

**THE GE FIRE CLASS ACTION SETTLEMENT
CLAIM FORM**

Ed Gentle, Settlement Administrator
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COMPLETE ONE CLAIM FORM PER PERSON*
**YOU MUST MAIL YOUR CLAIM FORM (WITH ALL SUPPORTING DOCUMENTS IF
REQUIRED) BY JANUARY 16, 2018, TO HAVE YOUR CLAIM REVIEWED.**

SECTION A – CLAIMANT INFORMATION (All Fields Mandatory)

Claimant Name (Last, First, Middle)

Street Address (Current Mailing Address)

City

State

Zip Code

Street Address (At the Time of the Incident on April 3, 2015)

City

State

Zip Code

Telephone Number

E-mail Address

Social Security Number/Federal Tax Identification Number

____/____/____
Date of Birth (Month, Day, Year)

***Please submit one completed Claim Form per individual in your household. For example, if there are three individuals in the household, we should receive 3 Claim Forms.**

SECTION B – COMPLETE THIS SECTION ONLY IF THE CLAIMANT IS A CHILD (WAS BORN ON OR BEFORE JANUARY 1, 1999), IS DISABLED OR IS DECEASED

1. The Claimant is (circle all that apply):

A Child Disabled Deceased (Attach Copy of Death Certificate)

2. For a child or disabled Claimant, are you the parent, guardian or legal representative? If you answer “Yes,” please provide proof thereof (i.e., birth certificate, guardianship order).

Yes No

3. For a deceased Claimant, circle all that apply to you:

Legal Representative (Attach Court Order) Heir

****If you are completing this Claim Form on behalf of someone else, please remember that any time the words “I,” “My,” “You,” or “Your” are used after this point, they are referring to the other person.****

SECTION C – PRIOR PAYMENT FROM ELECTRIC INSURANCE COMPANY/GE

The amount of compensation that you may be eligible to claim for reimbursement of property damage under Section E below, **may be reduced by the amount, if any,** that Electric Insurance Company already has paid to you as part of GE’s neighborhood claims program. GE will provide the Settlement Administrator with records of payments made by Electric Insurance, and the Settlement Administrator will check claims made in this Settlement against Electric Insurance’s claims records to ensure that no Settlement Class Member receives double recovery for his or her property damage. We will verify your eligibility using Defendant’s records. Please mark the box below if you previously received a payment from Electric Insurance Company relating to the AP6 fire and, if so, briefly describe the nature of the property damage for which you made a claim and the amount of money you received.

I previously received a payment from Electric Insurance Company.

SECTION D – PREDETERMINED BENEFITS

Predetermined cash benefits are available to all Settlement Class Members who resided in or owned residential property in the Class Area on April 3, 2015 , as follows: **(a) within a radius between 0 and 1.0 mile of AP6 (Zone 1), (b) within a radius between 1.0 and 2.0 miles of AP6 (Zone 2), or (c) within a radius between 2.0 and 3.0 miles from AP6 and bounded by Fern Valley Road to the South and Route 150 to the Northeast (Zone 3).**

A. Claimants Who Received a Color-Coded Postcard

If you received a Blue Settlement Postcard Notice, our records indicate that you resided in or owned residential property in Zone 1. If you received a Green Settlement Postcard Notice, our records indicate that you resided in or owned residential property in Zone 2. If you received a Yellow Settlement Postcard Notice, our records indicate that you resided in or owned residential property in Zone 3. If you agree with the Zone assigned to you, you may proceed to Section E below. **If you disagree with the Zone assigned to you, please check the box below and circle the Zone you believe describes you. The Settlement Administrator will make the final determination of your proper Zone.**

I received a color-coded Settlement Postcard Notice, and I DISAGREE WITH THE ZONE ASSIGNED TO ME. I BELIEVE I AM INSTEAD IN (circle only one below):

ZONE 1

ZONE 2

ZONE 3

B. Claimants Who Did Not Receive a Color-Coded Settlement Postcard Notice

If you did not receive a color-coded Postcard Notice, please Mark an “X” in the appropriate box below to indicate the “zone” in which you resided in or owned residential property on April 3, 2015: (Please review the attached Zone map and please select only one Zone.)

I resided in or owned residential property within a radius between 0 and 1.0 miles of AP6 on April 3, 2015. (“Zone 1”)

I resided in or owned residential property within a radius between 1.0 and 2.0 miles of AP6 on April 3, 2015. (“Zone 2”)

I resided in or owned residential property within a radius between 2.0 to 3.0 miles of AP6 and **bounded by Fern Valley Road to the South and Route 150 to the Northeast**, on April 3, 2015. (“Zone 3”)

I certify under oath that on April 3, 2015, I resided in or owned residential property at the following street address:_____.

SECTION E – OUT-OF-POCKET EXPENSES

In addition to the predetermined payments described in the Notice, Settlement Class Members, who certify under oath, that (i) they incurred out-of-pocket costs or expenses for property damage caused by the April 3, 2015, fire, and (ii) incurred those costs or expenses no later than August 7, 2015, shall be eligible to make a claim for their documented out-of-pocket expenses, losses, or damages in the amount, if any, that those out-of-pocket costs or expenses exceed the set amounts available to the Settlement Class Members under Section D above.

1. Mark an “X” in the box below to indicate that you are making a claim for out-of-pocket expenses:

I am making a claim for out-of-pocket expenses or costs for property damage resulting from the fire.

2. Describe the nature and amount of out-of-pocket expenses or costs for property damage, and attach the documentation evidencing the same, resulting from the April 3, 2015, fire. These out-of-pocket expenses or costs can include damages to personal property such as your lawn, detached structures on the property, vehicle or any other item that was damaged resulting from fire. (Add an additional page if necessary and attach substantiating documents.):

SECTION F - CERTIFICATION, GENERAL RELEASE, AND ACKNOWLEDGEMENT OF RIGHTS

I certify that, **under the penalties of perjury** in accordance with 28 U.S.C. § 1746, the information set forth in this Claim Form is true and correct to the best of my knowledge.

I understand that by submitting a Claim Form and signing this Certification, General Release, and Acknowledgment of Rights, I (or the Settlement Class Member, if this form is executed by an authorized representative of the Settlement Class Member) am releasing, on behalf of myself, heirs, executors, administrators, representatives, agents, attorneys, successors and assigns, Defendants and Releasees as defined in the Settlement Agreement and their current, former or future officers, directors, employees, heirs, executors, administrators, representatives, agents, insurers, reinsurers, attorneys, predecessors, successors and assigns, and their affiliates from all claims that were or could have been alleged against Defendants and Releasees as defined in the Settlement Agreement, or both, arising from or relating to the April 3, 2015, fire at AP6, including, but not limited to, all claims for real or personal property damage, shelter-in-place damages, economic losses, lost wages, business interruption, and environmental harm or damage. If I am a Settlement Class Member **AND NOT A NAMED PLAINTIFF**, I do NOT release Defendants or Releasees for any claims I may have for personal injury allegedly caused by the fire. If I am a Settlement Class Member **AND I AM A NAMED PLAINTIFF**, I hereby release any and all claims against Defendants and Releasees that I may have with respect to any claim for personal injury allegedly caused by the fire.

I attest under oath that between April 3 and April 5, 2015, I was aware of the fire at the GE Appliance Park and the related shelter-in-place advisories issued by local governmental authorities, and one or more of my activities during that time was adversely affected by the fire and those advisories.

Claimant Signature

Date

Print Name

If this Claim Form is being submitted on behalf of a **child or person with disability**, I hereby declare under penalty of perjury that I understand it is my obligation as trustee for the child or person with disability to expend the funds for the support, maintenance, or education of the child or other person with disability.

Parent or Guardian Signature

Date

Print Name

If this Claim Form is being submitted on behalf of a **deceased claimant**, I hereby declare under penalty of perjury that I will use the funds to pay the deceased claimant's creditors followed by his/her heirs.

Legal Representative Signature

Date

Print Name

THE GE FIRE CLASS ACTION SETTLEMENT

CLASS MAP WITH CLASS AREA AND ZONES



REMINDER CHECKLIST:

1. Please sign all documents that you submit, including the Claim Form, the Certification, General Release, and Acknowledgment of Rights.
2. Please be sure to include all required documentation for extraordinary benefit claims, including proof of expenses incurred on or before August 7, 2015.
3. The benefits payment, if applicable, will be sent to the address listed in Section A. You should detach and return the form provided below for Change of Address Information and use it to send the Settlement Administrator your new address if you move before you receive your payment of benefits.

(Detach and complete if you have a new address)

CHANGE OF ADDRESS INFORMATION

(Please Print)

Name: _____

Old Address: _____

City and State: _____ Zip Code: _____

New Address (Street or P.O. Box): _____

City and State: _____ Zip Code: _____

Please mail to:

Settlement Administrator
GE Fire Class Action Settlement
Suite 100
501 Riverchase Parkway East
Hoover, AL 35244
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(800) 345-0837
(205) 716-3000
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