## **CLAIM FORM**

## Section I - Instructions

This Form must be postmarked no later than June 9, 2023.

This Claim Form may be submitted in one of two ways:

- 1. Electronically through <a href="https://www.InsuranceTCPASettlement.com">www.InsuranceTCPASettlement.com</a>
- 2. Mail to: *Insurance TCPA Settlement*

c/o A.B. Data, Ltd. P.O. Box 173039 Milwaukee, WI 53217

To be effective as a Claim under the proposed Settlement, this form must be completed, signed, and sent, as outlined above, **no later than June 9, 2023.** If this Form is not postmarked or submitted by this date, you will remain a member of the Class but will not receive any payment from the Settlement.

	Section II - Class Member Information																						
Cla	Claimant Name (Required):																						
Cla	Claimant Identification Number (Required):																						
<u>Cu</u>	Current Contact Information																						
Street Address (Required):																							
City	City (Required):									State (Required):				Zip Code (Required):									
Em	Email (Optional):																						
Pre	Preferred Phone Number (Required):																						

Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim.

S	Section III – Confir	mation of Clas	s Membership		
Telephone Number(s) for 20, 2023, at which you	<u>-</u>	_			ough March
	Section IV	- Required Affi	rmations		
					_
I agree that, by submi	C				
the best of my knowled Court review. I am av www. InsuranceTCPA info@InsuranceTCPA	ware that I can obta Settlement.com or	ain a copy of the r by writing the	e full notice and Settlement Adm	Settlement Agreem inistrator at the en	ent at nail address
Ltd., P.O. Box 173039	, Milwaukee, WI 5	3217.			
Dated:		Signature:			
SETTLEMENT ADMINIS	TRATOR ADDRESS (	(where to send th	ne completed forn	n if submitting by m	ail):

Insurance TCPA Settlement c/o A.B. Data, Ltd. P.O. Box 173039 Milwaukee, WI 53217