CLAIM FORM

Insurance Brokerage Antitrust Litigation - Class Action Settlement

In order to obtain payments from the above class action settlement, it is essential that you provide the following information:

1) Was your congregation/synod insured through Charity First for liability and/or property insurance coverages from 8/26/94 through 9/1/05 or any portion thereof?

NO_____ YES_____

2) If "YES", please list each policy period and the respective premium paid for each policy year. Then, provide a total premium paid amount for all policy periods. Attach additional sheet as necessary.

For example:

Policy period: 1/1/95 - 1/1/96 Premium Paid: $500
Policy period: 1/1/96 - 1/1/97 Premium Paid: $500
Total Premium Paid: $1,000

Policy Period	**Premium Paid**

TOTAL: _____

As the authorized representative of this congregation/synod, I verify to the best of my knowledge, that the above total premium claimed is correct.

Name of Authorized Individual Representative: (Print)_____
Name of Authorized Individual Representative: (Signature) _____
Congregation/Synod Name and ID Number: _____
Congregation/Synod address:
Street_____ City_____
State_____Zipcode_____ E-mail Address_____

IMPORTANT NOTE: All claims are subject to verification. **This Claim Form must be received on or before 2/20/2012.** Claim Forms postmarked or sent electronically after **2/20/2012 will** be ineligible for the distribution.

Please send this completed, signed Claim Form to the following using U.S. mail or e-mail:

Evangelical Lutheran Church in America – Office of the Treasurer
8765 W. Higgins Rd. – 8th Floor (Claims)
Chicago, IL 60631
otinfo@elca.org

Thank you for your cooperation.