



PROOF OF CLAIM

CLASS MEMBER ID #: _____

YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM
POSTMARKED ON OR BEFORE NOVEMBER 30, 2015, ADDRESSED AS FOLLOWS:

Stokes v. Geico Claims Administrator

P.O. Box 6188

Novato, CA 94948-6188

Please Type or Print

PART I: CLASS MEMBER INFORMATION

Full Name (as it appear in the Letter, if you received a Letter)

Street Address

City

State/Country

Zip/Postal Code

Best Phone Number to Contact You

E-mail address

Class Member ID Number (as it appears at the top of this Proof of Claim, if you received this by mail
(if you obtained this form from the website, leave this blank))

If you do not have a Class Member ID Number, provide the following information:

Name of the person listed on the policy, if not you (as it appears on the policy)

Relationship to person listed on the policy, if not you

Last 4 Digits of Your Social Security Number

Part II: CERTIFICATION*

I certify that the foregoing is true and correct to the best of my knowledge and belief under penalties of perjury.

Signature of Claimant

* Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and proof of their authority must accompany this claim, and their titles or capacities must be stated. Failure to provide the foregoing information could delay verification of your claim and/or result in claim rejection

