolve any potential Administered Healthcare Liens. We are required to hold back this Reserve Amount while we negotiate and finalize any potential repayment obligations for Administered Healthcare Liens. We also deduct the $500 administration fee for this work. The Reserve Amount will be used only to pay finalized Administered Healthcare Liens that relate to the compensated damages for this Settlement Program. Any excess funds from the Reserve Amount after those deductions will be released to you.

Section 6.j of the MSA provides that each Claimant shall bear his or her own medical expenses, loss of earnings, tax obligations, and lien expenses. It also states that no payments can be made to any Claimant unless and until any asserted reimbursement amount(s) by Medicare and/or California Medi-Cal have been resolved. The Claims Processor is charged with identifying and resolving any potential liens by Medicare and/or California Medi-Cal ("Administered Healthcare Liens").

V. If You Need More Information

Claimants represented by a lawyer should contact their Primary Counsel with any questions about this Notice. Contact us using one these methods below if you are not represented by a lawyer:

Phone:	(888) 748-1765
Email:	ClaimsProcessor@LAChildVictimsActSettlementProgram.com