

## REIMBURSEMENT 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 Reimbursement 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](http://www.MercedesBenzSeatHeaterSettlement.com).

1. Type or print legibly in black ink. Do not use highlighters. Provide **all** requested information, attach supporting documentation (i.e., repair orders or invoices), and sign all applicable certifications. You must use a separate Reimbursement Claim Form for each vehicle you believe qualifies.
2. You are eligible to submit a Reimbursement Claim Form **only** if (1) you are a current or former 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 Vehicles”), 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 Reimbursement Claim Form and the Settlement Agreement.
3. You will be reimbursed for the reasonable and necessary costs associated with a qualified seat heater repair, up to a maximum of \$1,000. There is no double recovery, and if you already received reimbursement for the past repair, the amount of your past repair will be offset against the current reimbursement.
4. If you are claiming reimbursement for more than one repair, please fill out a Reimbursement Claim Form for each repair separately. You may send multiple Reimbursement Claim Forms in the same package, mailed to the address below—but each Reimbursement Claim Form should describe only one repair.
5. You must submit your Reimbursement Claim Form under penalty of perjury by mail. If you are submitting a Reimbursement Claim Form for a repair that occurred before **February 6, 2018**, you must send your completed Claim Form and copies of any supporting documents postmarked by **February 6, 2018**. If you are submitting a Reimbursement Claim Form for a repair on or after **February 6, 2018**, but before the Effective Date of the Settlement, you have 45 days from the date the repair was completed to submit your Reimbursement Claim Form. The postmark on the envelope will determine the timeliness of the claim, and the form should be mailed to Mercedes-Benz Seat Heater Settlement, PO Box 2730, Portland, OR 97208-2730. You cannot claim reimbursement for any repairs occurring after the date the Settlement is final and, either is no longer being appealed, or can no longer be appealed.

Keep a copy of your completed Reimbursement 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 Reimbursement 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 C — 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 Reimbursement Claim Form;
2. The document(s) described in Part B and provided with this Reimbursement Claim Form are true and accurate copies showing proof of payment **and** the repairs or replacements relating to covered malfunctions from the original-equipment seat heaters in my Subject Vehicle;
3. The seat heater currently in my Subject Vehicle came installed as original equipment;
4. All information that I provided is true and correct to the best of my knowledge and belief; and,
5. I agree to allow MBUSA to inspect my vehicle to verify the authenticity of my claim to the extent that I still have possession of the vehicle.

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

Signature of Claimant:

Date: 

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

Date: 

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

Date: 

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