

Kardonick Settlement Administrator
Heffler, Radetich & Saitta L.L.P.
P.O. Box 280
Philadelphia, PA 19105-0280

January 6, 2012

Claim No. «claimNum»
«LabelNum2»
«FName» «LName»
«Addr1»
«City», «State» «Zip»

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

NOTIFICATION OF REJECTION OF CLAIM

Dear Claimant:

We have received and processed your claim form in the above referenced litigation. Based on our review of your claim form, we have determined and will recommend to the Court that **your claim be rejected in its entirety** unless you correct the deficiency in your claim described below:

Your claim is not considered a valid claim, and you will not share in the distribution of the Settlement Fund, because:

You did not provide information sufficient to identify you or any affected credit card account as a member of Settlement Class, defined as:

All Chase credit card holders who were enrolled in or billed for a Payment Protection Product at any time between September 1, 2004 and November 11, 2010. Excluded from the class are all Chase cardholders whose Chase credit card accounts that were enrolled or billed for a Payment Protection Product were discharged in bankruptcy.

You can correct this fatal deficiency in your claim by returning this letter along with photocopies of documentation (*i.e.*, Chase credit card statements) establishing that you meet the criteria of the Settlement Class defined above. Alternatively, you may supply a photocopy of the postcard sent to you, clearly showing your name and address and the Postcard Verification Number (contained above your name and address and below its barcode). Whichever documentation you choose to provide, your response (please keep photocopies for your records) must be postmarked on or before February 6, 2012 and be mailed to us at the address on this letterhead.

Claim No. «claimNum»

«LabelNum2»

January 6, 2012

Page 2

You now have thirty (30) days from the date of this letter to correct this fatal deficiency in your claim. In order to correct the deficiency, you must return this letter and provide the necessary information and/or documentation described above (please keep photocopies for your records) postmarked on or before February 6, 2012 and mailed to us at the address on this letterhead. Failure to do so will result in rejection of your claim.

This will be the final correspondence you receive concerning your claim unless you correct the fatal deficiency in your claim. You must return your response (including all necessary supporting documents) to: Kardonick Settlement Administrator; Heffler, Radetich & Saitta L.L.P.; P.O. Box 280; Philadelphia, PA 19105-0280. If you wish confirmation of our receipt of your response, you should send it **by certified mail, return receipt requested** (or any method that provides you with proof of mailing and of our receipt), postmarked no later than February 6, 2012. If we do not receive your response postmarked by February 6, 2012, your claim will be rejected.

Always refer to your claim number when corresponding with us. Please note that all claims are subject to Court approval. If you have any questions, please identify yourself as a Kardonick claimant with your claim number and feel free to contact us at the above address via telephone at (267) 765-7485, or via e-mail at *claimsadministrator@heffler.com*.

Sincerely,

Heffler, Radetich & Saitta L.L.P.
Settlement Administrator

Kardonick Settlement Administrator
Heffler, Radetich & Saitta L.L.P.
P.O. Box 280
Philadelphia, PA 19105-0280

November 18, 2011

Claim No. «Claim_Number»
Label No. «Label_Number_2»
«First_Name» «Middle» «Last_Name»
«Address_1»
«Address_2»
«City», «State» «Zip»

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

NOTIFICATION OF REJECTION OF CLAIM

Dear Claimant:

We have received and processed your claim form in the above referenced litigation. Based on our review of your claim form, we have determined and will recommend to the Court that **your claim be rejected in its entirety** unless you correct the deficiency in your claim described below.

Your claim is not considered a valid claim, and you will not share in the distribution of the Settlement Fund, because:

You did not complete and sign the declaration at the bottom of the claim form. As your claim is not properly completed and signed, your claim is considered invalid.

You can correct this fatal deficiency in your claim by completing the section below and returning this letter (please keep a photocopy for your records) postmarked on or before December 19, 2011 and mailed to us at the address on this letterhead.

I declare that I have accurately filled out the previously-filed claim form to the best of my knowledge.

Signature: _____

Name (please print): _____

Date: _____

Claim No. «Claim_Number»
Label No. «Label_Number_2»
November 18, 2011
Page 2

You now have thirty (30) days from the date of this letter to correct this fatal deficiency in your claim. In order to correct the deficiency, you must sign, complete and return this letter to us at the address on this letterhead postmarked on or before December 19, 2011. Failure to do so will result in rejection of your claim.

This will be the final correspondence you receive concerning your claim unless you correct the fatal deficiency in your claim. You must return your response to: Kardonick Settlement Administrator; Heffler, Radetich & Saitta L.L.P.; P.O. Box 280; Philadelphia, PA 19105-0280. If you wish confirmation of our receipt of your response, you should send it **by certified mail, return receipt requested** (or any method that provides you with proof of mailing and of our receipt), postmarked no later than December 19, 2011. If we do not receive your response postmarked by December 19, 2011, your claim will be rejected.

Always refer to your claim number and label number (above) when corresponding with us. Please note that all claims are subject to Court approval. If you have any questions, please identify yourself as a Kardonick claimant with your claim number and label number and feel free to contact us at the above address, via telephone at (267) 765-7485, or via e-mail at *claimsadministrator@heffler.com*.

Sincerely,

Heffler, Radetich & Saitta L.L.P.
Settlement Administrator

«Count»

Kardonick Settlement Administrator
Heffler, Radetich & Saitta L.L.P.
P.O. Box 280
Philadelphia, PA 19105-0280

November 18, 2011

Claim No. «clmID»
Label No. «LablNum2»
«clmFirstName» «clmMiddleName» «clmLastName»
«clmAddress1»
«clmAddress2»
«clmCity», «clmState» «clmZip»

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

NOTIFICATION OF REJECTION OF CLAIM

Dear Claimant:

We have received and processed your claim form in the above referenced litigation. Based on our review of your claim form, we have determined and will recommend to the Court that **your claim be rejected in its entirety** unless you correct the deficiency in your claim described below:

Your claim is not considered a valid claim, and you will not share in the distribution of the Settlement Fund, because:

You did not answer Question 4 of the claim form. The claim form clearly states "If you do not check at least one box your claim will not be paid."

You can correct this fatal deficiency in your claim by completing Question 4, reproduced below, and returning this letter (please keep a photocopy for your records) mailed to us at the address on this letterhead and postmarked on or before December 19, 2011.

Question 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.

Claim No. «clmID»
Label No. «LablNum2»
November 18, 2011
Page 2

You now have thirty (30) days from the date of this letter to correct this fatal deficiency in your claim. In order to correct the deficiency, you must complete and return this letter to us at the address on this letterhead postmarked on or before December 19, 2011. Failure to do so will result in rejection of your claim.

This will be the final correspondence you receive concerning your claim unless you correct the fatal deficiency in your claim. You must return your response to: Kardonick Settlement Administrator; Heffler, Radetich & Saitta L.L.P.; P.O. Box 280; Philadelphia, PA 19105-0280. If you wish confirmation of our receipt of your response, you should send it **by certified mail, return receipt requested** (or any method that provides you with proof of mailing and of our receipt), postmarked no later than December 19, 2011. If we do not receive your response postmarked by December 19, 2011, your claim will be rejected.

Always refer to your claim number and label number (above) when corresponding with us. Please note that all claims are subject to Court approval. If you have any questions, please identify yourself as a Kardonick claimant with your claim number and label number and feel free to contact us at the above address, via telephone at (267) 765-7485, or via e-mail at *claimsadministrator@heffler.com*.

Sincerely,

Heffler, Radetich & Saitta L.L.P.
Settlement Administrator