PIP Fee Reduction Settlement P.O. Box 4234 Portland, OR 97208-4234

<<mail id>> <<Name1>> <<Address1>> <<Address2>> <<City>><<State>><<Zip>> <<Foreign Country>>

<<Date>>

MYSPINE v. ALLSTATE - INSURED/CLAIMANT SUBCLASS CLAIM FORM

MAIL THE COMPLETED FORM NO LATER THAN FEBRUARY 6, 2014, TO:

PIP Fee Reduction Settlement P.O. Box 4234 Portland, OR 97208-4234

Make Sure You Sign and Date this Claim Form

PRINT LEGIBLY

Nar	Name (mandatory)																								
Mailing Address (mandatory)																									
City	ity															State Zip									
Telephone																									
			-				-																		
Social Security Number (mandatory)																									
			_			-]														

AFFIRMATION

(mandatory)

I swear under penalty of perjury under the laws of the State of Washington that I have read the Notice and this Claim Form, and that I believe I am owed an amount of money by Allstate pursuant to the terms of this Settlement.

