

Notice Administrator for United States District Court  
PO Box 56636  
Jacksonville, FL 32241-6636

**CLAIM FORM**  
**HIGH EFFICIENCY GAS FURNACE SETTLEMENT**

This Claim Form is to be used only to apply for compensation for repairs or replacements of a secondary, or condensing heat exchanger (“CHX”) in a Carrier, Bryant, Payne or Day & Night high efficiency gas furnace (“CHEF”) manufactured and sold since January 1, 1989 due to a CHX Failure. For purposes of recovery, CHX Failure is defined as (1) a condition where the CHX in a CHEF was no longer functioning properly, requiring the replacement of the CHX; or (2) a condition where the failure of the CHX in a CHEF to function properly was imminent, requiring the replacement of the CHX.

If you have received reimbursement or payment from Carrier or one of its distributors or dealers in connection with the repair or replacement of a CHX, you may still be eligible to file a claim but your cash payment may be reduced by this payment or reimbursement. For more details, visit [www.FurnaceClaims.com](http://www.FurnaceClaims.com).

CHEF furnace model numbers that are included in the lawsuit are:

<b>Carrier</b>			
58SX*	58DXC	58MXB	58MVP
58SXA	58MSA	58UVB	58MVB
58SXC	58MCA	58SXB*	58MTA
58DX*	58MXA	58VUA	58MTB
58DXA	58MCB	58VCA	58MVC
<b>Bryant/Payne/Day &amp; Night</b>			
398AAW*	350MAV	398BAZ	490AAV
398AAZ	340AAV	320AAZ	PG9MAA
399AAW*	350AAV	321AAZ	PG9MAB
399AAZ	351DAS	355MAV	355CAV
399AAV	355BAV	355AAV	340MAV
345MAV	355BAV	352MAV	398BAW*
352AAV			

\*Note: On model numbers 58SX, 58DX, 58SXB, 398AAW, 399AAW, and 398BAW only those with serial numbers 89 or higher in the third and fourth position (i.e. xx89xxxxxx) are included in the settlement.

Certain documentation is required for reimbursement or payment from Carrier under this Settlement. If you are unable to locate this documentation you may contact your Carrier dealer for help in obtaining this information. You may also contact the Class Counsel at 1-800-949-0570 or email them at [furnacehelp@lchb.com](mailto:furnacehelp@lchb.com).

**QUESTIONS? CALL 1-866-517-2490 OR VISIT [WWW.FURNACECLAIMS.COM](http://WWW.FURNACECLAIMS.COM)**

**1. CLASS MEMBER INFORMATION.**

Name and mailing address (*required*):

\_\_\_\_\_ *Name*

\_\_\_\_\_ *Business Name (if applicable)*

\_\_\_\_\_ *Number and Street*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_; Email Address (*optional*): \_\_\_\_\_

**2. REQUIREMENTS OF CLAIM FORM.**

In order to be eligible to receive a cash payment you must be in one of the following two categories. Please check which category applies to you:

Class Members who suffered a CHX Failure and replaced the failed CHX with a new CHX in the existing furnace.

Class Members who suffered a CHX Failure and decided to replace the CHEF with a new Furnace.

If you check either of these BOXES, please complete the remaining sections of this Claim Form.

**3. REQUIREMENTS FOR CLASS MEMBERS WHO SUFFERED A CHX FAILURE AND REPLACED THE FAILED CHX WITH A NEW CHX OR REPLACED THE CHEF UNIT.**

List Serial Number or please attach proof of purchase of Carrier CHEF that suffered the CHX failure or was replaced: \_\_\_\_\_

Model Number of original CHEF that suffered the CHX failure or was replaced: \_\_\_\_\_

Date of Purchase of original CHEF: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

The name and address of the company that replaced the failed CHX or replaced the CHEF unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date that the failed CHX or CHEF was replaced: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

