

CRT ANTITRUST SETTLEMENTS CLAIM FORM

Complete this Claim Form to receive a payment from Settlements entered into by the Oregon Attorney General. Payments will be based on the number and type of Cathode Ray Tube (CRT) product(s) you purchased. The deadline to file claims is April 2, 2018.

All Oregon natural persons who indirectly purchased, at any time during 1995 through 2007, for their own use and not for resale, TVs or computer monitors containing CRTs can get a payment from the Settlements. "Oregon natural persons" means a human, not a business. "Indirectly" means that you purchased the CRT product(s) from someone other than the manufacturer of the CRT. **You must answer the three Eligibility Questions below, by checking the box, to see if you are eligible.**

PART 1: ELIGIBILITY QUESTIONS

Did you buy a television or computer monitor containing a CRT within the state of Oregon for your own use and not for resale, between January 1, 1995 and December 31, 2007?

Yes No

Were you a resident of Oregon at the time of purchase?

Yes No

Did you purchase the device from a company other than the following CRT manufacturers: Hitachi, LG, LP Displays, Daewoo, Panasonic, Phillips, Samsung, or Toshiba? For example, if you purchased one of these products from a retailer like Best Buy or a computer manufacturer like Dell, your answer should be "Yes." The brand of product does not change your answer. So, if you bought a Samsung-branded television or a Toshiba-branded computer monitor from Best Buy your answer is still "Yes." However, for example, if your only purchase was a television or computer monitor bought directly from Samsung or Toshiba, your answer would be "No."

Yes No

You are eligible for payment only if you answered "Yes" to all three Eligibility Questions above. To get a payment, you must submit your Claim Form online at www.OregonScreenSettlement.com or complete Parts 1, 2, 3, 4 and 5 of this Claim Form and mail it to: Oregon CRT Settlements, c/o GCG, P.O. Box 10240, Dublin, OH 43017-5740. You cannot file a claim if you answered "No" to any of the Eligibility Questions.

If you have questions about your eligibility to participate or on how the Settlement Fund will be distributed, you should review the Notice and other documents at the website. You can also call 1-877-940-7791 if you have any questions.

PART 2: PURCHASE INFORMATION

Enter the total number of the following products you purchased between **January 1, 1995** and **December 31, 2007** which contain a CRT. Only include qualifying products for which you answered "Yes" to the three Eligibility Questions:

Total Number of Televisions	
Total Number of Monitors	

All claims are subject to audit and large claims will require verification.

PART 3: CLAIMANT INFORMATION

Type or print neatly in blue or black ink.

Last Name

First Name

--	--

Telephone Number (Daytime)

Email Address

--	--

Name and phone number of person to contact if there are questions regarding this claim (If different from above)

SID #, if applicable

--	--

Current Address:

Number and Street or P.O. Box

--

City State Zip Code

--	--	--

Address at time of purchase:

Number and Street or P.O. Box

--

City State Zip Code

--	--	--

PART 4: PAYMENT ELECTION

Please select a payment option. You may choose to receive your settlement reimbursement by check, or to donate your settlement reimbursement to one of the Oregon charitable organizations listed below.

If you choose the option to donate your settlement reimbursement to one of the identified charities below, your entire settlement reimbursement will be donated to the charity. There is no option to donate only a portion of the settlement reimbursement. The amount of your settlement reimbursement, if any, will not be determined until the time of distribution. At the time of distribution, you will receive a letter identifying the amount you donated to the charity you selected. After you submit your claim, your choice of charity, if any, will be final.

Check. Your settlement reimbursement will be issued by check and mailed to the Current Address you provided on this Claim Form. It is your responsibility to notify the Claims Administrator if your address changes.

Charitable Donation. Your settlement reimbursement will be donated to the charitable organization you select below. Select one.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Oregon Nongame Wildlife <input type="checkbox"/> Prevent Child Abuse <input type="checkbox"/> Alzheimer’s Disease Research <input type="checkbox"/> Stop Domestic and Sexual Violence <input type="checkbox"/> Habitat for Humanity of Oregon <input type="checkbox"/> Oregon Head Start Association <input type="checkbox"/> American Diabetes Association <input type="checkbox"/> Oregon Coast Aquarium <input type="checkbox"/> SMART (Start Making A Reader Today) <input type="checkbox"/> SOLVE <input type="checkbox"/> St. Vincent de Paul Society of Oregon <input type="checkbox"/> The Nature Conservancy <input type="checkbox"/> Doernbecher Children’s Hospital Foundation <input type="checkbox"/> The Oregon Humane Society <input type="checkbox"/> The Salvation Army – Oregon | <ul style="list-style-type: none"> <input type="checkbox"/> The Oregon Veterans’ Home <input type="checkbox"/> Planned Parenthood of Oregon <input type="checkbox"/> Oregon Lions Sight & Hearing Foundation <input type="checkbox"/> Shriners Hospitals for Children – Portland <input type="checkbox"/> Special Olympics Oregon <input type="checkbox"/> Susan G. Komen, Oregon & SW Washington <input type="checkbox"/> Oregon Military Emergency Financial Assistance Program <input type="checkbox"/> Oregon Historical Society <input type="checkbox"/> Oregon Food Bank <input type="checkbox"/> Albertina Kerr Kid’s Crisis Care Centers <input type="checkbox"/> American Red Cross <input type="checkbox"/> Cascade AIDS Project <input type="checkbox"/> Veterans Suicide Prevention and Outreach Program <input type="checkbox"/> ALS Association of Oregon and SW Washington |
|--|---|

PART 5: SIGN AND DATE CLAIM FORM

I declare that the information provided in this Claim Form is true and correct and I am submitting this claim on my own behalf.

Signature

_____/_____/_____
Date

Print Name

Claims may be audited and any fraudulent claim is subject to prosecution.

REMINDER:

Please make sure that you:

1. Complete all five parts of this Claim Form;
2. Sign the Claim Form;
3. Submit your Claim Form online or by mail to:

www.OregonScreenSettlement.com

OR

Oregon CRT Settlements
c/o GCG
P.O. Box 10240
Dublin, OH 43017-5740

4. Keep a copy of the completed Claim Form for your records;
5. Retain any proof of purchase documentation you may have until your claim is closed. You will be notified if you are required to provide this documentation and/or any documentation you may have during the claim verification process.