

Alabama Texas PEX Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

PEXAT
Instructions

Claim Form Instructions
for Settlement Class Members

ATTENTION: NIBCO PEX CLASS ACTION SETTLEMENT CLASS MEMBERS:

Use this Claim Form if: (a) you owned or occupied a residential structure in certain Alabama and Texas cities that contains or contained NIBCO 1006 Tubing (“Tubing”), NIBCO F1807 Fittings (“Fittings”), and/or NIBCO Stainless Steel Clamps (“Clamps”)¹ and have experienced at least one leak from the Tubing, Fittings, and/or Clamps that resulted in a physical escape of water causing damage; and/or (b) you paid for repairs or damages resulting from a Qualifying Leak from NIBCO Tubing, Fittings, or Clamps in such residential structures.

The list of residential structures included in the Settlement can be found at the Settlement Website, www.AlabamaTexasPEXsettlement.com. Please do not submit a Claim Form to this Settlement if the leak occurred in a structure not included on this list.

A physical escape of water that is the result of penetration by a foreign object and/or certain installation issues is not eligible for a remedy. The Settlement Agreement defines these exclusions at Paragraph 1.gg.iv. To determine whether you are eligible to submit a Claim Form, or for more information regarding the Settlement, visit the Settlement Website, www.AlabamaTexasPEXsettlement.com. If you need more space for your responses, please attach additional sheets.

Claim Form Deadline.

Claim Forms can be submitted starting immediately.

Claim Forms are due 100 days after the Effective Date for Qualifying Leak(s) that occurred between January 1, 2005 and the Effective Date. **The Effective Date is not yet known, but will be posted on the Settlement Website once it is known.**

Claim Forms are due 100 days after the Qualifying Leak occurs if the Qualifying Leak occurs after the Effective Date and on or before **May 16, 2025**.

How To Complete This Claim Form.

1. Please type or print your responses in ink.
2. All questions must be answered. Use “N/A” when the question does not apply. You must respond to any request by the Settlement Administrator for additional information. If you fail to respond, your claim may not be processed and you may waive your rights to receive a monetary award under the Settlement.
3. Please complete a separate Claim Form for each property for which you are submitting a Claim.
4. Please keep a copy of your submitted Claim Form and all supporting materials. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. All copies of documentation submitted in support of your claim should be clear, legible, and complete.
5. There are three ways to submit your Claim Form and supporting materials: (a) by mail; (b) by email to the following email address: info@AlabamaTexasPEXsettlement.com; or (c) via the Settlement Website, www.AlabamaTexasPEXsettlement.com.
6. If you are mailing your Claim Form and supporting materials, please include the completed Claim Form and all supporting materials in one envelope and send to the following address:

¹The definition of any capitalized term not defined herein can be found in the Settlement Agreement, which can be downloaded at the Settlement Website: www.AlabamaTexasPEXsettlement.com.

Alabama Texas PEX Settlement

ATTN: CLAIMS

1650 Arch Street, Suite 2210

Philadelphia, PA 19103

If you have any questions, please contact the Settlement Administrator by email at info@AlabamaTexasPEXsettlement.com or by telephone at 1-855-976-0649, or write to the address above.

It is your responsibility to notify the Settlement Administrator of any change of address that occurs after you submit your Claim.

What to expect after you submit your Claim Form.

1. Please note that no acknowledgment will be made of the receipt of a Claim Form. If you wish to be assured that your Claim Form and documentation were received by the Settlement Administrator, please use a shipping method that provides delivery confirmation.
2. Please note that it will take several months for the Settlement Administrator to process your Claim Form. This work will be completed as quickly as possible, given the need to investigate and evaluate each Claim Form.
3. The Settlement Administrator will evaluate all of the information and documentation that you submit in order to determine your eligibility for monetary benefits under the Settlement, and will contact you to request additional information if the information you provided is insufficient to process your Claim.

**For Internal Use
Only**

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PEXAT

I. CLAIMANT CONTACT INFORMATION/MAILING ADDRESS

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form. If you are making a Claim on behalf of a business or entity, then please include your name and contact information immediately below and the identity of that business or entity where indicated further below. Please provide the information that should be used to contact you about your Claim, if necessary, or for the distribution of any potential Settlement Payment.

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First Name

Last Name

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Mailing Address

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City

State

Zip Code

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Home Phone

Cell Phone

Work Phone

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Email Address

**Please enter your Notice ID #
if you received a Notice by mail or email.**

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Please place a check in the applicable box. Are you a:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1. Homeowner | <input type="checkbox"/> 5. Insurer |
| <input type="checkbox"/> 2. Tenant | <input type="checkbox"/> 6. Owner of Commercial or Rental Property |
| <input type="checkbox"/> 3. Builder | <input type="checkbox"/> 7. Attorney |
| <input type="checkbox"/> 4. Plumber | <input type="checkbox"/> 8. Other: _____ |

If Making a Claim for a Business or Entity, Please Identify the Name of the Business or Entity:

Your Position or Title: _____

II. DESCRIPTION OF PROPERTY WHERE THE QUALIFYING LEAK(S) OCCURRED

A. PROPERTY STREET ADDRESS

Property Street Address:

City:

State:

Zip Code:

B. PROPERTY OWNERSHIP

LIST ALL PROPERTY OWNERS. If there are additional owners, please attach a list with each additional owner's full name.

1. Name of Property Owner: _____

Name of Additional Property Owner (if applicable): _____

Name of Additional Property Owner (if applicable): _____

2. Are you the current owner of the property? ___ YES ___ NO

If not, what dates did you own the property? _____

3. If you are a builder, contractor, distributor, seller, subrogated insurance carrier, or other Person who has claims for contribution, indemnity or otherwise for amounts you paid due to leaks at the properties of others, please provide the name and contact information for your insured or person for whom you paid a claim. **(You must provide documentation and evidence of payment in order for your Claim to be complete.)**

Full Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____

C. HOMEOWNERS INSURANCE

If an insurance claim was made concerning the Qualifying Leak(s), then please identify the insurance company and provide the claim number: _____.

III. IDENTIFICATION AND INSTALLATION OF TUBING, FITTINGS, and CLAMPS

A. DESCRIPTION OF NIBCO PEX TUBING, FITTINGS, and/or CLAMPS

Do not submit a Claim Form unless you have or had the Tubing, Fittings, and/or Clamps in your structure. You can access photos and a description of these products at www.AlabamaTexasPEXsettlement.com. Only covered NIBCO Products are eligible for relief under the terms of this Settlement. The Tubing, Fittings, and Clamps were used for a variety of applications including, without limitation, hot and cold water distribution in plumbing applications in residences. **Please note that the Tubing, Fittings, and Clamps at issue in this Settlement are likely no longer on the market. The Tubing was sold between 2005 and approximately 2013. The Fittings were sold between 2005 and approximately 2015. The Clamps were sold between August 2005 and approximately August 2015.**

B. PROOF OF A COVERED PRODUCT

How have you determined that your structure contains or contained Tubing, Fittings, or Clamps? (Check all that apply.)

- Leaked Tubing
- Leaked Fitting
- Leaked Clamp
- Inspection report
- Bills of sale, purchase orders
- Builder or plumbing records
- Correspondence identifying Tubing, Fittings, and/or Clamps in the property
- Report from plumber, engineer, architect or home inspector identifying Tubing, Fittings, and/or Clamps in the property.
- Builder, plumber or contractor letter stating upon personal knowledge that Tubing, Fittings, and/or Clamps were used in the property.
- Photographs
- Other Documentation (describe):

Enclosures Required: For each document you checked above, please enclose a copy (not an original) with this completed Claim Form. When submitting samples or photographs of Covered Products, please ensure the identifying markings are clearly visible.

IV. DESCRIPTION OF LOSS

A. Failed Product(s)

1. Which Covered Product(s) do you allege leaked (check all that apply)?
 - Tubing
 - Fitting(s)
 - Clamp(s)
2. Have you replaced the Product(s) that is/are the subject of the leak? Yes No
3. Have you repaired any alleged damage to your property as a result of the leak?
 Yes No

If Yes, describe the repairs and damage (if multiple leaks, describe repairs/damages for each leak):

4. List the approximate date that each alleged Qualifying Leak occurred and the **unreimbursed** amount that you spent on damages or repairing the leak:

Date: _____ / _____ / _____ Amount Paid Out-of-Pocket by You: \$ _____

Date: _____ / _____ / _____ Amount Paid Out-of-Pocket by You: \$ _____

Date: _____ / _____ / _____ Amount Paid Out-of-Pocket by You: \$ _____

Date: _____ / _____ / _____ Amount Paid Out-of-Pocket by You: \$ _____

List additional leaks on another page, if needed.

5. Have you been reimbursed for any replacement/repair costs from your insurance company or any other third party? Yes No

If Yes, state: Reimbursement Amount: \$ _____

Source of Reimbursement: _____

6. Do you have Covered Product(s) that experienced a leak on or after the Effective Date?

Yes No

If yes, then please provide either a photograph of the failed Product(s) or a reason why a photograph is not available for submission.

If providing a photograph of the failed Product(s), check here _____.

If not providing a photograph of the failed Product(s), please explain the reason why not here:

V. RE-PLUMB CLAIMS

Please fill out this section only if you have experienced Multiple Qualifying Leaks and are seeking, or have already completed, a re-plumb of the affected property.

1. Identify the number of Qualifying Leaks that have occurred at your property: _____

2. Please select **one** option:

_____ I am requesting a re-plumb of, or reimbursement for a re-plumb of, the Tubing, Fittings, and/or Clamps in my structure and elect to use the Preferred Provider. I agree to follow the procedures identified in the Settlement Agreement and the Statement of Work.

_____ I am requesting a re-plumb of, or reimbursement for a re-plumb of, the Tubing, Fittings, and/or Clamps in my structure and used or will use my own provider.

_____ I am requesting a one-time \$3,000 payment in lieu of a re-plumb.

If you **did not** select the one-time \$3,000 payment option, then please complete the remainder of this Section:

3. Please provide the number of plumbing fixtures² in your home or building: _____
4. Have you already completely re-plumbed your property as a result of the leak(s)?
_____ Yes _____ No

If Yes, describe: _____

5. For any work described above, please state the **unreimbursed** amount paid out-of-pocket by you:
\$ _____
(you must submit invoice(s) and proof of payment to recover a re-plumb payment)
6. Have you been reimbursed for any re-plumb costs from your insurance company or any other third party? _____ Yes _____ No If Yes, state:

Reimbursement Amount: \$ _____

Source of Reimbursement: _____

Please note that if you are deemed eligible by the Settlement Administrator for a Re-Plumb Claim, or accept the one-time \$3,000 payment instead of a re-plumb payment, you will no longer be eligible to make any Future Property Damage Claims or Re-Plumb Claims.

VI. WORK AUTHORIZATION

By signing and returning this Claim Form, I accept the terms of the Settlement and authorize the Claims Administrator to schedule inspection, repairs, and/or a re-plumb of the property, as applicable.

VII. SETTLEMENTS

Have you entered into any oral or written settlement of the claims identified above, or received the benefit of any payments to you or on your behalf as a result of those claims? _____ Yes _____ No

If Yes, identify the other party or parties to the settlement: _____

If Yes, also state the date and amount of settlement:

_____ \$ _____
MM DD YYYY Amount of Settlement

If Yes, please attach a copy of the Release or Settlement Agreement, if any.

VIII. ADDITIONAL INFORMATION

If you have any additional information which you would like us to consider in evaluating your claim, please attach that information as a separate document.

² The Schedule of Qualifying Fixtures is available for reference on the Settlement Website under "Important Documents".

IX. RELEASE, CERTIFICATION, AND AGREEMENT TO BE BOUND

I/we declare that the information that I/we have supplied in this Claim Form is true and correct to the best of my/our knowledge and belief and that this document is signed pursuant to 28 U.S.C. § 1746 under penalty of perjury. By signing below, I/we hereby certify that I/we have read the Release in Paragraph 34 of the Settlement Agreement and agree to be bound by the Release and the terms of the Settlement Agreement.

Signature of Claimant

Date: _____
MM DD YYYY

Signature of Claimant

Date: _____
MM DD YYYY

THIS FORM WILL BE USED BY THE SETTLEMENT ADMINISTRATOR TO DETERMINE YOUR ELIGIBILITY TO RECOVER UNDER THIS SETTLEMENT AND TO DETERMINE THE VALUE, IF ANY, OF YOUR SETTLEMENT RECOVERY.

ACCURATE CLAIMS PROCESSING TAKES TIME.

THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST

1. Please check to make sure you have answered all of the questions on the Claim Form.
2. Please sign and date under penalty of perjury.
3. Remember to enclose copies of all required supporting documentation.
4. Keep a copy of the completed Claim Form and supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please use a form of mailing that will provide you with a return receipt.
6. If you move, or if the Notice of Settlement was sent to you at an old or incorrect address, please provide us with your new mailing address.
7. If you have any questions, contact the Settlement Administrator by calling 1-855-976-0649, by emailing info@AlabamaTexasPEXsettlement.com, or by writing to:

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