

My Little Steamer Recall
CPSC/Health Canada and Class Action Settlement
Fiore v. Ingenious Designs, LLC

CLAIM FORM

TO RECEIVE A CASH PAYMENT OR HSN VOUCHER FROM THIS SETTLEMENT, YOU MUST COMPLETE AND RETURN THIS CLAIM FORM.

You are a Settlement Class Member (“Class Member”) and are eligible to participate in the settlement/CPSC recall if you purchased any Joy/JM-branded My Little Steamer (a “Steamer”) from January 1, 2002, through December 31, 2020 in the United States. You are eligible to participate in the Health Canada voluntary recall if you purchased a Steamer in Canada during that time period. For more information on the Settlement, and to view the CPSC customer notice information and the class action Long Form Notice, visit the Settlement website, www.SteamerRecallSettlement.com.

Each claimant should submit only one claim form relating to Steamer purchases—regardless of the number of units purchased. For claims involving ten or more units, receipt(s) must be provided to qualify for cash payment or HSN vouchers. Duplicate claims will be identified and will not be processed.

PART 1: CLAIMANT’S INFORMATION

Please provide the following information regarding your CURRENT contact information:

Claimant’s First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claimant Business’ Name (if claimant is a business)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Telephone Number

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Contact Email Address

PART 2: REQUIRED DOCUMENTATION

1. Proof of Purchase

If you received a mailed or emailed Class Notice containing a Unique ID, enter it in the space provided. This will allow the Claims Administrator to connect your claim form to purchase data provided by HSN. As a result, you will not be required to submit receipts for your purchases.

Enter your Unique ID below:

If you do not have a Unique ID, you will need to submit receipts to be eligible for any of the cash payment options; however, even without a receipt you can still participate and receive a voucher from HSN.

2. Proof of Ownership and Proof of Destruction

Provide a photo of the Steamer(s) claimed above clearly showing the claimant has

- defaced the unit(s) with a permanent and prominent marking, e.g. writing "RECALLED" or "DEFECTIVE" in black marker on the unit; and
- cut the electrical cord to the unit, making it inoperable.

PART 3: PURCHASES

Enter information below for each date of purchase. If you need additional space, you may photocopy this page and include the additional purchase date information with your claim form. Steamer model codes are provided in the chart at the bottom of this page. If you do not know the date of purchase, you may leave it blank and it will be assumed the purchase occurred before January 1, 2015.

Steamer Model Purchased (Enter Code)	Date of Purchase (MM-DD-YY)	Transaction Total Amount (Including Tax, Shipping/Handling, etc.)	Quantity Purchased	Proof of Purchase Type	Proof of Ownership/ Destruction Photo Provided?
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Receipt <input type="checkbox"/> Unique ID <input type="checkbox"/> Not Available*	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Receipt <input type="checkbox"/> Unique ID <input type="checkbox"/> Not Available*	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Receipt <input type="checkbox"/> Unique ID <input type="checkbox"/> Not Available*	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Receipt <input type="checkbox"/> Unique ID <input type="checkbox"/> Not Available*	<input type="checkbox"/>

*If you do not provide proof of purchase, you will not be eligible for a cash refund. If you are claiming more than ten (10) Steamers, you must provide proof of purchase in the form of a receipt (regardless of whether or not a Claim Form is submitted with a Unique ID).

Steamer Model Description	Steamer Model Code
My Little Steamer Go Mini	A1
My Little Steamer Deluxe	A2
My Little Steamer Go Mini and Deluxe Combo	A3

PART 4: CERTIFICATION AND SIGNATURE

All statements in this claim form are true and correct to the best of my knowledge.

Signature of Claimant:

Date:

		-			-		
MM			DD			YY	

PART 5: METHODS OF SUBMISSION

Please complete the claim form above and return it by one of the following methods:

1. Visit www.SteamerRecallSettlement.com and submit an online claim form, including upload of any required documentation; OR
2. Mail your completed and signed claim form to the Claims Administrator via U.S. Mail, addressed to:

My Little Steamer Recall Claims Administrator
P.O. Box 3698
Portland, OR 97208-3698

Please note: no original documents can be returned to the sender once received by the Claims Administrator.

If you have any questions or need any assistance, please visit www.SteamerRecallSettlement.com or call the Claims Administrator at 1-855-654-0942.