

# SETTLEMENT PAYMENT CLAIM FORM

Horizon Treadmill Settlement Administrator  
PO Box 25415  
Santa Ana, CA 97299  
www.HorizonTreadmillSettlement.com

**Your Claim Form Must Be Submitted  
Electronically or Postmarked by  
April 30, 2025**

*Prince v. Johnson Health Tech Trading, Inc., et al.*, Civil Action No.5:22-CV-00035-EKD  
United States District Court for the Western District of Virginia

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT  
WWW.HORIZONTREADMILLSETTLEMENT.COM, EMAILED TO  
INFO@HORIZONTREADMILLSETTLEMENT.COM, OR POSTMARKED NO LATER THAN  
APRIL 30, 2025.**

## I. GENERAL INSTRUCTIONS

**ATTENTION:** This Claim Form may be used by all persons in the United State of America who purchased a Horizon treadmill during the time period from June 9, 2018, through November 9, 2020, primarily for personal, family, or household purposes, and not for resale. All Settlement Class Members are eligible to claim: (i) a monetary payment, estimated to exceed \$15 if there is a 10% claims rate; and either (ii) a treadmill maintenance package (valued at \$50), or (iii) a tablet stand and two full months of a subscription to the mobile version of JRNY (valued at \$50).

You may submit a Valid Claim if either: (a) you have received a Notice with a Unique ID identifying you as a Class Member; or (b) you are a Class Member and can provide the serial number of your qualifying Horizon Treadmill, and possibly additional purchase information.

**CLAIM VERIFICATION:** All claims are subject to verification. You will be notified if additional information is needed to verify your claim.

**ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement Website at www.HorizonTreadmillSettlement.com for additional information or call 866-675-2216.

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**

## PART I. REGISTRATION

First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:		
<input type="text"/>		
City:	State:	ZIP Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:		
<input type="text"/>	-	<input type="text"/>
Email Address:		
<input type="text"/>		

*Instructions. Please follow the instructions below and answer the questions as instructed.*

## **PART II. CLAIM INFORMATION**

### *Section A. Confirm Your Eligibility*

Did you receive a Unique ID indicating that you may be a member of the Settlement Class?

Yes  No

Please provide the Unique ID identified in the Notice that was sent to you:

-  -

The number of Horizon Treadmill(s) you purchased during the Class Period was included in the Notice that was sent to you. If you agree with that number, please check the box on the left. If you tick this box, you do not need to fill out section B below.

### *Section B. Add Treadmills to Your Claim*

If you did not receive a Unique ID or if you disagree with the number of Horizon Treadmill(s) printed on the Notice you received, please write the total number of Horizon Treadmill(s) you purchased during the Class Period, primarily for personal, family, or household purposes, and not for resale.

If you wrote a number in the box above, please provide the Serial Number(s), and the date of purchase, and make and model (“Description”), if known, for the Horizon Treadmill(s) you purchased primarily for personal use during the Class Period. The Serial Number for your device will appear on the back cover of the console of your treadmill. You may be asked to provide documentation showing your proof of purchase for each treadmill. You may include additional pages if you purchased more than five (5), however you will be required to submit proof of purchase for each additional treadmill.

	Serial Number(s)	Date of Purchase	Description (Make & Model)
1.		<input type="text"/> - <input type="text"/> - <input type="text"/> <i>MM DD YY</i>	
2.		<input type="text"/> - <input type="text"/> - <input type="text"/> <i>MM DD YY</i>	
3.		<input type="text"/> - <input type="text"/> - <input type="text"/> <i>MM DD YY</i>	
4.		<input type="text"/> - <input type="text"/> - <input type="text"/> <i>MM DD YY</i>	
5.		<input type="text"/> - <input type="text"/> - <input type="text"/> <i>MM DD YY</i>	

Examples of documentation can include invoices, packing slips, or other documentation that shows your name, the serial number on the back cover of the console of the treadmill, the purchase date, and the treadmill make and model. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient, but can be considered to add clarity to or support other submitted documentation.

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**Section C. Monetary Payment**

Defendants will create a non-reversionary Common Fund totaling \$600,000. The exact amount of the payment to Class Members out of the Common Fund will depend on a number of factors, including the number of Class Members who can be located and make valid claims, the amount of attorneys' fees and expenses, a service award (if any), and Court-approved administration costs. If there is a 10% claims rate, the payment per claimant is estimated to exceed \$15.

Would you like to receive a Monetary Payment?

**Yes, I would like a Monetary Payment.**

**No, I do not want a Monetary Payment.**

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**Section D. Choice of Other Benefits**

In addition to the Monetary Payment described in Section B above, you may also claim one of the following for each Horizon Treadmill purchased during the Class Period.

Would you like to receive either (i) a maintenance package OR (ii) a JRNY subscription?

**Yes, I would like a maintenance package consisting of a treadmill lubrication kit and a fitness mat, valued at \$50.**

**Yes, I would like two full months of a subscription to JRNY (mobile version), along with one JRNY tablet stand, valued at \$50.**

**No, I do not want either of the additional benefits.**

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**Section E. Payment**

**Please select the manner in which payment will be issued for your Valid Claim.**

- PayPal\*:  \_\_\_\_\_ (PayPal Email Address)
- Venmo\*:  \_\_\_\_\_ (Venmo Phone or Email)
- Zelle\*:  \_\_\_\_\_ (Zelle Phone or Email)
- Virtual Mastercard\*:  \_\_\_\_\_ (MasterCard Email Address)
- ACH Transfer\*:  \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number
- Paper Check via Mail  \_\_\_\_\_

\*If you select payment via a digital payment method, the contact information entered on this form will be used to process the payment to your account linked to that email address or phone number. If you do not make a selection or provide the contact details, you will be sent a Paper Check to the address in Section I.

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***Section F. Settlement Class Member Affirmation***

By submitting this Claim Form and checking the box below, I declare that I purchased the number of Horizon Treadmill(s) listed or confirmed in Section A above during the time period from June 9, 2018, through November 9, 2020, primarily for personal, family, or household purposes, and not for resale.

I understand that my claim and the information provided above will be subject to verification.

By submitting this Claim Form and checking the box below, I certify that any documentation that I have submitted in support of my claim consists of unaltered documents in my possession.

**I understand that my failure to check this box may render my claim null and void.**

Please include your name in both the Signature and Printed Name fields below.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE MAILED BY,  
EMAILED BY, OR RECEIVED ONLINE AT  
WWW.HORIZONTREADMILLSETTLEMENT.COM  
NO LATER THAN APRIL 30, 2025.**