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*Thompson, Thorson, and Lucci v. Travelers*  
c/o Settlement Administrator  
P.O. Box 5770  
Portland, OR 97228-5770  
1-877-315-6874  
NJPIPSettlement.com

### **CLAIM FORM INSTRUCTIONS**

#### **IMPORTANT: PLEASE READ BEFORE COMPLETING THIS CLAIM FORM**

If you are a member of the following Settlement Class, you may be eligible for a Settlement Class Payment in addition to the automatic payment of \$70 that all Settlement Class Members will receive: all individuals (and their heirs, executors, administrators, successors and assigns) who, during the Class Period, were policyholders or insureds under New Jersey automobile insurance policies issued by Defendants which included PIP coverage and (a) for claims which Defendants' computerized records reflect PIP policy limits available, where PIP benefits were paid in an amount within \$3,000, inclusive of their policy limits; or (b) for claims which Defendants' computerized records do not reflect PIP policy limits available, where PIP benefits were paid in an amount within \$3,000, inclusive, of an actual New Jersey PIP limit sold by Defendants. Excluded from the Settlement Class are: all present or former officers and/or directors of Defendants, Class Counsel and their resident relatives, the Judge in the Action and resident relatives thereof, and Defendants' counsel of record in the Action and their resident relatives.

In order to possibly receive a payment, in addition to the automatic payment of \$70, you need to file a claim. If you file a claim, Defendants will undertake a review of your claim file and any additional information you provide to determine if the policy limits for your PIP claim were reduced by applying copays and deductibles to reduce the PIP limits available under the policy. If there was no such reduction, no amounts will be paid to you.

This claims process is not designed to dispute medical decisions/determinations in your course of care.

If you wish to submit documents to support your claim, for example, any correspondence or PIP payment ledgers from Defendant(s) advising you that your PIP coverage had been exhausted, you may, but are not required, to do so.

The only way to get an additional payment is by completing this Claim Form and returning it to the Settlement Administrator online at NJPIPSettlement.com or by mailing it to the address above.

**Your claim must be submitted online or postmarked by June 16, 2026.**

**If you have any questions about the Claim Form, please read the full Notice available at NJPIPSettlement.com. You may also contact the Settlement Administrator with any questions at *Thompson, Thorson, and Lucci v. Travelers*, c/o Settlement Administrator, P.O. Box 5770, Portland, OR 97228-5770, or by email at [info@NJPIPSettlement.com](mailto:info@NJPIPSettlement.com).**



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**CLAIM FORM**

**SECTION A: NAME AND CONTACT INFORMATION**

Provide your name and contact information below. If your name or contact information changes after you submit this Claim Form, please notify the Settlement Administrator. If you are signing as the Legally Authorized Representative of a Settlement Class Member, please indicate that at the end of this Claim Form, state your relationship to the Settlement Class Member, and provide your authorization to act on the Settlement Class Member's behalf. You may, but are not required, to submit any documents you wish to support your claim with this Claim Form.

**FIRST NAME**

**MI**

**LAST NAME**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**EMAIL ADDRESS**

**UNIQUE ID (on the notice mailed to you)**

**SECTION B: VERIFICATION**

By signing below and submitting this Claim Form, I hereby affirm under penalty of perjury that I am the person identified above and the information provided in this Claim Form, including but not limited to any information as to submission of this form as a Legally Authorized Representative of a Settlement Class Member, is true and accurate to the best of my knowledge, and that I believe I am entitled to relief as a Settlement Class Member, as defined above, in this matter.

**SIGNATURE**

**DATE:**  -  -   
MM DD YYYY

**PRINTED NAME**