

# FLUSHMATE CLASS ACTION SETTLEMENT NON-PROPERTY DAMAGE CLAIM FORM

To receive a payment, you must complete this Claim Form and submit it by **September 24, 2016**. If you have sustained Property Damage, you need to complete a separate Property Damage Claim Form. Both forms may be submitted online, or by e-mail, U.S. Mail or facsimile at the addresses listed at the end of this form.

**A. CLAIMANT AND PROPERTY INFORMATION**

(Claimant information should match ownership of property)

Name of Claimant: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street City State Zip

Current Mailing Address: \_\_\_\_\_  
 (If different from above.) Street City State Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. FLUSHMATE TOILET AND FLUSHMATE SYSTEM INFORMATION**

For each Flushmate Toilet(s) you own or have owned, did you have a Repair Kit, replacement pressure vessel, or replacement toilet installed? Yes  No

If you answered “No,” do not complete this form. You are not entitled to reimbursement under the settlement unless you have installed a Repair Kit, replacement pressure vessel, or replacement toilet.

If yes, please list the serial number for each Flushmate System for which you are seeking payment, indicate the action taken, and state the amount of out-of-pocket expenses, if any, associated with the installation.

<u>Flushmate System Serial Number</u>	<u>Installed Repair Kit</u>	<u>Installed Pressure Vessel</u>	<u>Replaced Toilet</u>	<u>Out of Pocket Expense*</u>
1. _____ - F _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____ - F _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____ - F _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____ - F _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

(For additional units use the Attachment Form)

\*If you completed the installation yourself, please put “0” in this column.

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If you incurred unreimbursed out-of-pocket installation expenses, please submit copies of your invoices or receipts with this Claim. If you do not have invoices or receipts, you can still submit your Claim listing the serial number or providing other proof of ownership of the Flushmate System(s) for which you are seeking reimbursement.

## C. PROPERTY DAMAGE

Are you claiming direct Property Damage caused by a Flushmate System that has Leaked or Burst? Yes  No

If yes, please complete the Property Damage Claim Form, available online at [www.FlushmateClaims.com](http://www.FlushmateClaims.com) or by calling the Claims Administrator at (877) 412-5277.

## D. OTHER PAYMENTS OR REIMBURSEMENTS FOR OUT-OF-POCKET INSTALLATION EXPENSES

Have you, at Flushmate's expense, had a Repair Kit installed on your Flushmate Toilet, a replacement vessel installed in your Flushmate Toilet, or a Flushmate Toilet replaced because of a Leak or Burst? Yes  No

Have you ever received any payment or reimbursement from anyone (*e.g.*, insurer, manufacturer, distributor, supplier, contractor or installer) for having installed a Repair Kit, a replacement pressure vessel, or a replacement toilet in place of your Flushmate Toilet? Yes  No

If yes, please provide:

Total amount of payment(s) or reimbursement(s): \$ \_\_\_\_\_

Source of the payment(s) or reimbursement(s): \_\_\_\_\_

## E. CERTIFICATION

I/we declare, under penalty of perjury under the laws of the United States of America, that the information in, and submitted with, this Claim Form is true and correct to the best of my/our knowledge and belief. I/we authorize the Claims Administrator to contact anyone else who may have supplied information or documentation about this claim, such as contractors, material suppliers, or declarants.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

Submit this completed Claim Form along with your supporting documents, if any, using one of the following methods:

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**By Mail:** Flushmate Claims Administrator  
P.O. Box 1272  
Lancaster, CA 93584

**By Internet:** [www.FlushmateClaims.com](http://www.FlushmateClaims.com)

**By E-mail:** [CSR@flushmateclaims.com](mailto:CSR@flushmateclaims.com)

**By Facsimile:** (661) 951-0978

If you have any questions, please call 1-877-412-5277 or visit [www.FlushmateClaims.com](http://www.FlushmateClaims.com).