COURT ORDERED LEGAL NOTICE

If you suffered a total-loss on a vehicle insured by GEICO from 2014 - 2020, you may be entitled to a cash payment.

Complete and return the enclosed form by January 3, 2025 to potentially receive a cash payment.

A class action settlement has been reached in the above referenced lawsuit against GEICO Indemnity Company entitling members of the Settlement Class, who make a valid and timely claim, to payments for unpaid title and registration transfer fees ("Replacement Fees") for their total loss auto insurance claims. This Notice is being sent to provide you information about your rights. GEICO denies all liability in this case. McCoy Class Action Settlement c/o JND Legal Administration P.O. Box 91088 Seattle, WA 98111

«MailingBarcode»

Postal Service: Please do not mark barcode Claimant ID: «NameNumber»

«Name» «Address1» «Address2» «City», «State» «PostalCode» «Country»

McCoy v. GEICO Indemnity Company, Case No. 3:20-cv-05597 United States District Court District of New Jersey

Why am I getting this Notice? You have been identified as a potential "Settlement Class Member" from GEICO's claims data, because you were a New Jersey auto policyholder and insured by GEICO or an affiliated entity (except Government Employees Insurance Company) and submitted a first-party physical damage claim with respect to a covered vehicle that resulted in a total loss claim that may not have included full Replacement Fees.

What is this lawsuit about? The Settlement resolves a lawsuit claiming that GEICO breached its auto insurance policies by failing to pay Replacement Fees to customers who submitted New Jersey first-party total loss auto claims.

Settlement Terms. Settlement class members who submit a valid timely claim are eligible to receive payment of up to \$58.05 (less any Replacement Fees included in the original total loss claim payment and less each claimant's proportional share of Class Counsel Fees and/or court-awarded costs). The total amount to be made available is \$1,892,662.00. Class Counsel will be seeking attorneys' fees and costs of up to \$520,482.00 to be paid from the available settlement amount and a \$6,500 Service Award to the Class Representative, with all amounts to be approved by the Court.

How do I Receive Payment? To receive a payment, you must complete and mail the attached Claim Form (no stamp needed - - return postage has been prepaid). You also may make a claim online by visiting www.NJTotalLossAutoSettlement.com, clicking "Submit a Claim" and entering the Claimant ID and unique PIN «PIN» that is on the attached claim form or the total loss claim number. Claim forms must be postmarked by January 3, 2025 or submitted online by 11:59 p.m. EST on January 3, 2025.

Do I have any other options? Unless you submit a Claim Form, you will not be eligible to get a Settlement Payment and your rights will be affected. If you don't want to be legally bound by the settlement, pursuant to which you will be giving a release of any claims asserted in the lawsuit, you must exclude yourself from it by **December 19, 2024**. Unless you exclude yourself, you won't be able to sue or continue to sue GEICO for any claim made in this lawsuit or released by the Settlement Agreement. If you stay in the Settlement (i.e., don't exclude yourself), you may object to it or ask for permission for you or your own lawyer to appear and speak at the hearing—at your own cost—but you don't have to. Objections and requests to appear, which must comply with the procedures for such submissions, are due by **December 19, 2024**. The Long Form Notice, available at the Settlement Website, explains how to exclude yoursel's request for attorneys' fees and Service award for the Class Representative. The date of the hearing may change without further notice to the class. More details and the full terms of the Proposed Settlement are available at www.NJTotalLossAutoSettlement.com.

CLAIM FORM

Name & Address: «Name» «Address1» «Address2» «City», «State» «PostalCode» «Country»

Date of Loss: «Date_of_Loss»

Claimant ID: «NameNumber»

ADDRESS (if different from above)

Primary Address		
Primary Address (continued)		
City	State	ZIP Code

AFFIRMATION (required): By signing below, I affirm that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above and that to the best of my knowledge, the information on this Claim form is true and correct.

Signature: _____ Dated: _____ Dated: _____

To be considered, this Claim Form must be mailed to the above address postmarked no later than January 3, 2025.



MCCOY CLASS ACTION SETTLEMENT C/O JND LEGAL ADMINISTRATION PO BOX 91088 SEATTLE WA 98111-9853

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 985 SEATTLE, WA NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES