

**CLAIM FORM**

Please refer to the Instructions for Submitting a Claim Form on the reverse side of this form  
(copies of this form may be made and used for submission of additional claims)

**PART I: IDENTIFICATION:**

Settlement Class Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART II: CLAIM INFORMATION**

Policy Number (if available): \_\_\_\_\_

Claim Number (if available): \_\_\_\_\_

I had more than one policy issued by Nationwide/Allied and in force as of the date of my accident that provided MPC, UM, or UIM coverage. The policy number(s) for the additional policy or policies are:

\_\_\_\_\_

**PART III: DOCUMENTATION**

PLEASE INCLUDE WITH YOUR CLAIM FORM SUBMISSION ANY DOCUMENTS THAT YOU WANT CONSIDERED IN REVIEW OF YOUR CLAIM, AS EXPLAINED IN THE CLASS NOTICE AND INSTRUCTIONS.

**Request for Assistance:** I have, after reasonable effort, been unable to obtain necessary information or documentation prior to the deadline for submitting this Claim Form. I therefore request assistance from Class Counsel in obtaining such documentation. **Check and initial if applicable:**  \_\_\_\_\_.

**PART IV: AFFIRMATIONS**

The undersigned affirms and attests that the following is true and correct:

- I have reviewed the Notice of Proposed Class Action Settlement and Fairness Hearing, and reasonably believe that I am, or the person on whose behalf I am acting is, a Settlement Class Member entitled to relief under the proposed settlement.
- The enclosed documentation is a true and accurate representation of my medical charges and treatment records as well as any other expenses or damages for which I seek recovery under the proposed settlement and applicable MPC, UM, or UIM coverages. To the extent any such expenses or damages have been compromised, discharged, or released, in full or part, I have provided documentation pertaining to that compromise, discharge, or release.
- I am the legal holder of the right to receive the insurance benefits provided for under the policy and/or insurance claim identified above, and that right has not been assigned or otherwise transferred to another person or entity.

Pursuant to 28 U.S.C. § 1746, I certify under the penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**PART V: DECEASED, MINOR, AND INCAPACITATED CLASS MEMBERS:**

The undersigned represents that the Settlement Class Member is (indicate whether deceased, minor, or incapacitated) \_\_\_\_\_, and I am duly authorized to act on the Settlement Class Member's behalf as a consequence of (indicate relationship to Settlement Class Member or source of authority) \_\_\_\_\_.

I have included with this Claim Form any applicable documentation evidencing my authority to act on behalf of the Settlement Class Member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

## INSTRUCTIONS FOR SUBMITTING A CLAIM FORM

These Instructions are provided to assist you in completing your Claim Form, and do not modify the terms of the Settlement Agreement. Capitalized terms shall have the meaning provided in the Notice of Proposed Class Action Settlement and Fairness Hearing (the "Class Notice").

Class Members whose Medical Payments ("MPC"), Uninsured Motorist ("UM"), or Underinsured Motorist ("UIM") claims are not subject to automatic review must timely submit a valid Claim Form in order to be entitled to additional review of their claim. A Claim Form submission will be deemed valid only if it is completed and timely submitted with supporting documentation as provided in the Settlement Agreement and set forth below. A separate Claim Form and supporting documentation must be timely submitted for each separate underlying claim for insurance benefits (i.e., distinct claim number, patient/claimant, or date of loss) for which settlement relief is sought.

**Your completed Claim Form must be sent by First-Class Mail, postage prepaid, and postmarked no later than January 30, 2009 and addressed to the Greeno Settlement Administrator, c/o Epiq Systems Class Action & Claims Solutions, P.O. Box 6006, Portland, OR 97228-6006. You may also contact Class Counsel directly as follows: Larry Anderson at 1-888-707-8466 (toll-free) or 1-406-727-8466, or Rex Palmer at 1-406-728-4514. Any extensions of the claim deadline will be posted at [www.NationwideAlliedGreenoSettlement.com](http://www.NationwideAlliedGreenoSettlement.com) and by recorded message at 1-877-273-9531.**

### A VALID CLAIM FORM MUST INCLUDE THE FOLLOWING:

#### **PART I: IDENTIFICATION**

Please provide the following information: the Settlement Class Member's Name, current Address to which any correspondence or payment should be directed including City, State, and Zip Code, and a contact telephone number. If your name has changed since the time of your original claim for benefits, please also provide your former name.

#### **PART II: CLAIM INFORMATION**

In the space provided, please print your policy number and claim number (if available). If you believe you may be entitled to stacked benefits due to separate policies issued by Nationwide/Allied that provided MPC, UM, or UIM coverage, you must identify all policy numbers that you believe provide applicable coverage.

#### **PART III: DOCUMENTATION**

You must submit with your Claim Form any additional documentation or information that you believe supports your claim for additional MPC, UM, or UIM benefits. Such documentation may include medical charges and supporting records or other expenses or damages covered by the applicable MPC, UM, or UIM benefits. Nationwide/Allied may also consider any available records previously submitted and retained in the claim file for the applicable MPC, UM, or UIM claim.

**Request for Assistance:** In the event you have, after reasonable effort, been unable to obtain necessary information or documentation prior to the deadline for submitting your claim, you may request, no later than the deadline for submitting your claim, additional time and/or assistance from Class Counsel to obtain the information or documentation. A provision for such a request is included in the Claim Form. Any dispute concerning the affording of additional time shall be resolved by the Neutral Evaluator.

**Benefits for any damages not claimed and submitted with the Claim Form shall be waived.**

#### **PART IV: AFFIRMATIONS**

You must sign the Claim Form attesting to the affirmations set forth therein that show you are eligible for settlement relief. The Claim Form does not need to be notarized. All claims are subject to verification.

#### **PART V: DECEASED, MINOR, AND INCAPACITATED CLASS MEMBERS**

If you are submitting a Claim Form on behalf of a Settlement Class Member who is deceased, a minor, or incapacitated, you must indicate the source of your authority to act on behalf of the Class Member, and provide any applicable documentation evidencing your authority. Payment of all such claims are subject to the limitations provided in the Settlement Agreement and summarized in the Class Notice.

[Concerning Stacked Coverage Benefits provided under coverage  
Issued by Nationwide Insurance, Allied Insurance, and/or their affiliated companies]

**Legal Notice of Proposed Class Action Settlement and Fairness Hearing**

Greeno Settlement Administrator  
c/o Epiq Class Action & Claims Solutions  
PO Box 6006  
Portland, OR 97228-6006