

INSURANCE CALL SETTLEMENT CLAIM FORM

You must complete and submit this Claim Form, postmarked on or before July 22, 2019. By submitting this claim form, any request for exclusion from the class and Settlement that you submit will be invalid.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT TELEPHONE NUMBER: _____

TELEPHONE NUMBER Phone Number on which you received a call:

Your phone number must be listed in our records as one of the phone numbers that was called by Nationwide or MediaAlpha and included as part of the settlement. If you are not certain which of your phone numbers may have been called, you may submit each of them separately.

By submitting this Claim Form, I certify that I received a call from Nationwide or MediaAlpha without my prior express consent.

Signature: _____ **Date:** _____

CLAIM DEADLINE: Claims must be postmarked or received by **July 22, 2019.**

All questions should be directed to the Settlement Administrator at 1-833-285-1324.