

Mail your completed Claim Form to the address below:

HALE V. STATE FARM CLASS ACTION ADMINISTRATOR
P.O. Box 5053
Portland, OR 97208-5053

To be valid, this Claim Form MUST be postmarked or submitted online by January 31, 2019.

Claim Form

Hale v. State Farm Class Action Settlement

The Class includes all persons in the United States, **except those residing in Arkansas and Tennessee**, who, in between July 28, 1987, and February 24, 1998, (1) were insured by a vehicle casualty insurance policy issued by State Farm and (2) made a claim for vehicle repairs pursuant to their policy and had non-factory authorized and/or non-OEM (Original Equipment Manufacturer) “crash parts” installed on or specified for their vehicles or else received monetary compensation determined in relation to the cost of such parts.

The Class excludes employees, officers, and directors of State Farm. In addition, the following persons are excluded from the class: (1) All persons who resided or garaged their vehicles in Illinois and whose Illinois insurance policies were issued/executed prior to April 16, 1994, and (2) all persons who resided in California and whose policies were issued/executed prior to September 26, 1996.

You should complete this Claim Form if you received a postcard or email about the Settlement but currently have an address in Arkansas or Tennessee. You may still be able to receive a payment if you resided in another state at the time you made a State Farm claim for eligible vehicle repairs.

Section I: Contact Information

Please complete your contact information below. This will allow us to follow up and to send you your payment if your Claim Form is valid and approved.

First Name

MI

Last Name

Business Name

Mailing Address

City

State

ZIP Code

Email Address

Phone

 - -

Unique ID (From Notice)

Section II: Current Arkansas or Tennessee Residents

If you are currently a resident of Arkansas or Tennessee, you will not receive an automatic payment. However, if you lived in a different state at the time you made the claim for vehicle repairs and believe that you are a member of the Class, please affirm your residence by placing an "x" in the following box:

I was NOT a resident of Arkansas or Tennessee at the time I made a State Farm claim for eligible vehicle repairs.

In which state did you reside at the time you made your claim?

Section III: Payment Election

You may choose to receive your payment by check or electronically (PayPal or Zelle) if your claim is approved. Please add an "x" for ONE of the payment options below:

Check PayPal Zelle

If you select PayPal or Zelle for your payment, please provide your associated email address:

Section IV: Certification

I affirm, under oath subject to penalty of perjury, that (1) I am not an employee, officer, or director of State Farm; and (2) the responses I have provided above are true and correct to the best of my knowledge. I understand that my responses will be reviewed and that I may be asked to provide additional information supporting my claim.

Signature:

Date: - -
MM DD YY

Printed Name:

If you have questions, please visit us at www.HalevStateFarmClassAction.com or call 1-844-420-6491.

Neither State Farm personnel nor State Farm agents are authorized to discuss this case with you. Please do not call your State Farm agent about this case.