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

< <mail id="">></mail>	
< <name1>></name1>	
< <name2>></name2>	
< <address1>></address1>	
< <address2>></address2>	
< <city>>><state>><</state></city>	<zip>></zip>
<< Foreign Country>>	

<<Date>>

BODY RECOVERY v. HARTFORD - PROVIDER 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			_							
	<u> </u>									
Tax Identification Nur	mber (man	datory)	•							
<u>AFFIRMATION</u>										
(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	DD -	YYYY	Signatu	ure						

