

American Family Class Action Settlement Claim Form

FILL OUT THIS CLAIM FORM TO CLAIM YOUR SETTLEMENT BENEFITS OF UP TO 140% OF THE P0041 OR CODE 41 REDUCTIONS MADE TO YOUR BILLS. SEND IT TO THE ADDRESS BELOW BY **APRIL 20, 2020**.

Please provide confirmation of your current address as well as the last four digits of your or your Tax Identification Number (“TIN”) to facilitate proper delivery of the settlement check. By submitting this form, you are consenting to have American Family and/or American Family Mutual share your TIN with Class Counsel and the Class Administrator for the purpose of receiving your portion of the Settlement.

Please Type or Print on the Lines Below

Name of Provider: _____

Address: _____

City, State, Zip: _____

I confirm that I have submitted claims for reimbursement of medical expenses to American Family _____(Initials)

I confirm that one or more claims that I submitted to American Family for reimbursement was reduced based on an explanation code P0041 reduction _____(Initials)

I confirm that I did not receive payment in full from any source or sources for one or more claims that I submitted to American Family for reimbursement and American Family reduced based on an explanation code P0041 reduction _____(Initials)

I wish to obtain payment as a member of the Settlement Class.

Signature: _____

Date: _____

Last four digits of TIN: _____

Telephone number: _____

E-mail address: _____

Return by mail postmarked by April 20, 2020 to:

Folweiler v. American Family Insurance
c/o JND Legal Administration
PO Box 91209
Seattle, WA 98111

or email to:

info@AmericanFamilyClassActionPIPSettlement.com