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**Lucero v. Nationwide Insurance Company**  
**Claim Form**

**CLAIM FORM INSTRUCTIONS FOR SETTLEMENT CLASS MEMBERS  
 ELIGIBLE FOR UNDERINSURED CLAIM READJUSTMENT PAYMENT**

**IMPORTANT: PLEASE READ BEFORE COMPLETING THIS CLAIM FORM**

You are a Settlement Class Member eligible for an Offset Claim Payment if you either

1) submitted an underinsured (“UIM”) motorist claim from October 1, 2010, through March 31, 2022, that was reduced, or “offset,” by the amount you received from the insurer of the at-fault driver. **NOTE**, if the driver of the vehicle that was at-fault in the accident had no liability insurance, then you had an uninsured (“UM”) motorist coverage claim, not an underinsured motorist claim, and you are not eligible for payment under this option;

or

2) purchased a New Mexico automobile insurance policy containing UM/UIM motorist coverage between October 1, 2010, and March 31, 2022.

If you believe you made a UIM claim to Nationwide after October 1, 2010, for an automobile accident that may have been subjected to an offset in coverage due to the insurance coverage limits of a third party responsible for your injuries or property damage, the only way to have your UIM claim readjusted without this offset and receive a settlement payment is by fully completing and signing this Claim Form and returning it to the Settlement Administrator either online at [www.LuceroUIMSettlement.com](http://www.LuceroUIMSettlement.com) or by mail at the address below:

*Patricia Lucero v. Nationwide Mutual Insurance Company, et al.*  
 c/o Settlement Administrator  
 P.O. Box 5358  
 Portland, OR 97208-5358

**YOUR CLAIM MUST BE SUBMITTED ONLINE OR POSTMARKED BY MARCH 30, 2026.**

If you wish to submit a claim for an Offset Claim Payment, you need to provide all the information requested below. We may use this information to contact you and process your claim. It will not be used for any other purpose.

If you do not clearly provide the requested information and indicate you qualify for and would like to receive benefits from the Settlement, your Claim Form will be deemed invalid, and your claim will be denied. If any of the following information changes, you must promptly notify the Settlement Administrator using the contact section of the Settlement Website or by writing to the address above.



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**1. NAME:**

First Name

MI

Last Name

**2. MAILING ADDRESS:**

Street Address

Street Address2

City

State

ZIP Code

**3. PHONE NUMBER:**

**4. EMAIL ADDRESS:**

**5. VERIFICATION**

By signing below, I certify under penalty of perjury that I am the person who made the underinsured motorist insurance claim identified above or I am the legally authorized personal representative, guardian, or trustee of the person who made the insurance claim identified above, that, to the best of my knowledge, the information on this Claim Form is true and correct and, to the best of my knowledge, I submitted an underinsured motorist coverage claim to one of the Defendants for an accident occurring between October 1, 2010 and March 31, 2025, that was reduced by the amount of liability insurance available or paid by the insurer of the at-fault driver.

Crash/Date of Loss:

MM

DD

YYYY

**6. PAYMENT OPTIONS**

**Digital Payment Account (Please select one)**  PayPal  Venmo  Zelle

Please supply your preferred payment destination email OR phone number, but NOT both.

Email Address

Phone Number

**Physical Check (sent to the address on file)**



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### Sign and Date Your Claim Form

Signature

Date:   -   -      
MM DD YYYY

Print Name

**MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE.**

The claim form must be postmarked by **March 30, 2026**, and mailed to Epiq Settlement Administration at the address provided above OR submitted through the Settlement Website by midnight on **March 30, 2026**.