

CLAIM FORM

*Your claim must be either
submitted online or
postmarked and mailed by:
November 3, 2021*

Superior Refinery Settlement
c/o JND Legal Administration
P.O. Box 91339
Seattle, WA 98111
www.SuperiorRefinerySettlement.com

HSK

SECTION A: NAME AND CURRENT MAILING ADDRESS

Provide your mailing address below. It is your responsibility to notify the Claim Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address (Including Apartment or Unit Number)

City

State

Zip Code

Email Address

Phone Number

SECTION B: MAILING ADDRESS ON APRIL 26, 2018

Is the mailing address you provided in Section A above the same mailing address you had on April 26, 2018?

Yes No (Fill Out Section B below)

If you selected "No" above, provide your mailing address on April 26, 2018 below:

Street Address (Including Apartment or Unit Number)

City

State

Zip Code

Questions? Visit www.SuperiorRefinerySettlement.com or call toll-free at 1-833-677-1092
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

SECTION C: EVACUATION ORDER

Were you subject to the evacuation order that resulted from the April 26, 2018 explosion and fire at the Superior Refinery in Superior, Wisconsin?

Yes No

Were you 18 or older on April 26, 2018?

Yes No

SECTION D: REIMBURSEMENT PROGRAM EXPENSES AND CLAIMS

Did the Reimbursement Program pay any of your expenses or claims directly to you, or on your behalf indirectly?

Yes No

If you selected "Yes" above, provide a description and the amount(s) of any payment(s) paid through the Reimbursement Program below:

<u>Payment Description:</u>	<u>Amount(s) Paid</u>

If needed for additional payment detail, please attach additional sheets.

SECTION E: PAYMENT METHOD

Please select the way payment will be issued for your claim if determined valid below (if no payment method is selected a Paper Check by Mail will be sent by default):

Paper Check By Mail Electronic Payment

If you selected "Electronic Payment" above, provide the required account information below:

Bank Name

Bank Address

Bank ABA Routing Number

Account Number

Name on Account

SECTION F: CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided in this Claim Form, is true and correct to the best of my knowledge, information, and belief. I understand the Claim Administrator may contact me to request further verification of the information provided in this Claim Form.

Signed: _____ Date: _____