

Claim Form

Hyder v. Consumers Class Action Settlement

You are receiving this Claim Form as part of a class action settlement overseen by the District Court of Travis County, Texas. Defendant’s records show that you may be eligible to receive money from the Settlement, because you made a claim for Personal Injury Protection (“PIP”) benefits under an automobile insurance policy issued by Defendant, where the claim or a portion thereof was not paid solely because the medical bill(s) was paid by a third-party insurer.

Please read and complete the following information:

I believe and affirm that I am entitled to a settlement payment because Defendant did not pay my PIP claim, or a portion thereof, solely because the medical bill(s) was paid by a third-party insurer.

To be eligible for recovery, you must complete lines 1–3.

1. Signature:

2. Date: - -
MM DD YY

3. Last 4 Digits of Social Security Number:

If there are any blank spaces below in lines 4–6, please provide the requested information. *You are not required to provide this information to be eligible for recovery.* However, this information will assist in locating necessary records through a computerized search. If necessary records cannot be located through a computerized search, then you will not be eligible for recovery.

4. Printed Name:
First Name MI Last Name

5. Claim Number:

6. Policy Number:

Please provide current contact information below. This will allow us to follow up and send you a check if your Claim Form is valid.

7. Mailing Address:

City: State: ZIP Code:

8. Email Address(es):

9. Phone Number(s):
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To be valid, this Claim Form must be postmarked by September 13, 2019, and mailed to:

**Hyder v. Consumers Class Action Settlement
Claims Administrator
P.O. Box 5110
Portland, OR 97208-5110**