

**CLAIM FORM**

To submit a claim, please: (1) provide your full name; (2) provide *either* your GEICO policy number or your claim number for your total loss claim; (3) provide your address; (4) sign and date this form; and (5) mail the completed form to the below address postmarked on or before December 28, 2020:

RothJoffe Class Action Settlement  
c/o JND Legal Administration  
PO Box 91205  
Seattle, WA 98111

Name: \_\_\_\_\_

GEICO Policy Number: \_\_\_\_\_

**OR**

Total Loss Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(city)

(state)

(zip)

By signing below, I certify that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above, that, to the best of my knowledge, the information on this Claim Form is true and correct and, to the best of my knowledge, I believe I was not paid full sales tax or title or tag transfer fees as part of my leased vehicle total loss claim.

Signature: \_\_\_\_\_ Dated \_\_\_\_\_

Name (please print): \_\_\_\_\_

**To be considered, this Claim Form must be mailed to the above address postmarked on or before December 28, 2020.**