

Belanger v. Allstate Claim Form

TO SUBMIT A VALID CLAIM, THIS CLAIM FORM MUST BE POSTMARKED BY MAY 1, 2024 AND RETURNED TO:

**Belanger v. Allstate Settlement Administrator
P.O. Box 2317
Portland, OR 97208-2317**

If you make a claim for payment on this Claim Form, and if your claim is deemed valid and the settlement is finally approved, an email will be sent from noreply@epiqpay.com to the email address you provided on this Claim Form, prompting you to elect your method of payment. Popular electronic payment options will be available, or you can elect to receive a check. Please ensure you have provided a current and complete email address. If you do not provide a current and valid email address, the Settlement Administrator may attempt to send you a check relying on your physical address on file.

All information listed below is required. We will use this information to contact you and process your claim. 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 NewMexicoAllstateClassAction.com or by writing to the address above.

Claimant's First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurance Policy Number	Insurance Claim Number
<input type="text"/>	<input type="text"/>

Business Name

Primary Address

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number

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Email Address

