Latta, et al. v. Hannibal Board of Public Works, et al. Settlement
c/o Analytics Consulting LLC
P.O. Box 2005
Chanhassen, MN 55317-2005

Toll-free: 866-260-5869 Website: www.hannibalwaterlawsuitsettlement.com

CLAIM FORM

THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN OCTOBER 23, 2018, TO BE VALID.

FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN DISMISSAL OF YOUR CLAIM.

Only individuals satisfying the requirements identified in the Class Notice are Members of the Medical-Monitoring Settlement Class potentially eligible to receive a Settlement Payment if the proposed Settlement is approved by the Court. **IF YOU BELIEVE YOU ARE A MEMBER OF THE MEDICAL-MONITORING SETTLEMENT CLASS AS DESCRIBED IN THE NOTICE, YOU MUST SUBMIT A CLAIM FORM IN ORDER TO REQUEST A MONEY PAYMENT.**

Only one Claim Form may be submitted per individual. If the Claim Form is not postmarked or electronically submitted by **October 23, 2018**, this will result in the dismissal of your claim and you will not be entitled to any monetary recovery received under this action. If the Claim Form is incomplete, or if you fail to submit the required documentary proof, you will not be eligible for a Settlement Payment.

In order to receive a Settlement Payment, you must have resided in the City of Hannibal and drank and/or bathed in water provided by the City of Hannibal, Missouri public water supply system for a minimum of three (3) years between September 2011 and February 2016. You must submit address information on the claim form to evidence that you meet the residency requirement. Further, in order to be eligible for a Settlement Payment, you must submit written proof and supporting documentation of any out-of-pocket costs, in the form of a receipt, Explanation of Benefits, or invoice showing your out-of-pocket costs for a urinalysis for blood and urine cytology (tests billed with CTP Codes 81001 (urinalysis) or 88112 (urine cytology)) reflecting that the test was administered before October 23, 2018.

IF NO PROOF OF COSTS IS SUBMITTED, YOUR CLAIM WILL BE DENIED.

You can complete this Claim Form and mail it to Latta, et al. v. Hannibal Board of Public Works, et al. Settlement, c/o Analytics Consulting LLC, P.O. Box 2005, Chanhassen, MN 55317-2005, or electronically submit it at www.hannibalwaterlawsuitsettlement.com. The Claim Form must be postmarked no later than **October 23, 2018**.

Please Note: If you are completing this Claim Form on behalf of a Minor or Protected Person, answers to Questions 1-8 below will pertain only to the Minor or Protected Person.

1. Name and Social Security Number:

First Name | Last Name

Social Security Number

2. Address of the property to establish membership in the Medical-Monitoring Class:

Address

City | State | Zip Code

(CONTINUED ON BACK)

IF YOU OWNED OR LIVED AT MORE THAN ONE PROPERTY IN THE SETTLEMENT CLASS AREA DURING THE SETTLEMENT TIME PERIOD, YOU MAY SUBMIT ADDITIONAL PAGES WITH THE INFORMATION REQUESTED IN QUESTION 2 FOR EACH SUCH ADDRESS.

3. Current Address if different than your response in No. 2 above:

Address

City State Zip Code

4. If applicable, date you sold and/or moved out of the residence identified in No. 2 above:

M M – D D – Y Y Y Y

5. Identify proof of payment for urinalysis for blood and urine cytology for which you seek reimbursement of out-of-pocket costs (*e.g., invoice or receipt*) that you are attaching to this Claim Form:

_____

IF NO SUPPORTING DOCUMENTATION IS INCLUDED WITH THIS CLAIM FORM, YOUR CLAIM WILL BE DENIED.

6. Out-of-pocket costs paid as reflected on proof of payment identified in response to No. 5 above:

$.

7. Date of urinalysis for blood and urine cytology for which you seek reimbursement of out-of-pocket costs:

M M – D D – Y Y Y Y

8. Amount any insurance or other payee source contributed to payment for the urinalysis for blood and urine cytology identified in response to No. 5 above:

$.

Check all that apply (REQUIRED):

☐ For a minimum of three years between September 2011 and February 2016, I drank and/or bathed in water provided by the City of Hannibal public water system.

☐ I am a current resident of Missouri.

I declare **under penalty of perjury** that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

_____
Signature (REQUIRED)

M M – D D – Y Y Y Y
Date Signed

_____
Print Name (REQUIRED)

– –
Telephone Number (REQUIRED)