Claim Form

To make a Claim under the Settlement, you must complete this form and mail it to the address at the bottom of this form. (Alternatively, you can complete and submit a claim form online at VortensSettlement.com.) The information will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement (such as to audit and review a Claim for completeness, truth, and accuracy).

To submit a Claim, you must be a prior or current owner of a Vortens[™] tank model #3412 or #3464 manufactured between January 1, 2011–December 31, 2011.

Payments will be issued only if the Court approves the Settlement and the Effective Date of the Settlement occurs.

Please save a copy of this completed form for your records. For further information, please call 1-855-424-0783 or visit VortensSettlement.com.

First Name:							MI:		Last Name																		
Email Address (optional*):																											
Mailing Address:																											
City:						State: ZIP Code:																					
Pro	Property Address where tank is located:																										
Cit	City:						State: ZIP Code:						le:														

If one or more tanks have either (1) not cracked, or (2) experienced a crack, but have <u>not</u> caused other property damage, please fill out **Section A – Claim for Replacement/Installation**, on page 2.

If one or more tanks have cracked \underline{and} have caused other property damage, please fill out **Section B** – Claim for **Damages**, on page 3.

An Affected Tank may only be claimed under one of the two sections. If you have multiple Affected Tanks, please separate your claims between Section A and Section B as appropriate.

^{*}Please note that email is the only way to receive written notice if the Settlement is terminated, or if your Claim is denied with the reason(s) for the denial. It is also the only way to receive further notice of your rights to opt out of the litigation if the Settlement does not become effective. Providing your email address also will help the Settlement Administrator contact you, including if your settlement payment is mailed and returned as undeliverable.

Section A – Claim for Replacement/Installation

If more rows are needed, please make copies of this section and include them in your submission.
Model Number:
Month & Year of Manufacture: MM - YYYY
Remedy Type (see below types):
Remedy 1 (Maximum \$300.00 reimbursement per Affected Tank): Please provide proof of expenses for the purchase and/or installation of the Affected Tank.
Remedy 2 (Maximum \$150.00 reimbursement per Affected Tank): If you do not have proof of expenses for the purchase and/or installation of the Affected Tank, please submit a Sworn Declaration stating that the Affected Tank was replaced and describing the nature of the expenses incurred (e.g., plumber charges, brand and price of replacement parts, identification of the store where the replacement parts were purchased, the approximate date[s] the charges were incurred).
Remedy 3 (Distribution Center Program): If you live within a 100-mile radius of a designated Distribution Center (see VortensSettlement.com for a list of Distribution Centers), you may elect to receive a replacement tank installed at no cost to you instead of monetary benefits.

Section A claims for replacement/installation must be submitted or postmarked by November 16, 2020.

Section B – Claim for Damages

If more rows are needed, please make copies of this section and include them in your submission.
Model Number:
Month & Year of Manufacture: MM - YYYY
Date of Damage:
Amount of Damage Claimed: \$
Remedy Type (see below types):
Remedy 1 (100% reimbursement of expenses up to \$4,000.00): Please submit proof of unreimbursed out-of-pocket expenses incurred as a result of a cracked or broken tank.
Remedy 2 (Maximum \$150.00 reimbursement): If you do not have proof of unreimbursed out-of-pocket expenses incurred as a result of a cracked or broken tank, please submit a Sworn Declaration attesting to damages and payment details and describing the nature of the expenses incurred (e.g., plumber charges, brand and price of replacement parts, identification of the store where the replacement parts were purchased, the approximate date[s] the charges were incurred).

Section B claims for damages must be submitted or postmarked by November 16, 2020.

Please see reverse.



Please save a copy of this completed form for your records. For further information, please call 1-855-424-0783 or visit VortensSettlement.com.

I certify th	ne foregoing under penalty of perjury under the laws of t	he United Sta	ites.			
Signed:		Date:	MM –	DD -	YYYY	

Mail your completed Claim Form, <u>WITH PROOF OF OWNERSHIP for each tank (see footnote 1 in the Settlement Agreement for a list of appropriate documentation)</u> to VortensTM Settlement Administrator, P.O. Box 4540, Portland, OR 97208-4540.