



Reference Number: 4508600000000

**CLAIM FORM**

**THE DEADLINE TO SUBMIT THIS CLAIM FORM IS FEBRUARY 14, 2022**

This is the official Claim Form you must use to make a Claim in Donna Barone v. Aqua New Jersey, Inc. (“Aqua”), Docket No. CAM-L-2643-20, which was filed in the Superior Court of New Jersey, Camden County. Please read this Claim Form carefully before filling it out.

In order to qualify for relief under the Settlement, Class Members must be a New Jersey citizen to whom Aqua sent a notice on March 27, 2020 (“Aqua Notice”) and who incurred a doctor co-pay or other unreimbursed medical expense as a result of seeking advice from their health care provider regarding the conditions described in the Aqua Notice (i.e., conditions being that the Class Member was immuno-compromised, elderly (65 or older), had an infant or was pregnant when he/she received the Aqua Notice).

To be eligible for benefits under the Settlement, Class Members must complete a Claim Form which must be mailed or electronically submitted on or before February 14, 2022. Each Claim Form must include a certification by the Class Member that the Class Member was immuno-compromised, elderly, had an infant or was pregnant when he/she received the Aqua Notice and must include proof of a doctor’s visit which occurred between March 27, 2020 and May 26, 2020 (within 60-days of March 27, 2020). The Class Member must submit a copy of the unreimbursed or unpaid medical bill or invoice with the Claim Form and certify that the medical treatment visit was caused by the Class Member receiving the Aqua Notice from the Defendant. This may or may not have occurred in your situation. The responses and information you provide to the questions set out below are designed to see if you qualify for a payment. If you qualify, you will be eligible to receive a reimbursement of up to 100% of the unreimbursed or unpaid medical bill or invoice.

If you have any questions, please contact the Settlement Administrator at (833) 942-3998 or through the Settlement website [www.NJWaterSettlement.com](http://www.NJWaterSettlement.com).

**THIS COMPLETED FORM MUST BE POSTMARKED  
OR ELECTRONICALLY SUBMITTED NO LATER THAN FEBRUARY 14, 2022.**

**PERSONAL INFORMATION OF THE CLAIMANT:** Write your full name, present address and either a phone number or e-mail address at which you may be contacted, if necessary:

**REQUIRED: Your Reference Number that was provided on the Notice you received by mail: 4 5 0 8 6 \_\_\_\_\_**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code (Zip4) optional

(\_\_\_\_\_) \_\_\_\_\_ @ \_\_\_\_\_  
Phone Number E-Mail Address

1. TO COMPLETE YOUR CLAIM FORM, KINDLY PROVIDE THE INFORMATION SET FORTH ABOVE AND EITHER SUBMIT ELECTRONICALLY OR RETURN TO THE ADDRESS SET FORTH BELOW BEFORE THE CLAIM DEADLINE. PLEASE PROVIDE A COPY OF YOUR UNREIMBURSED OR UNPAID MEDICAL BILL SHOWING THE AMOUNT YOU ARE ENTITLED TO.

BY SIGNING HERE, YOU ARE DECLARING UNDER OATH THAT:

- A. YOU WERE IMMUNO-COMPROMISED, ELDERLY, PREGNANT OR HAD AN INFANT WHEN YOU RECEIVED THE AQUA NOTICE.
- B. YOU WENT TO A MEDICAL PROVIDER AS A RESULT OF RECEIVING THE AQUA NOTICE AND WENT TO THAT MEDICAL PROVIDER BETWEEN MARCH 27, 2020 AND MAY 26, 2020.
- C. THE ATTACHED BILL OR INVOICE WAS AN UNREIMBURSED OR UNPAID MEDICAL BILL.
- D. THAT THE FOREGOING INFORMATION IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

\_\_\_\_\_  
Class Member Signature

Return the completed Claim Form to:  
BARONE V. AQUA NJ INC.  
C/O SETTLEMENT ADMINISTRATOR  
PO BOX 225391  
NEW YORK, NY 10150-5391

\*\*\*\*\* REMEMBER TO INCLUDE YOUR PROOF OF UNREIMBURSED OR UNPAID MEDICAL BILL \*\*\*\*\*



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