

Steps to complete SF95 form

The U.S. Department of Health and Human Services, The Centers for Disease Control and Prevention, The National Institute for Allergy, and Infectious Diseases and, their Conspiring Associates

1. Department of Health and Human Services
2. Full name and address
3. Civilian
4. Birthdate
5. Marital status
6. Date and day of accident
7. Time
8. **Example:** Wearing a mask is unhealthy and poses a health risk to me. Social distancing causes anxiety and depression.
9. Name and address of owner, if other than claimant: Explain personal health damages
10. **Example:** Social distancing and mask wearing and the stress from domestic terrorism
11. Person who witnessed ongoing injury, name, address
- 11a. Any amount here. \$1,000,000.00
- 11b. Any amount here. \$1,000,000.00
- 11c. Dollar amount if a wrongful death
- 11d. \$2,000,000.00
- 12a. Your signature
- 12b. Phone number
13. Date of signature
14. If yes, name and address of insurance company
15. Yes or no
16. Deductible amount
17. If you filed a claim from insurance, state action here from carrier.
18. Yes or no. Give name and address of insurance carrier

There is no fee to file this. You can use regular mail and will need to buy one stamp and send to:

**The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington D.C. 20201**