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CLASS ACTION CLAIM FORM

Livingston, et al. v. Trane U.S. Inc., No. 2:17-cv-06480-ES-MAH (D.N.J.)

Claim forms must be Postmarked or submitted online by **September 25, 2020**.

Step 1 – Complete the following.

Name: _____
First Name MI Last Name

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email (optional): _____ @ _____
(Your email address will be used only for notices pertaining to this Settlement, and will not be used for other purposes.)

Serial Number* of the *outdoor unit*
of your air conditioner or heat pump (required):

*The serial number is located on the data plate visible on your outdoor unit, and may also be located on a receipt or other service invoice. The serial number is required to verify your eligibility. If you are unsure about your serial number, you can send or upload a photograph of the data plate on your outdoor unit.

Step 2 – Complete either Section I or Section II.

SECTION I - REIMBURSEMENT OF OUT-OF-POCKET COSTS

Check the boxes and complete all of the applicable sections of the form below if you are seeking reimbursement of out-of-pocket costs that you incurred to diagnose and replace a thermostatic expansion valve (TXV) or for an injection of an Additive (sometimes called MJ-X, Zerol Ice, or A/C Re-new) due to a stuck or clogged TXV. You may seek reimbursement for both a valve replacement and an Additive injection if you paid for both.

I paid out of pocket due to a stuck/clogged TXV that was replaced.

How much did you pay for the repair: \$ _____

Note: Reimbursement for valve replacement is capped at \$575.

You must also submit a document showing that you paid for a TXV replacement, such as a repair invoice, service record, or receipt. If you paid for a coil replacement, the evidence must show that it was due to a stuck/clogged TXV.



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Optional – For TXV reimbursement, please also provide the serial number of the indoor unit of your air conditioner: _____.

If you provide the serial number of the indoor unit of your air conditioner, it will assist Trane in retrieving your warranty information. This serial number can be found on the data sticker located on the cabinet that houses your indoor coil (sometimes called the air handler), and it may also appear on your installation or service records.

I paid out of pocket due to a stuck/clogged TXV and received an Additive injection (sometimes called MJ-X, Zerol Ice, or A/C Re-new).

1. *When was your system injected with an Additive:* ___ / ___ / ___
(mm/dd/yyyy)

2. *How much did you pay for the Additive injection:* \$ _____

Note: Reimbursement for Additive injection is capped at \$250.

You must also submit a document showing that you paid for an Additive injection, such as a repair invoice, service record, or receipt.

If your system was injected with an Additive on or before September 30, 2018, then you are also entitled to Enhanced Compressor Warranty Coverage, but you must submit evidence of the injection unless you received a special notice stating that Trane has evidence of your Additive injection.

SECTION II - ENHANCED COMPRESSOR WARRANTY COVERAGE

Check the box and complete the form below if your air conditioner or heat pump system was injected with an Additive on or before September 30, 2018, and you did not complete the form above seeking reimbursement for out of pocket costs for an Additive injection (e.g., because you received a free injection).

My system was injected with an Additive on or before September 30, 2018, and I am not seeking reimbursement of any out-of-pocket expenses for the injection.

When was your system injected with an Additive: ___ / ___ / ___
(mm/dd/yyyy)

You must also submit a document showing that you received an Additive injection, such as a service record or other evidence.

I have enclosed evidence that my system was injected with an Additive on or before September 30, 2018.



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Step 3 – Sign and date the certification statement below.

CERTIFICATION STATEMENT: By signing this Form, you are certifying that all of the information provided with this Claim Form is true and accurate to the best of your knowledge, and that you have not been previously reimbursed or compensated for any amount for which you are seeking reimbursement as an out-of-pocket expense.

Signature

___ / ___ / ____
mm/dd/yyyy

Step 4 – Mail or email this Claim Form and any evidence by September 25, 2020 to:

Livingston v Trane Settlement
c/o Settlement Administrator
PO Box 58263
Philadelphia, PA 19102-8263

You can also complete your Claim Form online at www.AirConditionerSettlement.com and upload any supporting documentation.

Remember, you must submit documentary evidence of your out-of-pocket costs to receive reimbursement for a TXV replacement and/or injection of an Additive, or to qualify for the enhanced warranty coverage.

For more information please view the Class Notice, or call the Settlement Administrator at 1-800-528-7199 or visit www.AirConditionerSettlement.com.



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