

REIMBURSEMENT REQUEST FORM INSTRUCTIONS

GM Fuel Pump Settlement

Use this Reimbursement Request Form to claim a cash-back payment if you paid for repairs to your CP4 fuel pump or related components on or after the date of Final Approval, and the repairs were performed at a GM-authorized dealership. **You must submit the Reimbursement Request Form and the required supporting documentation within 60 days from the date any future repairs are performed.** Although you may complete and return this form by mail, the fastest way to submit a Reimbursement Request is online at www.GMFuelPumpLitigation.com.

The Future Warranty Coverage and Reimbursement Program will provide reimbursement of 50% of all costs incurred by Class Members or subsequent owners of Class Vehicles for CP4 fuel pump replacements and repairs performed at GM-authorized dealerships for a period of 12 months from May 6, 2025 or until the Class Vehicle reached 200,000 miles, whichever occurs first. The 12-month future warranty period began May 6, 2025. Check www.GMFuelPumpLitigation.com regularly for updates.

Repairs and replacements covered under the Reimbursement Program include costs associated with replacement parts, labor, diagnostic testing, and mechanical damage to the CP4 fuel pump and the related components listed in the GM Technical Service Bulletin 16-NA-102 (<https://static.nhtsa.gov/odi/tsbs/2016/SB-10081221-6903.pdf>). The Reimbursement Program does not cover diagnostic fees or repairs for components that are not specifically included in this list.

If you are seeking a cash payment based on repairs that took place before the date of Final Approval or you sold your vehicle before the date of Final Approval, **you may be eligible for a different cash payment. The deadline to file a claim for a payment based on past repairs is November 6, 2025.** Visit www.GMFuelPumpLitigation.com for more information.

All submissions require supporting documentation. You must submit proof of the repair that includes your name and the Vehicle Identification Number (VIN), and it must clearly identify the covered components that were repaired or replaced. This could take the form of a repair order, invoice, or other contemporaneous document from the facility that completed the repair.

QUESTIONS? Please contact the Settlement Administrator at GM Fuel Pump Settlement, c/o JND Legal Administration, PO Box 91445, Seattle, WA 98111, via email at info@GMFuelPumpLitigation.com, or by calling 1-866-848-0815.

Additional Terms: The right to participate in the Limited Reimbursement Program is provided only to those owners who complete the Reimbursement Request Form and submit proof of payment. *Customers may not assign their right to submit reimbursement claims, or to receive reimbursement, or any other rights granted by this Limited Future Warranty Coverage to any third party, including but not limited to service contract providers, and this Special Coverage is not intended to and does not confer any third party beneficiary, subrogation or contribution rights, or any other rights to reimbursement, against GM or JND Legal Administration, whether in law, equity or otherwise, on any third parties.*

REIMBURSEMENT REQUEST FORM

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I. VEHICLE OWNER INFORMATION

Please provide your name and contact information below. Communications concerning this claim will be directed to the contact information you provide below. You must notify the Settlement Administrator if your contact information changes after your claim is submitted.

Primary Owner Full Name		
Company Name (if the vehicle was owned by a company)		
Title (if submitting on behalf of a company)		
Address 1		
Address 2		
City	State	ZIP Code
Email	Phone Number	

II. VEHICLE & REPAIR INFORMATION

Vehicle Identification Number (VIN)

Please neatly print or type the Vehicle Identification Number (VIN)* of your eligible vehicle below.

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*VINs are 17 characters in length and do not include the letters I, O, or Q.

Date of Repair: _____ Mileage at Time of Repair: _____

Amount of Reimbursement Requested (50% of out-of-pocket repair costs): _____

Questions? Visit www.GMFuelPumpLitigation.com or call toll-free 1-866-848-0815

To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

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III. PAYMENT METHOD

Please select your preferred payment method for your claim. If you do not make an election and provide the required email address or phone number for an electronic payment, or if you elect more than one option, your payment will be sent by check.

- ☐ Virtual Debit Card Virtual Debit Card Email: _____
- ☐ PayPal PayPal Email: _____
- ☐ Venmo Venmo Phone Number: _____
- ☐ Paper Check by Mail

IV. CERTIFICATION

I certify that all the information I supplied in this Reimbursement Request Form is true and correct to the best of my knowledge and belief. I understand that the information I submit in this Reimbursement Request Form is subject to verification and the Settlement Administrator may reach out to me for further information or documentation to verify my submission.

Signature

Date

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Printed Name

PLEASE KEEP A COPY OF YOUR REIMBURSEMENT REQUEST FORM FOR YOUR RECORDS.

Deadline Reminder: You must submit the Reimbursement Request Form and the required supporting documentation **within 60 days from the date any future repairs are performed.**

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