PIP Fee Reduction Settlement
PO Box 3719
Portland, OR 97208-3719

<<mail id>>
<<Name1>>
<<Name2>>
<<Address1>>
<<Address2>>
<<City>><<State>><<Zip>>
<<Foreign Country>> <<Date>>

BODY RECOVERY v. HARTFORD - INSURED/CLAIMANT SUBCLASS CLAIM FORM

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

PIP Fee Reduction Settlement
PO Box 3719
Portland, OR 97208-3719

Make Sure You Sign and Date this Claim Form

PRINT LEGIBLY

Name **(mandatory)**

Mailing Address **(mandatory)**

City 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 The Hartford pursuant to the terms of this Settlement.

Dated – – **Signature**
MM DD YYYY