

## Sears Retiree Group Life Insurance Settlement Class

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**The Claimant's Social Security Number MUST be filled in.**

### **PROOF OF CLAIM**

1. By signing below I represent that I am entitled to the benefits described in the accompanying Notice because Sears represented to me that my retiree group life insurance was paid-up, or free for the rest of my life, and I was not aware that Sears reserved the right to reduce, modify or terminate the benefit after I left the company.
  
2. By signing below I also agree and understand that if the proposed Settlement is approved by the Court and becomes effective, all causes of action against the Defendants which are related to the subject matter of the litigation that I might have are satisfied and discharged. I understand that all claims that Defendants may have against me arising from the subject matter of this litigation are satisfied and discharged.

Under the penalty of perjury, I certify that to the best of my knowledge the representations in paragraphs 1 and 2 of this Proof of Claim are true and correct.

Signature of Claimant:

\_\_\_\_\_

Date:

\_\_\_\_\_

**This Proof of Claim must be postmarked or received no later than January 17, 2002 (the "Claims Deadline"). Send your completed Proof of Claim to:**

Clerk of the United States District Court  
P.O. Box 803938  
Chicago, IL 60680-3938