Ring Protection Plan (Lost Ring) Claim Form

• Claims must be filed by the **original owner** within 4 years of shipment of your original order or within 10 years of shipment of your original order if you purchased the High School Extended Ring Protection plan.

• Only one ring loss protection claim accepted per ring.

jostens

- Harley Davidson, College championship, military academy rings, diamonds and genuine stones are not covered.
- Cubic zirconia and/or synthetic stones will be substituted. For quotes on genuine stone replacement call 1-800-854-7464.

Original Owner: First Na	ame and Middle Initial	Last Name							Date (mm/dd/yy
0									
Address Line 1									
Address Line 2									
City						State		_	Zip
Phone Number Your phone number and e	email address will only be used to co	Email Addre		ng this re	equest.				
School Name			School City						School State
High School	College								
		Graduation	Voor	Dogra	e (if app	licable)			
ADDITIONAL INF	ORMATION:		Signature - sign	your name	e between t	,	aving		-
			Signature - sign	your name	e between t	the brackets	aving		-
	ORMATION: FEE INFORMATION		Signature - sign	your name rder had ye	e between f our signatu	the brackets	aving		
REPLACEMENT			Signature - sign if your original o	your name rder had yo ct to cha	e between f our signatu	the brackets	TC with tax	DTAL c, shipping andling	by the original owner
REPLACEMENT I Select the replacement College Jewelry (Lu	FEE INFORMATION fee that applies to your original astrium®, Yellow Lustrium®)		Signature - sign if your original o <i>Prices subje</i> Replacemen	your name der had yu	e between to our signatu ange.	the brackets re for inside engra Sales Tax	TC with tax	k, shipping	by the original owner
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Cubic Zirconia and/or synthetic stones will be substituted. For quotes on genuine stone replacement call... 1-800-854-7464

PAYMENT INFORMATION

Check 🗌

If paying by Check or Money Order: Payment must be received with the replacement order. DO NOT SEND CASH.

If paying by Debit/Credit Card: We will contact you at the phone number provided above for credit card information.

Debit/Credit Card

The undersigned acknowledges that their Jostens® jewelry has been lost or stolen and this form and payment is for the **one-time** replacement order of their class jewelry. The undersigned understands this payment is **non-refundable** after **72 hours (3 business days)** from the date of receipt at Jostens.

Signature

Date

Please keep a copy of	your comple	eted and s	signed f	orm for	r your	record
Mail your claim to:						

Warranty Service Center • Ring Protection Plan • 1900 Hartle Ave • Owatonna, MN 55060

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