

PTZ and Pethealth Telephone
Consumer Protection Act Litigation
c/o KCC Class Action Services
P.O. Box 404144
Louisville, KY 40233-4144



Legg et al v. PTZ Insurance Agency, LTD, et al.

PUL

UNITED STATES DISTRICT COURT,
NORTHERN DISTRICT OF ILLINOIS,
EASTERN DIVISION

Case No. 1:14-cv-10043

**Must Be Postmarked
No Later Than
August 28, 2019**

Claim Form

CLAIMANT INFORMATION

First Name			M.I.	Last Name		
Primary Address						
Primary Address Continued						
City			State	Zip Code		
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation		

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. IF THIS CLAIM FORM IS SUBMITTED ONLINE, YOU MUST SUBMIT AN ELECTRONIC SIGNATURE.

AFFIRMATION:

By signing below, I declare under oath that the information above is true and correct to the best of my knowledge and belief. This Claim Form may be researched and verified by PTZ Insurance Agency, LTD., Pethealth, Inc., and the claims administrator.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

Email Address					
Cellular Telephone Number(s) (where you received the call(s))					

**YOU MUST FILE THIS CLAIM FORM TO RECEIVE ANY SETTLEMENT PAYMENT
QUESTIONS? VISIT www.PTZTCPASettlement.com OR CALL 1-855-222-6851
or Class Counsel at 1-866-726-1092.**



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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