

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

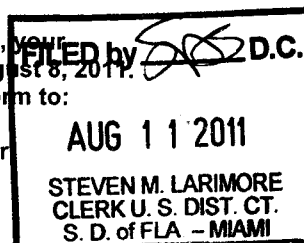
Case No. 10-cv-23235-

**The attached hand-written
document
has been scanned and is
also available in the
SUPPLEMENTAL
PAPER FILE**

CLAIM FORM

To receive benefits from this Settlement, your claim form must be received on or before August 8, 2011. Mail your completed and signed claim form to:

Kardonick Settlement Administrator
P. O. Box 280
Philadelphia, PA 19105-0280



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

1. CLAIMANT INFORMATION:

Patsy
FNAME1

M. Loga
MI1 LNAME1

Kenneth
FNAME2

D. Wright
MI2 LNAME2

P.O. Box 1313 Pon
ADDRESS 1

P.O. Box 1313
ADDRESS 2

Ponchartraine
CITY

La
STATE

70454
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 0337, **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: *Patsy B. Loga*

Name (please print): *Patsy Marie Billedeaux Loga*

Date: *Aug 5, 2011*