

ASSURANCE IQ TCPA SETTLEMENT
CLAIM FORM

To be effective as a Claim under the proposed Settlement, this form must be completed, signed, and sent, no later than **July 31, 2024**. If this form is not postmarked or received by **July 31, 2024**, you will remain a member of the Settlement Class but will not receive any payment from the Settlement.

Claimant Identification

Claimant Name (Required): _____

Contact Information

Street Address (Required): _____

City (Required): _____ State (Required): _____

ZIP Code (Required): _____ Preferred Phone Number: (_____) _____ - _____

Email Address (Required): _____

Confirmation of Class Membership

Telephone Number(s) at which you received a call or calls from Assurance IQ in connection with which Assurance IQ used an artificial or prerecorded voice and where the call or calls were intended for someone other than you: (Required)

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____

The telephone number(s) above belonged to me at some point between October 1, 2018 and March 6, 2024: Yes___ No___

Certification

I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. The Claims Administrator or the Parties may follow up with additional requests for information.

Signature: _____ Dated: _____

This Claim Form must be postmarked by July 31, 2024 and mailed to the Claims Administrator at:

ASSURANCE IQ TCPA SETTLEMENT
c/o Kroll Settlement Administration
PO Box 5324
New York, NY 10150-5324

You must notify the Claims Administrator if your contact or payment information changes after you submit your Claim Form. If you do not, even if you submit a valid claim under the Settlement, you may not receive your Settlement payment.

If you have any questions, please visit the Settlement Website, www.AssuranceTCPASettlement.com, or contact the Claims Administrator by email at info@AssuranceTCPASettlement.com, by telephone at (833) 425-7847, or by U.S. mail at *Assurance IQ TCPA Settlement*, c/o Kroll Settlement Administration, PO Box 5324, New York, NY 10150-5324.