

Election of Benefits Form

Claimant Information: Please fill-in your name and address information below. Checks will be issued to the First & Last name provided.

Name: _____

Address: _____

City State Zip

(_____) _____ (_____) _____
Area Code Daytime Telephone Number Area Code Evening Telephone Number

Rental Information: Provide the name of the Car Rental Defendant that you rented a car from and were charged and paid an Airport Concession Fee and/or Tourism Commission Assessment fee to as a separate line item on your invoice. _____

Enter the total number of days that the Subject Vehicle(s) was rented during the class period: _____

Enter the pick-up and drop-off date of the Subject Vehicle(s) rental: ____/____/____ to ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Benefits Selection: Select one of the following benefits based on the number of days provided above:

Check one	Option #	Description of Benefit
<input type="checkbox"/>	Cash Option	The greater of \$5 or \$2 for each day that a Subject Rental was made.
<input type="checkbox"/>	Voucher Option 1	One Voucher good for free time and mileage for <i>one</i> rental day.
<input type="checkbox"/>	Voucher Option 2	Two Vouchers each good for free time and mileage for <i>one</i> rental day (only available if rental was for 8 or more days).
<input type="checkbox"/>	Voucher Option 3	One Voucher good for free time and mileage for <i>two</i> rental days (only available if rental was for 8 or more days).

Vouchers will be issued in the name of the Car Rental Company you identified above, and will be available for use at any of their company-operated U.S. locations.

For more information about the Settlement, please review the Class Notice.

Submitting Supporting Documents: You must include documentation that supports the information you provided on this Election of Benefits Form. To submit your documentation, make copies of your documents and enclose them with this form.

(Sign your name here)

(Date) (mm/dd/yyyy)

Submission: You **MUST** complete and mail this form by January 25, 2013. Mail to: **ACF/TCA Settlement Administrator**, c/o KCC Class Action Services, P.O. Box 43092, Providence, RI 02940-3092.