Kardonick v. JPMorgan Chase & Co., 10-cv-23235 (S.D. Fla.)

CLAIM FORM

**To receive benefits from this Settlement, your
claim form must be received on or before _____.
Mail your completed and signed claim form to:**

**Kardonick Settlement Administrator
P. O. Box _____
Philadelphia, PA 19105- _____**

You must complete all four sections and sign below in order to receive any benefits from this Settlement.

1. **CLAIMANT INFORMATION:**

_____ __ _____
FNAME1   MI1   LNAME1

_____ __ _____
 FNAME2   MI2   LNAME2

_____
ADDRESS 1

_____
ADDRESS 2

_____ _____ _____ - _____
CITY   STATE   ZIP   ZIP4 (optional)

DATE OF BIRTH _____ / _____ / _____

2. **EITHER** state the number that appears on the mailing label of the postcard you received here _____, **OR** state the last four digits of your Social Security Number here _____, **OR** state the last four digits of **ANY** of your Chase credit card accounts that were enrolled in a Payment Protection Product at some time between September 1, 2004 and November 11, 2010 here _____.

3. Please check the box next to the statement that is correct about you:

    ☐   I **have** been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.

    ☐   I **have not** been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.

4. Please check all boxes that apply. If you do not check at least one box your claim will not be paid.

    ☐   I made a claim for Chase Payment Protection benefits and my claim was denied.

    ☐   I was billed for or enrolled in a Chase Payment Protection Product without my knowledge or consent **and/or** I was self-employed, retired, seasonally employed, or employed less than 30 hours per week (or less than 15 hours per week for students), or I voluntarily forfeited my job (resigned) at some point during my enrollment in a Chase Payment Protection Product.

    ☐   None of the above categories apply to me, but I am not completely satisfied with the Chase Payment Protection Product(s) in which I was enrolled at some point between September 1, 2004 and November 11, 2010.

I declare that I have accurately filled out this form to the best of my knowledge.

Signature: _____

Name (please print): _____

Date: _____