

## **PGAC CLASS ACTION SETTLEMENT CLAIM FORM**

To receive a settlement payment, you must either fill out a Claim Form online (at [www.PGACInsuranceClassAction.com](http://www.PGACInsuranceClassAction.com)) or fill out and return this Claim Form (below) via U.S. Mail to the following address:

PGAC Class Action Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 173100  
Milwaukee, WI 53217

### **Claim forms must be submitted online or postmarked by October 4, 2025**

If submitted by U.S. Mail, your Claim Form must be postmarked by October 4, 2025. If submitted through the settlement website, your Claim Form must be submitted by 12:00 a.m. (midnight) Eastern Standard Time on October 4, 2025.

If you do not include the required information or sign your Claim Form, your claim(s) may be denied and you will not get a payment.

#### **CLAIMANT INFORMATION:**

Full legal name (*First name Last name*)

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Full legal name as it appeared on your insurance policy with Permanent General (*if different from your current name*)

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Claim ID (from your email or postcard notice)

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Unique Identification Number (from your email or postcard notice)

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#### **CURRENT ADDRESS:**

Street address

Apt.

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City

State

Zip

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**MAILING ADDRESS OR GARAGING ADDRESS ON YOUR INSURANCE POLICY WITH PERMANENT GENERAL (if different from your current address):**

Street address		Apt.
City	State	Zip
Phone number	Email address	

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You must provide a current, valid email address or mobile phone number on your claim form (if you have one). If the email address or mobile phone number you provide becomes invalid for any reason, it is your responsibility to provide updated contact information to the Settlement Administrator to receive your payment. When you receive the email and/or mobile phone text notifying you about your payment, you will be able to select from several digital payment options to immediately receive your payment. At that time, you will also have the option to request a paper check, but a paper check will take additional time to process.

\_\_\_\_\_  
To the best of my knowledge, I am a member of the Settlement Class and the information I provided is true and correct.

\_\_\_\_\_\*  
SIGNATURE DATE  
By: \_\_\_\_\_  
(Print Name)

**RETURN THIS FORM, POSTMARKED NO LATER THAN OCTOBER 4, 2025, TO:**

PGAC Class Action Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 173100  
Milwaukee, WI 53217

**QUESTIONS or HELP:** Call 1-866-830-3636, email [info@PGACInsuranceClassAction.com](mailto:info@PGACInsuranceClassAction.com), or write to PGAC Settlement Administrator, PGAC Settlement Administrator, c/o A.B. Data, Ltd., P.O. Box 173100, Milwaukee, WI 53217.