

**BLUEHIPPO CLAIM FORM  
OFFICE OF THE ATTORNEY GENERAL  
STATE OF TEXAS**

- Please fill out the form completely and return this form postmarked by December 31, 2012. When we receive your claim form we will send you a letter to let you know that we have received it.
- Please return this claim form with any additional pages, if necessary, and copies (no originals, please) of documents you feel help explain or substantiate your claim.
- Be sure to include a dollar amount in the "Amount you claim you are owed" even if that amount is your best estimate.
- Please do your best to provide complete information. If you cannot provide all of the information we are requesting, it will not necessarily eliminate your claim. However, we may need to obtain additional information from you. **NOTE: IT IS IMPORTANT TO FILL OUT THE BACK OF THIS FORM AND TO MAKE A COPY OF BOTH SIDES FOR YOUR RECORDS.**

**STATE OF TEXAS 1-800-252-8011  
Claim Information**

"BlueHippo Account" number (if known/applicable): \_\_\_\_\_  
BlueHippo product or service you are filing a claim for: \_\_\_\_\_  
\_\_\_\_\_

Date of Purchase: \_\_\_/\_\_\_/\_\_\_ Purchase Price: \_\_\_\_\_ How much did you pay BlueHippo? \_\_\_\_\_

Check all those items that apply:

- 1. I paid in full for, but never received, a computer or any other merchandise that BlueHippo promised when I purchased my product(s).**
- 2. I paid in full, received my computer but never received the extra free merchandise BlueHippo had advertised with the promotion.**
- 3. BlueHippo has failed or refused to send the merchandise I ordered through their online store.**
- 4. I canceled my contract with BlueHippo and the company has failed to refund my credit amount or send the merchandise I ordered through their online store.**
- 5. Other. Please Explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUE TO BACK OF FORM**

Have you received a refund, account credit, replacement or other payment from BlueHippo, your credit card company, or from any other source related to the product or service you have identified on this claim form? Yes  No

Have you been or are you currently a party to any legal action against BlueHippo? Yes  No

If you answered "YES" to either question, please explain and identify any amounts you were refunded:

\_\_\_\_\_

**Total amount you claim you are still owed:** \_\_\_\_\_

If you checked box 1, 2, 3, or 4, please provide a brief explanation of your claim below and how you determined the monetary amount you are claiming. If you checked box 5, please explain how you determined the monetary amount you are claiming. Please be aware that your claimed amount may be subject to verification and a representative of our office may need to contact you to ask for clarifying information. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLAIMANT INFORMATION**

Please print or type

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day – (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Evening – (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Have you filed a complaint about BlueHippo with the Texas Attorney General's Office before? Yes  No

- \*In signing this claim form, I understand that the Attorney General does not represent me.**
- \*I also understand that submission of a claim form does not guarantee eligibility for a monetary payment under the settlement.**
- \*If the total amount of eligible claims exceed the available money, eligible consumers may not receive their full out-of-pocket expenses, but will instead receive a prorated amount.**
- \*No monetary payments will be made until after all claim forms have been received and processed by the Office of the Attorney General of Texas.**

**The statements I have made in this form are true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ City and State where signed \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return completed Claim Form to : Office of the Attorney General  
Att: Chris Flores  
Consumer Protection Division  
P.O. Box 12548  
Austin, TX 78711-2548**