

Claim Form

To make a claim under the Settlement, you must complete this form and mail it to the address found on the final page of this form. (Alternatively, you can complete and submit a Claim Form online at www.VortensSettlement.com/Cone.) Any information provided herein will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for the purposes of administering this Settlement (such as to audit and review a claim for completeness, truth, and accuracy).

To submit a claim for reimbursement of replacement expenses incurred because of a tank fracture, you must be a prior or current Texas owner of a Vortens™ toilet tank model #3412 or #3464 manufactured at the Vortens™ Benito Juarez plant between January 1, 2007, and December 31, 2010 (“Affected Toilet Tank”). Proof of home ownership and proof of ownership of each Affected Toilet Tank is required.

Payments will be issued only if the Court approves the Settlement and the Effective Date of the Settlement occurs.

Please save a copy of this completed form for your records.

For further information, please call 1-833-991-1524 or visit www.VortensSettlement.com/Cone.

First Name:

MI:

Last Name:

Email Address*:

Mailing Address:

City:

State:

ZIP Code:

Property Address Where Affected Toilet Tank Is Located:

City:

State:

ZIP Code:

If one or more Affected Toilet Tanks have fractured before January 24, 2020, please fill out a copy of Section A – Claim for Prior Fracture for each such tank, on page 2.

If one or more Affected Toilet Tanks have fractured between January 24, 2020, and December 31, 2020, please fill out a copy of Section B – Claim for Current Fracture for each such tank, on page 3.

An Affected Toilet Tank may only be claimed under one of the two sections. If you have multiple Affected Toilet Tanks, please separate your claims between Section A and Section B as appropriate.

Number of Prior Fracture Tanks Claimed:

Number of Current Fracture Tanks Claimed:

You will find the necessary information in the interior of the tank:

- The Model Number (a four-digit code, **either 3412 or 3464**)
- The Plant of Manufacture (a three-digit code) – **Only tanks with a three-digit code beginning with a “5” were manufactured at the Benito Juarez plant.**
- The Year of Manufacture (**2007, 2008, 2009, or 2010**)

*Please note that email is the only way to receive written notice if the Settlement is terminated or if your claim is denied, along with the reason(s) for the denial. It is also the only way to receive further notice of your rights to opt out of the litigation if the Settlement does not become effective. Providing your email address will also help the Settlement Administrator contact you, including if your settlement payment is mailed and returned as undeliverable.

Section A – Claim for Prior Fracture

Please make copies of this section if you are claiming more than one Affected Toilet Tank under a Prior Fracture Claim. This section must be completed and submitted for each Affected Toilet Tank being claimed under a Prior Fracture Claim.

Model Number:

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3-Digit Plant Code:

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Year of Manufacture:

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Date of Fracture:

		-			-				
MM			DD			YYYY			

Amount Claimed:

\$

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Please provide proof of expenses for the purchase and/or installation of the Affected Toilet Tank. Your documentation must show that the expenses were paid. Estimates, unpaid invoices, or checks that do not show as paid will not be sufficient documentation to prove expenses.

Claims for Prior Fracture will be reimbursed up to \$300.00 per Affected Toilet Tank with sufficient proof of expenses.

Section A **Claims for Prior Fracture** must be submitted or postmarked by **December 31, 2020**.

Section B – Claim for Current Fracture

Please make copies of this section if you are claiming more than one Affected Toilet Tank under a Current Fracture Claim. This section must be completed for each Affected Toilet Tank being claimed under a Current Fracture Claim.

Model Number:

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3-Digit Plant Code:

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Year of Manufacture:

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Date of Fracture:

		-			-				
MM			DD			YYYY			

Amount Claimed:

\$

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Remedy Type (please select only one remedy):

- Remedy 1:** If you live within 30 miles of an authorized Distribution Center (see www.VortensSettlement.com/Cone for a list of distribution centers), you may elect to receive a replacement tank at no cost to you.
- Remedy 2:** If you do not live within 30 miles of a designated Distribution Center (see www.VortensSettlement.com/Cone for a list of Distribution Centers), you may elect to receive a \$35.00 payment.
- Remedy 3:** If you must replace the entire toilet due to incompatibility of current Porcelana tank product and the original basin, you are eligible for reimbursement of the incurred expenses up to \$300.00. Please provide proof of expenses for the purchase and/or installation of the Affected Toilet Tank and an explanation of why there was not a compatible tank available. Your documentation must show that the expenses were paid. Estimates, unpaid invoices, or checks that do not show as paid will not be sufficient documentation to prove expenses.

Section B Claims for Current Fracture must be submitted or postmarked by **December 31, 2020**.

Please save a copy of this completed form for your records.

For further information, please call 1-833-991-1524 or visit www.VortensSettlement.com/Cone.

I certify the foregoing under penalty of perjury under the laws of the United States.

Signature

Date:

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MM DD YYYY

Mail your completed Claim Form, WITH PROOF OF HOMEOWNERSHIP AND PROOF OF OWNERSHIP FOR EACH AFFECTED TOILET TANK (see footnote 4 in the Settlement Agreement for a list of appropriate documentation), to *Cone v. Vortens* Settlement Administrator, P.O. Box 4290, Portland, OR 97208-4290.