

## CLAIM FORM AND INSTRUCTIONS

In order for you to qualify to receive a payment related to *Hart v. BHH, LLC*, as described in the Notice of this Settlement (the “Class Notice”), you must file a Claim Form in the attached form either in paper or electronically on the Settlement Website at [www.ultrasonicpestrepellerlawsuit.com](http://www.ultrasonicpestrepellerlawsuit.com) to substantiate your claim.

### REQUIREMENTS FOR FILING A CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all required portions of the attached Claim Form.
2. You must sign this Claim Form, which includes the Certification. If you file a Claim Form electronically, your electronic signature and submission of the form shall have the same force and effect as if you signed the form in hard copy.
3. By signing and submitting the Claim Form, you are certifying under penalty of perjury that you purchased any variety of Bell + Howell Ultrasonic Pest Repellers in the following states and time periods:

**April 20, 2011 – June 15, 2016:** Alaska, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

**April 20, 2012 – June 15, 2016:** Arizona, Arkansas, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Mississippi, Nevada, South Carolina, Tennessee

**April 20, 2013 – June 15, 2016:** Alabama, Montana

4. No proof of purchase is required to submit a claim, but you may be able to receive a larger refund if you submit proof of purchase. For Settlement Class Members without Proof of Purchase, the manufacturers will refund fifteen dollars (\$15.00) for each package of Bell + Howell Ultrasonic Pest Repellers up to a maximum of two packages. However, if You submit a Proof of Purchase with Your Claim Form, you will receive a full monetary refund of the actual purchase price up to a maximum of six packages of Bell + Howell Ultrasonic Pest Repellers. Proof of Purchase may take the following forms: (A) the receipt or invoice issued for your purchase of Bell + Howell Ultrasonic Pest Repellers; or (B) other documentation showing the actual price paid for the Bell + Howell Ultrasonic Pest Repellers you purchased.
5. You have two ways to complete and submit a Claim Form: (A) you may MAIL the completed and signed Claim Form and Certification by First Class U.S. Mail, postage prepaid, postmarked no later than July 11, 2020 to:

**Claims Administrator  
8001 Broadway, Suite 200  
Merrillville, IN 46410**

Or (B) you may complete and submit the Claim Form and Certification using the Settlement Website at [www.ultrasonicpestrepellerlawsuit.com](http://www.ultrasonicpestrepellerlawsuit.com). If you file an electronic Claim Form and have Proof of Purchase, you must either send your Proof of Purchase to the Claims Administrator via e-mail at [info@ultrasonicpestrepellerlawsuit.com](mailto:info@ultrasonicpestrepellerlawsuit.com) or via U.S. Mail at the Claims Administrator’s address above.

6. Your failure to complete and submit the Claim Form using the Settlement Website by July 11, 2020, or by mail postmarked by July 11, 2020, will preclude you from receiving any payment in this Settlement. If you submit by mail, you are advised to use (but are not required to use) certified mail, return receipt requested so that you will have a record of the date of mailing.
7. Members of the same household may only submit a single Claim Form.

Submission of this Claim Form does not assure that you will share in the payments related to *Hart v. BHH, LLC*. If the Claims Administrator determines that your claim may be invalid, the Claims Administrator may reject your claim subject to your right to present information to dispute the Claims Administrator’s finding. For more information on this process, see Paragraph 68 of the Settlement Agreement, which is available at [www.ultrasonicpestrepellerlawsuit.com](http://www.ultrasonicpestrepellerlawsuit.com).

Hart v. BHH, LLC  
**CLAIM FORM**

Please print or type

I, \_\_\_\_\_, state as follows:

\_\_\_\_\_  
 LAST NAME/Entity (Claimant)\*

\_\_\_\_\_  
 FIRST NAME (Claimant)\*

\_\_\_\_\_  
 Current Address\*

\_\_\_\_\_  
 Current City\*

\_\_\_\_\_  
 State\*

\_\_\_\_\_  
 Zip Code\*

\_\_\_\_\_  
 Telephone Number (Day)(optional)

\_\_\_\_\_  
 Telephone Number (Night)(optional)

\_\_\_\_\_  
 E-mail Address\*

\_\_\_\_\_  
 Variety of B+H Repeller Purchased

**IDENTITY OF CLAIMANT (Check appropriate box)**

- Individual  Legal Representative (attach information showing authority to submit claim)  Other (specify, describe on separate sheet)

**Please choose one of the following:**

- (a) Check here if you are uploading or mailing Proof of Purchase documentation with this claim form that shows the actual purchase price:

If you are submitting this Claim Form by mail, please mail a copy of your receipt(s) or other documentation memorializing the purchase of the Class Products along with this Claim Form to Claims Administrator, 8001 Broadway, Suite 200, Merrillville, IN 46410.

- (b) Check here if you are uploading or mailing Proof of Purchase documentation with this claim form that does **NOT** show the actual purchase price:

If you are submitting this Claim Form by mail, please mail a copy of your documentation memorializing the purchase of the Class Products along with this Claim Form to Claims Administrator, 8001 Broadway, Suite 200, Merrillville, IN 46410.

- (c) Check here if you are making a claim without a Proof of Purchase.

Enter Quantity: \_\_\_\_\_

**Consumers who do not provide proof of purchase will be limited to a refund of \$15 per unit purchased, up to a maximum of 2 units.**

**CERTIFICATIONS\***

I have read and am familiar with the contents of the Instructions accompanying this Claim Form and I certify under penalty of perjury that the information I have set forth in the foregoing Claim Form and in documents attached by me are true, correct and complete to the best of my knowledge.

I certify that I purchased any variety of Bell + Howell Ultrasonic Pest Repellers in one of the following states and time periods:

**April 20, 2011 – June 15, 2016:** Alaska, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

**April 20, 2012 – June 15, 2016:** Arizona, Arkansas, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Mississippi, Nevada, South Carolina, Tennessee

**April 20, 2013 – June 15, 2016:** Alabama, Montana

Examples of the Bell + Howell Ultrasonic Repeller products at issue are pictured below:



State of purchase: \_\_\_\_\_

I am not an officer, director, agent, servant or employee of the BHH, LLC or VAN HAUSER LLC or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; I did not purchase Bell + Howell Ultrasonic Pest Repellers for resale or distribution to others; and I have not requested exclusion from the Settlement.

I understand that my claim is subject to review by the Settlement Administrator, and that my claim will not be processed unless approved by the Settlement Administrator. I understand that if the Settlement Administrator determines that my claim is fraudulent or contains fraudulent information, my claim will be rejected and not paid.

**I certify under penalty of perjury under the laws of the United States that all of the information provided on this Claim Form is true and correct to the best of my knowledge this \_\_\_\_ day of \_\_\_\_\_, 2020.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print name here: \_\_\_\_\_

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

Name of person signing: \_\_\_\_\_

Date: \_\_\_\_\_

Capacity of person signing: \_\_\_\_\_  
(Executor, President, Trustee, etc.)

**ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.**

**Reminder Checklist:**

1. Please sign the above Claim Form.
2. Enclose a copy of your Proof(s) of Purchase, if you have them, along with the Claim Form.
3. Keep a copy of your Claim Form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information to the claims administrator via the Settlement Website, mail or by calling the Claims Administrator's toll-free telephone number, each listed in the Notice.

\*Fields or Sections are Required to be Completed.