Crutcher v. Liberty Mutual Insurance Company, et al.,
Case No. 18-cv-00412-JCH-LF

Neutral Evaluation on Appeal

TO REQUEST AN APPEAL BY A NEUTRAL EVALUATOR OF THE SETTLEMENT ADMINISTRATOR'S NOTICE OF DETERMINATION OF YOUR CLAIM FOR SETTLEMENT BENEFITS, THIS FORM MUST BE FILLED OUT, RETURNED, AND POSTMARKED WITHIN 30 DAYS FROM THE DATE ON WHICH YOUR NOTICE OF DETERMINATION WAS POSTMARKED OR EMAILED TO YOU. PLEASE MAIL THIS FORM TO THE FOLLOWING ADDRESS:

Settlement Administrator
P.O. Box 5338
Portland, OR 97228-5338

YOU MAY INSTEAD EMAIL THIS FORM TO INFO2@CRUTCHERUIMSETTLEMENT.COM, BUT THE EMAIL MUST BE SENT WITHIN 30 DAYS FROM THE DATE ON WHICH YOUR NOTICE OF DETERMINATION WAS POSTMARKED OR EMAILED TO YOU. Requesting a neutral evaluation requires that you not cash any check that you may have been issued in this Settlement. Cashing your check before completion of the neutral evaluation process will terminate the neutral evaluation.

All information listed below is required. We will use this information to contact you and process your appeal. It will not be used for any other purpose. If any of the following information changes, you must promptly notify the Settlement Administrator using the Contact section of the Settlement Website or by writing to the address above.

1. NAME:

First | MI | Last

2. MAILING ADDRESS:

Street Address

Street Address 2

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. SIGNATURE:

Signature

Dated: – –
MM DD YYYY

Print Name