

AFFIRMATION
(mandatory)

I swear under penalty of perjury under the laws of the State of Florida that: (1) I have read the Notice and this Claim Form, and that I believe I am a class member who is entitled to relief pursuant to the terms of this Settlement; (2) I am submitting this claim for PIP coverage benefits arising from Allstate's payment of PIP benefits with regard to an accident under Allstate's Auto Policy that provided PIP benefits subject to a deductible; (3) I have the legal right to receive PIP benefits under the subject insurance claim, and that this right has not been otherwise assigned or transferred to any other person or entity; (4) I made payments to the Medical Provider that provided the medical services at issue, which were listed in the Proof of Claim, and assigned to Allstate my rights to recover any overpayment by me to the Medical Provider that provided the medical services at issue as a result of Allstate's application of a PIP deductible, or portion thereof, to a statutorily authorized limitation amount as opposed to the amount billed for medical services rendered to me; (5) to the best of my knowledge, no prior resolution of the claims asserted on this form has been reached with Allstate by demand, release, dismissal, or any other agreement; (6) I agree to reasonably cooperate in verifying and quantifying any amounts due under the proposed settlement in the event Allstate is unable to administer the settlement claim based on the information available to them; and (7) upon receiving and accepting payment of the claim under the settlement, I release all claims against Allstate based on or arising out of Allstate's previous calculation of the deductible amount under PIP coverage, in accordance with the Settlement and the Court orders approving the settlement.

Signature

Date:

--	--

 -

--	--

 -

--	--	--	--

MM DD YYYY