

**CLAIM FORM AND RELEASE**



ABC1234567890

Claim Number 1111111



JOHN Q CLASSMEMBER  
123 MAIN ST  
APT 1  
ANYTOWN, ST 12345

I am requesting reimbursement in the amount of \_\_\_\_\_ (*fill in amount*) and proof of payment for covered headlamp replacement and/or diagnostic costs in that total amount is enclosed. Please send my reimbursement check as indicated below (*check one*):

to the address shown on my notice letter

to the following address (*fill in*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

In consideration of the reimbursement provided by GM the undersigned owner(s) forever releases and discharges General Motors LLC, General Motors Company, and any authorized GM dealer, and each and all of their respective current and former directors, officers, shareholders, partners, principals, agents, employees, attorneys, and accountants, and any predecessors-in-interest, successors-in-interest, assigns, subsidiaries, divisions or affiliates, and each and all of their current or former directors, officers, agents, employees, attorneys, and accountants (collectively the "GM Releasees") of and from all disputes, claims, causes of action, actions, judgments, liens, indebtedness, costs, damages, obligations, attorneys' fees, costs, litigation expenses, losses, liabilities and demands of whatever kind and character based on moisture-related, dimness claims or issues concerning the headlamps of my Cadillac SRX ("Released Claims").

Notwithstanding the foregoing, the above release does not release claims for personal injury or property damage, or affect subsequent reimbursement claims for diagnosis and/or headlamp replacement as outlined in the attached letter.

I/we further agree never to file or commence, or participate in, any legal proceeding against the GM Releasees, or any of them, with respect to Released Claims, as defined above.

***[CONTINUED ON BACK]***



[Note: *If more than one owner, all owners must sign*]

VIN: \_\_\_\_\_ [to be inserted by mailing house]

Printed Name: \_\_\_\_\_  
[Owner1]

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_  
[Owner2]

Signature: \_\_\_\_\_

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

**IMPORTANT:** BE SURE TO INCLUDE COPIES OF ALL PERTINENT DOCUMENTATION OF YOUR OUT-OF-POCKET PAYMENTS. YOUR CLAIM CANNOT BE EVALUATED WITHOUT THIS SUPPORTING DOCUMENTATION.

*Return your Claim Form and Supporting Documentation by first-class mail no later than May 28, 2020 to the following address:*

**Cadillac Division, GM LLC  
c/o Analytics Consulting LLC  
P.O. Box 2009  
Chanhassen, MN 55317-2009**

If your claim is approved, you will receive a reimbursement check approximately 60 days after the claim filing deadline. With this timing, we expect reimbursement checks to be mailed in late July 2020.

If you have questions regarding your claim, please contact the Settlement Administrator at 1-888-305-1605.