

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF FLORIDA  
FT. MYERS DIVISION

WILLIAM F. TURNER, on behalf of himself  
and all others similarly situated,

Plaintiff,

v.

GENERAL ELECTRIC COMPANY,

Defendant.

CASE NO.: 2:05-CV-186-FtM-33DNF

**CLAIM FORM**

Please consult the Notice for a list of the Refrigerators which are included within this Settlement, for a listing of proofs that must accompany each Claim and for the deadlines governing each type of Claim. In addition, please carefully read the following guidelines and instructions. Failure to follow the instructions could result in losing Benefits.

**GUIDELINES AND INSTRUCTIONS**

1. Claims must be submitted by mail to: General Electric Company at GE Moisture Class Settlement, 2670 Executive Drive Suite A Indianapolis, IN 46241.
2. The Claim Form requesting Additional Warranty Protection must be postmarked by April 13, 2006.
3. The Claim Form requesting a Reimbursement must be postmarked by April 13, 2006.
4. The Claim Form requesting a Refrigerator Exchange must be postmarked by January 12, 2007.
5. If you fail to properly and timely make your Claim by completing and sending the Claim Form, you will lose your right to participate in the Settlement.
6. If you need additional copies of the Claim Form, you may copy this Claim Form. You also may obtain additional copies of the Claim Form by calling GE at 1-866-839-4463, visiting the website [www.geappliances.com/classaction](http://www.geappliances.com/classaction), or writing to GE at:  
  
GE Moisture Class Settlement  
2670 Executive Drive  
Suite A  
Indianapolis, IN 46241.
7. Unless you requested exclusion from the Settlement Class, you are bound by the terms of the Settlement between Plaintiff, on behalf of the Settlement Class, and GE, whether or not you submit a Claim Form.
8. You must fully answer Section A and one or more of the following sections, depending on your Claim. Failure to complete the relevant sections and enclose the requested proof/documentation will result in the denial of your Claim or may limit the Benefit you receive.
9. **Signature on Claim Form**: You must read and sign the Claim Form.
10. **Questions**: If you have questions about how to complete the Claim Form, you may call GE at 1-866-839-4463 or write to:  
  
GE Moisture Class Settlement  
2670 Executive Drive  
Suite A  
Indianapolis, IN 46241.
11. You may also contact Settlement Class Counsel by writing to: Scott W. Weinstein, WEINSTEIN, BAVLY & MOON, P.A., 2400 First Street, Suite 303, Ft. Myers, FL 33901.
12. Please detach the Claim Form before mailing. You may wish to keep a copy for your records.

FOR ALL CLAIMANTS:  
**CLASS ACTION SETTLEMENT CLAIM FORM**  
(PLEASE PRINT CLEARLY)

**SECTION A: CLAIMANT INFORMATION -- MUST BE COMPLETED BY EVERYONE.**

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Last Name	First Name	Middle Initial
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Street Address	(Apartment Number, if applicable)
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City	State
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Zip Code

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Daytime Phone Number

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Alternate or Cell Phone Number

**YOU MUST FULLY ANSWER THIS SECTION AND ONE OR MORE OF THE FOLLOWING SECTIONS, DEPENDING ON YOUR CLAIM.**

**SECTION B: TO REQUEST ADDITIONAL WARRANTY PROTECTION FOR MOISTURE-RELATED PROBLEM(S):**

1. Fill in information regarding the Refrigerator eligible for Additional Warranty Protection for Moisture-Related Problems:

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

(Model and Serial Numbers are listed on the metal plate located on the inside top right of the refrigerator compartment above the top shelf.)

2. For Moisture-Related Service Calls under the Additional Warranty Protection program, please call GE at 1-866-839-4463.
3. If you have an existing service contract on the Refrigerator, then complete this Claim Form and enclose a copy of your existing service contract, and GE will provide a full year of Additional Warranty Protection for Moisture-Related Problems after your existing service contract expires.
4. If you do not have an existing service contract, simply complete this Claim Form, and commencing on January 13, 2006 you will receive the Additional Warranty Protection for Moisture-Related Problems.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DEADLINE FOR SUBMISSION: APRIL 13, 2006.**

**FAILURE TO SUBMIT ON OR BEFORE DEADLINE RESULTS IN A FORFEITURE OF THIS BENEFIT.**

**SECTION C: TO REQUEST A REFRIGERATOR EXCHANGE FOR MOISTURE-RELATED PROBLEM(S):**

1. Fill in information regarding the Refrigerator for which you are making a Claim:

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

(Model and Serial Numbers are listed on the metal plate located on the inside top right of the refrigerator compartment above the top shelf.)

2. To request a Refrigerator Exchange for Moisture-Related Problems, you must have had three or more unsuccessful Moisture-Related Service calls for Moisture-Related Problem(s), and your Refrigerator must still have a Moisture-Related Problem. All service calls after January 13, 2006 must be made through the Additional Warranty Protection program.
3. Please enclose proof that clearly identifies the three unsuccessful Moisture-Related Service Calls. (Acceptable forms of proof include: receipt(s), invoice(s), and/or purchase order(s). Credit card statements are not acceptable unless they identify the specific product(s) and/or service(s) purchased and/or provided.)
4. If you have an existing service contract on the Refrigerator, then please enclose a copy of your existing service contract. You may make a Claim for Refrigerator Exchange for a period of one year from your service contract expiration date *provided that* you have previously made a timely and valid Claim for Additional Warranty Protection using Section B of this Claim Form.

**ATTESTATION:**

I hereby attest, under penalty of perjury, that the Refrigerator for which I am making a Claim for a Refrigerator Exchange required three or more unsuccessful Moisture-Related Service Calls. The dates of those Moisture-Related Service Calls were as follows:

\_\_\_\_\_  
I further attest that the Refrigerator still has a Moisture-Related Problem.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DEADLINE FOR SUBMISSION:**

- (A) JANUARY 12, 2007 (for persons who do not have an existing service contract).
- (B) ONE YEAR FROM THE EXPIRATION OF THE EXISTING SERVICE CONTRACT (for persons who have an existing service contract and who have timely made a valid Claim for Additional Warranty Protection)

**FAILURE TO SUBMIT ON OR BEFORE DEADLINE RESULTS IN A FORFEITURE OF THIS BENEFIT.**

**SECTION D: TO REQUEST A REIMBURSEMENT OF COSTS FOR MOISTURE-RELATED SERVICE CALLS:**

1. Fill in information regarding the Refrigerator for which you are making a Claim:

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

(Model and Serial Numbers are listed on the metal plate located on the inside top right of the refrigerator compartment above the top shelf.)

2. To request a Reimbursement of costs for Moisture-Related Service Calls, you must have incurred expenses in an effort to repair Moisture-Related Problems prior to January 13, 2006.

3. Please enclose proof that clearly identifies the Moisture-Related Service Calls and the amounts paid for the purpose of resolving a Moisture-Related Problem. (Acceptable forms of proof include: receipt(s), invoice(s), and/or purchase order(s). Credit card statements are not acceptable unless they identify the specific product(s) and/or service(s) purchased.)

4. Total Reimbursement Claimed: \$ \_\_\_\_\_

**ATTESTATION:**

I hereby attest, under penalty of perjury, that the costs for which I am making a Claim for Reimbursement were incurred in an attempt to repair Moisture-Related Problems prior to January 13, 2006. The dates of the Moisture-Related Service Calls for which I am seeking Reimbursement were as follows:

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DEADLINE FOR SUBMISSION: APRIL 13, 2006.**

**FAILURE TO SUBMIT ON OR BEFORE DEADLINE RESULTS IN A FORFEITURE OF THIS BENEFIT.**

**SECTION E: TO REQUEST A REIMBURSEMENT OF COSTS FOR A REPLACEMENT REFRIGERATOR PURCHASED DUE TO MOISTURE-RELATED PROBLEM(S)**

1. Fill in information regarding the Refrigerator for which you are making a Claim:

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

(Model and Serial Numbers are listed on the metal plate located on the inside top right of the refrigerator compartment above the top shelf.)

2. To request Reimbursement of costs for a replacement refrigerator due to Moisture-Related Problems, you must have had three or more unsuccessful attempts to repair a Moisture-Related Problem and replaced the Refrigerator prior to December 9, 2005 because it still had a Moisture-Related Problem. In addition, you must have disposed of the Refrigerator, the Refrigerator must no longer be in service, and the Refrigerator must have had a Moisture-Related Problem at the time of disposal.
3. Please enclose proof that clearly identifies the Moisture-Related Service Calls and replacement of the Refrigerator prior to December 9, 2005, and the amounts paid for the replacement refrigerator. (Acceptable forms of proof include: receipt(s), invoice(s), and/or purchase order(s). Credit card statements are not acceptable unless they identify the specific product(s) and/or service(s) purchased.)
4. Total Reimbursement Claimed: \$ \_\_\_\_\_ (not to exceed the cost of the original Refrigerator).

**ATTESTATION:**

I hereby attest, under penalty of perjury, that my Refrigerator required three or more unsuccessful Moisture-Related Service Calls between the time I purchased the Refrigerator and December 9, 2005, that I replaced the Refrigerator prior to December 9, 2005 because it had Moisture-Related Problem(s), that I disposed of the original Refrigerator, that the original Refrigerator is no longer in service, and the Refrigerator had a Moisture-Related Problem at the time of disposal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DEADLINE FOR SUBMISSION: APRIL 13, 2006.**

**FAILURE TO SUBMIT ON OR BEFORE DEADLINE RESULTS IN A FORFEITURE OF THIS BENEFIT.**