

Weeks, et al. v. Google, LLC Claims Administrator
P.O. Box 404153
Louisville, KY 40233-4153



GWK

WEEKS V. GOOGLE LLC
UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA
Case No. 5:18-cv-00801-NC (N.D. Cal.)

Must Be Postmarked No Later Than October 7, 2019

Claim Form

CLAIMANT INFORMATION

First Name

M.I.

Last Name

Primary Address

Primary Address Continued

City

State

Zip Code

Email Address

IMPORTANT: PLEASE READ THE NOTICE BEFORE COMPLETING THIS CLAIM FORM

If you have any questions about the Claim Form, the payment options, or the documentation requirements, please read the full Notice available at www.PixelSettlement.com.

IMEI (Optional)

PAYMENT INFORMATION

Payment Election: If your claim is determined to be valid and eligible for payment, please indicate your preferred method of payment and provide any required information.

PayPal

PayPal Email Address

Zelle

Zelle Email Address

Zelle Phone Number



FOR CLAIMS
PROCESSING
ONLY

OB

CB

DOC
 LC
 REV

RED
 A
 B

- Check
- ACH

Routing Number/ABA (9 digits)	Account Number

--

Bank Name _____
 Account Type: Checking or Savings

PAYMENT OPTION

You do not need to have experienced audio failures on your Pixel or Pixel XL in order to make a claim and be eligible for payment. Please read the Notice for more information about payment options.

If one or more of the below circles are already filled in, it means that we have records indicating that you meet the specified criteria. You do not need to fill in the circle, but to be eligible for payment, you will need to verify that the information next to the circle is correct by completing the remaining portions of this form and submitting it.

Each Pixel purchased may be the subject of only one claim. Class members who purchased multiple Pixels may submit a separate claim for each Pixel purchased.

FILL IN ALL THAT APPLY:

Details Concerning Purchase and Failures:

- I live in the United States and purchased a first generation Pixel or Pixel XL, not for resale.
- I am submitting proof of purchase for my first generation Pixel or Pixel XL.
- I reported that my first generation Pixel or Pixel XL experienced microphone and/or speaker failures.
- I am submitting proof that my first generation Pixel or Pixel XL experienced microphone and/or speaker failures.
- I reported experiencing microphone and/or speaker failures on a first generation Pixel or Pixel XL and then reported experiencing microphone and/or speaker failures at least once more on a replacement Pixel or Pixel XL.
- I am submitting proof that my first generation Pixel or Pixel XL experienced audio failures, and that I received at least one replacement Pixel or Pixel XL that also experienced audio failures.

Insurance Deductible Paid Relating to the Audio Defect:

- I paid a deductible to Assurant on an insurance claim relating to audio failures on a first generation Pixel or Pixel XL.

VERIFICATION

By signing below and submitting this Claim Form, I hereby affirm under oath that (1) I am the person identified above and the information provided in this Claim Form is, to the best of my knowledge, true and correct, (2) I am in the United States and purchased a first-generation Pixel or Pixel XL smartphone in the United States, other than for resale, and (3) I am not an officer, director, employee, subsidiary, or affiliate of Google; a judge assigned to the case or a member of their immediate family; or counsel for any of the parties.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

THIS CLAIM FORM MUST BE SUBMITTED ON THE SETTLEMENT WEBSITE NO LATER THAN OCTOBER 7, 2019, OR MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL POSTMARKED NO LATER THAN OCTOBER 7, 2019 TO *WEEKS, ET AL. V. GOOGLE, LLC*, CLAIMS ADMINISTRATOR, P.O. BOX 404153, LOUISVILLE, KY 40233-4153.

