United States District Court, Northern District of California
Hazdovac v. Mercedes-Benz USA, LLC
Case No. 3:20-cv-377

Reimbursement Claim Form

General Instructions

To submit a Reimbursement Claim Form for reimbursement of Qualified Diagnosis or Qualified Repairs, please carefully review each section below and provide all required information.

This Reimbursement Claim Form must be accompanied by certain required items of proof described below. Please only fill out and submit a Reimbursement Claim Form if you meet the requirements for reimbursement described below.

Who Is Eligible?

You may only file a claim if you are a Class Member. You are a Class Member if you fit the following description and do not opt out of the Settlement: You are a person, in a Section 177 State*, who purchased or leased a Mercedes-Benz vehicle between model year 2015 and the present that is covered by an HPP Warranty.

*Section 177 States" or "Reg. 177 States" means States that have implemented California's Low-Emission Vehicle (LEV) criteria pollutant and greenhouse gas (GHG) emission regulations and Zero Emission Vehicle (ZEV) regulations under Section 177 of the Clean Air Act, 42 U.S.C. §7507. At various times during the relevant period, the Reg. 177 States included, in addition to California: Colorado, Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, and Washington. Certain of these states are Reg. 177 states only as to certain model year vehicles. The model year class coverage start date for each Reg. 177 State is listed in Exhibit A of the Settlement Agreement.

What is Available?

1. **Reimbursement for Qualified Repairs** - Settlement Class Members shall be entitled to submit claims for reimbursement of out-of-pocket costs paid by them for Qualified Repairs to their Subject Vehicles. MBUSA agrees to provide 50% reimbursement for out-of-pocket costs (limited to the parts, labor, and diagnosis) for Valid Claims for such Qualified Repairs that were incurred after the expiration of the Subject Vehicle's 4-year/50,000-mile warranty but before the expiration of the Subject Vehicle's 7-year/70,000-mile warranty.

A "Qualified Repair" means a repair, replacement, or diagnosis (unless the diagnosis was a Qualified Diagnosis) of a Subject Part on a Subject Vehicle performed at an Authorized Service Center before the Effective Date and that is not otherwise excluded from HPP Warranty coverage for the reasons set forth in the warranty book for the Subject Vehicle (e.g., if the vehicle or engine manufacturer

demonstrates that the vehicle or engine has been abused, neglected, or improperly maintained, and that such abuse, neglect, or improper maintenance was the direct cause of the need for the repair or replacement of the Subject Parts).

2. **Reimbursement for Cost of Qualified Diagnosis** - Settlement Class Members shall be entitled to submit claims for reimbursement of out-of-pocket costs paid by them for Qualified Diagnoses to their Subject Vehicles. MBUSA agrees to provide 100% reimbursement for out-of-pocket costs (limited to the labor and diagnosis) for Valid Claims for such Qualified Diagnoses that were incurred after the expiration of the Subject Vehicle's 4-year/50,000-mile warranty but before the expiration of the Subject Vehicle's 7-year/70,000-mile warranty.

A "Qualified Diagnosis" means a diagnosis of a Subject Part on a Subject Vehicle performed at an Authorized Service Center before the Effective Date but only if, (1) after receiving the diagnosis, the owner did not repair or replace the Subject Part at an Authorized Service Center or at all, and (2) the Subject Part or Subject Vehicle is not otherwise excluded from HPP Warranty coverage for the reasons set forth in the warranty book for the Subject Vehicle (e.g., if the vehicle or engine manufacturer demonstrates that the vehicle or engine has been abused, neglected, or improperly maintained, and that such abuse, neglect, or improper maintenance was the direct cause of the need for the repair or replacement of the Subject Parts).

"Subject Parts" means the following parts for a Subject Vehicle: (1) Manifold PCV Connection Assembly; (2) Power Train Control Unit (PCM); (3) Accelerator Pedal Sensor; (4) Accelerator Pedal; (5) Partial Load Operation Crankcase Ventilation Valve; (6) Clean Air Line; (7) Pressure Sensor Downstream of Air Filter (8) Check Valve within the EVAP System; (9) Crankcase Ventilation System; (10) Vent Control Valve; (11) Charcoal Canister; (12) Fuel Tank Level Indicator Fill Level Sensors; (13) Coolant Thermostat, and (14) ESP Electronic Stability Program Control Unit.

"Subject Vehicle" means a Mercedes-Benz vehicle between model year 2015 and the present that is, or was, covered by the HPP Warranties.

"Authorized Service Center" means any service center specifically authorized at the time of repair or presentment to provide warranty services for Mercedes-Benz vehicles, including authorized Mercedes-Benz dealerships and authorized Mercedes-Benz Service Centers, which are identifiable by ZIP code at https://www.mbusa.com/mercedes/dealers/schedule_service. For avoidance of doubt, an Authorized Service Center shall not be considered as such unless it was or is an Authorized Service Center at the time that any relevant repair, replacement, or diagnosis occurred or occurs.

When is the Deadline to Request Reimbursement?

To request reimbursement for Qualified Repairs and Qualified Diagnosis that occurred before March 16, 2026, you must submit a Reimbursement Claim Form postmarked by **May 15, 2026** or submit the completed electronic Reimbursement Claim Form online at www.HazdovacEmissionsWarrantySettlement.com by **May 15, 2026**.

To request reimbursement for Qualified Repairs and Qualified Diagnosis that occurred after March 16, 2026, but before the Effective Date of the Settlement, you must submit a Reimbursement Claim Form postmarked within **60 days of the date of repair or diagnosis** or submit the completed electronic Reimbursement Claim Form online at www.HazdovacEmissionsWarrantySettlement.com.

The Effective Date is 75 days after the date of the Court's final approval of the Settlement, or, if there are appeals of the Settlement approval, 15 days after the date on which any appeals of the approval of the Settlement have been resolved in favor of the Settlement.

How Do I Receive Reimbursement?

If you wish to receive money, you must submit a completed Reimbursement Claim Form to the Settlement Administrator online or download a Reimbursement Claim Form at www.HazdovacEmissionsWarrantySettlement.com and submit that Claim Form through the Settlement Website at www.HazdovacEmissionsWarrantySettlement.com, via email at info@HazdovacEmissionsWarrantySettlement.com, or via U.S. mail to the Settlement Administrator at the address printed below:

Hazdovac v. MBUSA Settlement Administrator
P.O. Box 4387
Baton Rouge, LA 70821

The following items of proof must be submitted with the completed Reimbursement Claim Form:

I. Itemized repair order or invoice or other documentation showing that the Subject Vehicle received a Qualified Repair (e.g., the repair invoice must show that a Subject Part was repaired or replaced) or Qualified Diagnosis and the cost of the relevant repair, replacement, or diagnosis. A repair, replacement, or diagnosis shall not qualify for reimbursement if it is subject to any exclusion to the applicable HPP Warranty (e.g., a repair or replacement will not be covered in the event of odometer tampering, accident damage, etc.);

II. Proof of the Settlement Class Member's payment for the Qualified Repair or Qualified Diagnosis (e.g., credit card statement, invoice showing zero balance, receipt showing payment, etc.); and

III. Proof of the Settlement Class Member's ownership or leasing of the Subject Vehicle at the time of the Qualified Repair.

IV. Proof of the Settlement Class Member's registration in a covered Section 177 state at the time of the claimed Qualified Repair or Qualified Diagnosis.

How Much Can I Receive?

Each Settlement Class Member who submits a Reimbursement Claim Form on time is eligible to receive 50% reimbursement for out-of-pocket costs for Qualified Repairs and 100% reimbursement

for out-of-pocket costs for Qualified Diagnosis subject to valid documentation.

If you did not or do not receive, or did not or do not incur any out-of-pocket costs for, a Qualified Repair or Qualified Diagnosis before the Effective Date of the Settlement, then you will not be eligible to receive any reimbursement. You will, however, still receive the going-forward HPP Coverage agreed to by Defendant as part of the settlement.

Questions?

If you have questions about how to complete your claim, contact the Settlement Administrator at info@HazdovacEmissionsWarrantySettlement.com.

You may be asked for additional information. Follow all instructions on the Reimbursement Claim Form and make sure to inform the Settlement Administrator of any changes in your address after you submit your Reimbursement Claim Form.

MBUSA Reimbursement Claim Form

A. Class Member Contact Information

First Name

Last Name

Mailing Address – Line 1

Mailing Address – Line 2 (If Applicable)

City

State

Zip Code

Telephone Number

Email Address

Settlement Claim ID

B. Vehicle Information

Vehicle Identification Number (VIN)

Vehicle Model

Vehicle Model Year

Dates you owned/leased the Vehicle (start/end)

/

Mileage at time of service

C. Qualified Repair

☐ Check this box if you are submitting a Reimbursement Claim Form for a Qualified Repair. If an Authorized Service Center performed the necessary repair and you also paid out of pocket for diagnosis, submit a Reimbursement Claim Form for a Qualified Repair. Do not submit a separate claim for Qualified Diagnosis. As explained above in the section entitled "What Is Available," a Qualified Repair also includes the cost of diagnosis.

MBUSA Reimbursement Claim Form

Date of service for repairs

Amount paid for repairs and diagnosis

State of vehicle registration at the time of service for repairs

Check the box below for the Subject Part you are claiming for Qualified Repair reimbursement

- ☐ Manifold PCV Connection Assembly
- ☐ Accelerator Pedal Sensor
- ☐ Partial Load Operation Crankcase Ventilation Valve
- ☐ Pressure Sensor Downstream of Air Filter
- ☐ Crankcase Ventilation System
- ☐ Charcoal Canister
- ☐ Coolant Thermostat
- ☐ Power Train Control Unit (PCM)
- ☐ Accelerator Pedal
- ☐ Clean Air Line
- ☐ Check Valve within the EVAP System
- ☐ Vent Control Valve
- ☐ Fuel Tank Level Indicator Fill Level Sensors
- ☐ ESP Electronic Stability Program Control Unit

D. Qualified Diagnosis ONLY

☐ Check this box if you are submitting a Reimbursement Claim Form for a Qualified Diagnosis only (i.e., you paid only for diagnosis of the Subject Part but did not pay for repair, as explained above in the section entitled "What Is Available").

Date of service for diagnosis

Amount paid for diagnosis only

State of vehicle registration at the time of service for diagnosis

Check the box below for the Subject Part you are claiming for Qualified Diagnosis reimbursement

- ☐ Manifold PCV Connection Assembly
- ☐ Accelerator Pedal Sensor
- ☐ Partial Load Operation Crankcase Ventilation Valve
- ☐ Pressure Sensor Downstream of Air Filter
- ☐ Crankcase Ventilation System
- ☐ Charcoal Canister
- ☐ Coolant Thermostat
- ☐ Power Train Control Unit (PCM)
- ☐ Accelerator Pedal
- ☐ Clean Air Line
- ☐ Check Valve within the EVAP System
- ☐ Vent Control Valve
- ☐ Fuel Tank Level Indicator Fill Level Sensors
- ☐ ESP Electronic Stability Program Control Unit

MBUSA Reimbursement Claim Form

You may only claim *either* Section C. Qualified Repair or Section D. Qualified Diagnosis for the same Subject Part.

E. Eligibility Information

Was any part of the cost already covered (e.g., in the form of warranty or extended warranty coverage, insurance, "goodwill" from the dealership, or other payment assistance)?

☐ **Yes** ☐ **No**

If you answered "yes" to the previous question, list the source(s) of payment and amount(s)received:

_____

_____

_____

Was the repair or diagnosis made by an Authorized Mercedes-Benz Service Center?
(See https://www.mbusa.com/mercedes/dealers/schedule_service for a list)

☐ **Yes** ☐ **No**

Name of Service Provider

Address of Service Provider

Please list and describe the documents you are attaching to support your claim:

MBUSA Reimbursement Claim Form

F. Certification

By signing this form, I swear under penalty of perjury that:

1. I am a Settlement Class Member and the current owner, former owner, current lessee, or former lessee of the vehicle identified above and am the rightful owner of the claim described in this Reimbursement Claim Form.
2. The documents I have submitted in support of this claim are true and accurate copies.
3. The information provided in this Reimbursement Claim Form is true and correct to the best of my knowledge.

Signature: _____ Date: _____