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Swiech v. Loya Insurance Company and Apodaca v. Young America Insurance Company Claim Form

**CLAIM FORM INSTRUCTIONS FOR SETTLEMENT CLASS MEMBERS ELIGIBLE FOR UIM CLAIM READJUSTMENT PAYMENT**

**IMPORTANT: PLEASE READ BEFORE COMPLETING THIS CLAIM FORM.**

If you are a Settlement Class Member eligible for an Uninsured Motorist (UIM) Claim Readjustment Payment and would like to receive a payment from the Settlement, you must fill out and submit this Claim Form online or by mail.

You are a Settlement Class Member eligible for a UIM Claim Readjustment Payment if you (1) were a resident of New Mexico and insured by Young America Insurance Company (“YAIC”) or Loya Insurance Company (“LIC”) between October 1, 2010, and February 28, 2022; (2) made a claim to YAIC or LIC for Underinsured Motorist (UIM) benefits after October 1, 2010, under an automobile insurance policy that included Uninsured/Underinsured Motorist (UM/UIM) coverage but did not include the disclosure or exclusion required by *Crutcher v. Liberty Mutual Insurance Company*, No. S-1-SC-37478, 501 P.3d 433 (N.M. 2021); and (3) had UIM benefits reduced or denied due to the offset of the insurance coverage limits of a third party responsible for your injuries and/or property damage.

If you believe you made a UIM claim to Young America or Loya after October 1, 2010 for an automobile accident that may have been subject to an offset in coverage due to the insurance coverage limits of a third party responsible for your injuries or property damage, the only way to have your UIM claim readjusted without this offset and receive a settlement payment is by fully completing and signing this Claim Form and returning it to the Settlement Administrator online at [LoyaUIMSettlement.com](http://LoyaUIMSettlement.com) or by mailing it to the address below:

*Swiech and Apodaca v. Loya*  
c/o Epiq Settlement Administrator  
P.O. Box 2078  
Portland, OR 97208-2078

**YOUR CLAIM MUST BE SUBMITTED ONLINE OR POSTMARKED BY MARCH 12, 2026.**

If you wish to submit a claim for UIM Claim Readjustment Payment, you need to provide all the information requested below. We will use this information to contact you and process your claim. It will not be used for any other purpose.

If you do not clearly provide the requested information and indicate you qualify for and would like to receive benefits from the Settlement, your Claim Form will be deemed invalid and your Claim will be denied. If any of the following information changes, you must promptly notify the Settlement Administrator using the contact section of the Settlement Website or by writing to the address above.

**1. NAME:**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**2. MAILING ADDRESS:**

Street Address		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

