

*Frank Apodaca as Personal Representative of the Estate of Yvonne Apodaca v.
Young America Insurance Company, Case No. 18-399 KK/JMR*

Thomas Swiech v. Loya Insurance Company, Case No. 25-47 KK/JMR

Neutral Evaluation on Appeal Form

TO REQUEST A NEUTRAL EVALUATION ON APPEAL BY A NEUTRAL EVALUATOR OF LOYA'S NOTICE OF DETERMINATION OF YOUR CLAIM FOR UIM CLAIM READJUSTMENT PAYMENT, THIS FORM MUST BE COMPLETED AND POSTMARKED WITHIN 30 DAYS FROM THE DATE ON WHICH YOUR NOTICE OF DETERMINATION WAS POSTMARKED OR EMAILED TO YOU.

If your claim for UIM Claim Readjustment Payment has been denied, or if you dispute the amount for which your claim was approved, you may appeal Loya's Notice of Determination by completing this form and mailing it, along with a check in the amount of Fifty Dollars (\$50.00) payable to Apodaca v. Young America QSF, to the Settlement Administrator at the address below.

Swiech and Apodaca v. Loya
c/o Disbursements
10300 SW Allen Blvd.
Beaverton, OR 97005

THIS FORM, ALONG WITH YOUR \$50.00 PAYMENT, MUST BE POSTMARKED WITHIN 30 DAYS FROM THE DATE ON WHICH YOUR NOTICE OF DETERMINATION WAS POSTMARKED OR EMAILED TO YOU.

The \$50.00 appeal fee will be refunded to you if the neutral evaluator determines the appeal in your favor. You are free to immediately cash the check or spend any funds provided to you pursuant to this Notice of Determination regardless of whether you plan to submit a Neutral Evaluation on Appeal Form.

If you request a neutral evaluation, Class Counsel and Loya's Counsel will attempt to resolve the dispute within 14 days of receipt. If the dispute is resolved between those Counsel, that resolution will be binding. If the dispute cannot be resolved by Counsel, the neutral evaluation will proceed.

All information listed below is required. We will use this information to contact you and process your appeal. It will not be used for any other purpose. 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

[illegible]

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Last Name

[illegible]**2. MAILING ADDRESS:**

Street Address

[illegible]

Street Address 2

[illegible]

City

[illegible]

State

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ZIP Code

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3. PHONE NUMBER:

4. EMAIL ADDRESS:

[illegible]

5. Unique ID (on the notice mailed to you)

[illegible]

(Example: XXXXXXXXXX)

6. Basis for appeal

Please list below all reasons and facts supporting your assertion that Loya's Notice of Determination is not an accurate adjustment of your claim for UIM Claim Readjustment Payment:

[illegible]

Signature:

Date:

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DD

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YYYY

Print Name:
