

COURT ORDERED LEGAL NOTICE

If you suffered a total-loss of a leased vehicle while insured by GEICO from 2011-2020, you may be entitled to a cash payment for sales tax, title and tag fees plus prejudgment interest.

Complete and return the enclosed form by December 28, 2020 to receive a cash payment.

Joffe/Roth v. GEICO Settlement
c/o JND Legal Administration
PO Box 91205
Seattle, WA 98111

Postal Service: Please do not mark barcode

«NAME»
«ADDRESS_1»
«ADDRESS_2»
«CITY», «STATE» «ZIP»

You may have previously received a Notice informing you that you might be a class member in a class action against Government Employees Insurance Company, GEICO General Insurance Company, and/or GEICO Indemnity Company (together “GEICO”). **This notice is only a summary. Visit www.JoffeRothTotalLossClassAction.com or call toll-free 1-833-794-0983 for more information.**

The Parties have agreed to settle *Joffe, et al. v. GEICO Indemnity Company, et al.*, Case No. 18-cv-61361 (S.D. Fla.), and *Roth v. GEICO General Insurance Company*, Case No. 16-cv-62942 (S.D. Fla.). The Court consolidated these cases for settlement purposes because both cases allege that GEICO failed to include sales tax and title fees when paying claims to insureds who suffered total losses on their insured leased vehicles.

Why am I getting this Notice? You have been identified as a potential “Settlement Class Member” from GEICO’s claims data, because either (1) you were insured by GEICO Indemnity Co. or Government Employees Ins. Co. under a Florida private passenger automobile insurance policy and submitted a physical damage claim with respect to a covered leased (i.e., not owned) vehicle during the period June 15, 2013 through August 1, 2020 that resulted in a total loss claim payment; or (2) you were insured by GEICO General Ins. Co. under a Florida private passenger automobile insurance policy and submitted a physical damage claim with respect to a covered leased (i.e., not owned) vehicle during the period August 30, 2011 through August 1, 2020 that resulted in a total loss claim payment.

Settlement Terms. GEICO will pay eligible Settlement Class Members who make a claim for (1) statewide sales tax of 6% plus local sales tax (where applicable) based on the adjusted value of the total loss vehicle at the time of loss; (2) title and tag fees of \$79.85; and (3) prejudgment interest on the unpaid sales tax and title and tag fee amounts. The payment is the full amount sought in the case. Total payments available in the *Roth* and *Joffe* settlement total over \$30 million. In addition, GEICO will change their practice and begin paying sales tax and title and tag fees on all private passenger auto first-party total loss claims on leased vehicles, and pay attorneys’ fees of up to \$8.7 million, costs and expenses of up to \$350,000.00, and \$10,000.00 as a service award to each of the Class Representatives. These payments will not reduce the amount of money available to Settlement Class Members. Plaintiffs’ counsel calculates that the average claim payment to eligible Settlement Class Members is over \$1,300. This is only an average; individual payments will vary based on the facts of the claim.

How do I receive payment? To receive a payment, you must complete and mail the attached Claim Form (postage is prepaid) or submit a Claim Form online at www.JoffeRothTotalLossClassAction.com. Claim Forms must be postmarked or submitted online by **11:59 PM EST December 28, 2020**.

What are my options? You can make a claim, exclude yourself (“opt out”), object to the Settlement, or do nothing. The deadline to opt out or object is **November 12, 2020**. If you do not opt out, and the Court approves the Settlement, you will release your claims against GEICO. The Court will hold a hearing on **February 5, 2021** to decide whether to approve the Settlement. You may attend.

How do I get more information? Go to www.JoffeRothTotalLossClassAction.com or call toll-free **1-833-794-0983** to get more detailed information, FAQs, an online claim form, court filings, and the Settlement Agreement.

CLAIM FORM

Name & Address: _____

Claim ID: _____

Date of Loss: _____

1. ADDRESS (if different from above)

Primary Address

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Primary Address continued

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City: _____ State: _____ Zip Code: _____

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2. AFFIRMATION (required): 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: _____

Postage
Prepaid
Mark

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