

## **Class Action Supplemental Information Form**

You previously submitted a Class Action Registration Form to participate in the \$18 million settlement related to In Re: New Indy Emissions Litigation, Case No. 0:21-cv-01480-SAL, 0:21-cv-01704-SAL.

To move forward with the Allocation Process, we ask you to complete the following questionnaire.

Your questionnaire must be postmarked on or before **April 6, 2025** for it to be valid. Alternatively, you may complete the questionnaire online at [www.newindyclassaction.com](http://www.newindyclassaction.com). Your online questionnaire must be submitted on or before **April 6, 2025** for it to be valid.

A separate questionnaire must be completed for each Claimant. Questionnaires on behalf of minors should be submitted on the minor's behalf by a parent or guardian (separately from any questionnaires submitted by the parent or guardian for themselves).

Your questionnaire must be submitted to:

New-Indy Class Action Settlement Administrator  
RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479  
Phone: (866) 742-4955  
Web: [www.newindyclassaction.com](http://www.newindyclassaction.com)  
Email: [newindy@rg2claims.com](mailto:newindy@rg2claims.com)

You may contact the Settlement Administrator toll-free at (866) 742-4955 to determine whether you are eligible and to receive assistance with completing this questionnaire.

You must also sign this form on the signature line at the bottom of the last page to be eligible to participate in the settlement fund.

### **Claimant Information:**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Qualifying Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please provide any changes to the above information if it is not correct.

1. Are/Were you the owner of the Qualifying Address listed above?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If your answer to Question 1 was **Yes**, please identify anyone else living with you at the Qualifying Address for at least 30 days between January 31, 2021 until September 11, 2021:

NAME	RELATIONSHIP

If your answer to Question 1 was **No** (you are not the owner of the Qualifying Address), please identify your relationship to the owner of the property

Relationship (i.e. spouse, child, etc.): \_\_\_\_\_

3. If available, please provide the tax assessed value of the property at the Qualifying Address in 2021?: \$ \_\_\_\_\_

(This information can be obtained from your 2021 personal income tax return; the notice of property tax assessment you should receive annually; or the county’s public tax records accessible online. The Settlement Administrator will verify/obtain this information using public records also. Therefore, if you are unable to obtain this information, we will use the relevant data obtained through public records.)

4. Are you claiming a personal injury/health effect claim related to the emissions at issue in this Settlement?:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe the nature of your personal injury/health effect:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have medical records/documentation to support these personal injuries?:

Yes \_\_\_\_\_ No \_\_\_\_\_

(Please do not provide documentation at this time. You will be contacted if additional information/documentation is needed.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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