

BYPASS WIRE REPAIR CLAIM FORM

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Callaway v. Mercedes-Benz USA, LLC, Case No. 14-CV-02011 JVS

Please read the Notice of Pendency and Proposed Class Action Settlement (“Notice”) AND all of the following instructions carefully before filling out your Bypass Wire Repair Claim Form.

To determine whether you are eligible to make a claim, or for more information regarding the class action Settlement, please visit www.MercedesBenzSeatHeaterSettlement.com.

1. Type or print legibly in black ink. Do not use highlighters. Provide **all** requested information and sign all applicable certifications. You must use a separate Bypass Wire Repair Claim Form for each vehicle you believe qualifies.
2. You are eligible to submit this Bypass Wire Repair Claim Form **only** if (1) you are a current owner or lessee of a Mercedes-Benz model year 2000–2007 M-Class (also known as ML-Class), 2006–2007 R-Class, or 2007 GL-Class with original-equipment seat heaters (the “Subject Vehicle”), who purchased or leased the Subject Vehicle within the United States; (2) you are not requesting exclusion from the Settlement Class; (3) you have not settled with, released, or otherwise had claims adjudicated on the merits against Mercedes-Benz USA, LLC (“MBUSA”) similar to those described in the Notice; (4) you are not otherwise excluded from the Settlement Class, as described in the Notice; and (5) you otherwise meet the requirements specified in this Bypass Wire Repair Claim Form and the Settlement Agreement.
3. If you complete this Bypass Wire Repair Claim Form as required, and submit it by **February 6, 2018**, your Subject Vehicle will be designated as eligible to receive the Bypass Wire Repair Procedure after the date that the Court grants final approval to the Settlement and any time to appeal has expired, or any appeal which may have been taken has been withdrawn or concluded in a manner that conclusively affirms the Final Order and Judgment (“Effective Date”).
4. After the Effective Date, you will receive a further notice at the email address you provide on this Bypass Wire Repair Claim Form, indicating that you have 60 days from the Effective Date to schedule an appointment with an authorized Mercedes-Benz dealer to have the Bypass Wire Repair Procedure performed on your Subject Vehicle, at no cost to you. If you do not schedule an appointment within 60 days of the Effective Date, your Subject Vehicle will no longer be eligible to receive the Bypass Wire Repaired Procedure.
5. By electing to receive the Bypass Wire Repair Procedure under the Settlement and submitting this Bypass Wire Repair Claim Form, you give up your right to receive the partial coverage for qualifying future repairs to the seat heater in your Subject Vehicle that is provided by the Settlement. However, the parts and labor associated with the Bypass Wire Repair Procedure will be covered by MBUSA’s standard two-year parts warranty.
6. If you want the repair to the seat heater performed on more than one of your Subject Vehicle(s), please fill out this form separately for each Subject Vehicle. You can send multiple Bypass Wire Repair Claim Forms in the same package, mailed to the address below—but each Bypass Wire Repair Claim Form should describe only one Subject Vehicle.
7. You must submit your Bypass Wire Repair Claim Form under penalty of perjury by mail. The postmark on the envelope will determine the timeliness of the claim, and the form **must** be postmarked by **February 6, 2018**.

Keep a copy of your completed Bypass Wire Repair Claim Form and all supporting documents. Any documents you submit with your form will not be returned. If your claim is rejected for any reason, you will be notified.

To submit a Bypass Wire Repair Claim Form, please mail to Mercedes-Benz Seat Heater Settlement, Settlement Administrator, PO Box 2730, Portland, OR 97208-2730.

PART A — PERSONAL INFORMATION

All fields required unless otherwise stated.

First: [grid] MI: [grid] Last: [grid]

First (Joint Owner/Lessee, if applicable): [grid] MI: [grid] Last: [grid]

Company Name (if applicable): [grid]

Address 1: [grid]

Address 2: [grid]

City: [grid] State: [grid] ZIP: [grid]

Email Address: [grid]

Phone Number (optional): [grid] - [grid] - [grid]

Vehicle Identification Number ("VIN"): [grid]

Vehicle Model: [grid]

Model Year: [grid]

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PART B — CERTIFICATION

I certify under penalty of perjury that the following information is true and correct:

1. I am a Settlement Class Member and the rightful owner of the Subject Vehicle described in this Bypass Wire Repair Claim Form;
2. By signing and submitting this Bypass Wire Repair Claim Form, I understand that I am declaring my intent to receive the Bypass Wire Repair Procedure to my Subject Vehicle, subject to MBUSA's standard two-year warranty, and I am giving up the right to receive the partial coverage for qualifying future repairs described in the Settlement Agreement;
3. I hereby authorize use of the email address provided for the purposes of contacting me to inform me that the Settlement has become effective and that an appointment to obtain the bypass repair procedure must be made within 60 days from the date the Settlement becomes effective;
4. The seat heater currently in my Subject Vehicle came installed as original equipment; and
5. All information that I provided is true and correct to the best of my knowledge and belief.

If more than one person has rights to the claims asserted, the Bypass Wire Repair Claim Form must be signed by all persons.

Signature of Claimant:

Date:

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MM DD YYYY

Signature of Claimant (Joint Owner/Lessee, if applicable):

Date:

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MM DD YYYY

Signature of Parent or Guardian (if Claimant is a minor):

Date:

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