



Class Member ID: 3102300000000

**MUST BE  
SUBMITTED  
NO LATER THAN  
February 2, 2019**

**Claim Form**  
**Higgins v. TV Guide,**  
Case No. 2:15-cv-13769-SJM-MKM  
(U.S.D.C of Eastern District of Michigan)

For Office Use Only

**MAGAZINE SUBSCRIBER PRIVACY SETTLEMENT CLAIM FORM**

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY FEBRUARY 2, 2019 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. CLAIM FORMS SHOULD BE MAILED TO: MAGAZINE SUBSCRIBER PRIVACY SETTLEMENT, C/O SETTLEMENT ADMINISTRATOR, PO BOX 58129, PHILADELPHIA, PA 19102-8129.

Name: \_\_\_\_\_  
First Name M.I. Last Name

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

City: \_\_\_\_\_ State: \_\_ \_\_ ZIP Code: \_\_ \_\_ \_\_ \_\_

Email Address:(optional): \_\_\_\_\_ @ \_\_\_\_\_ .

Contact Phone # ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_ (You may be contacted if further information is required.)

Class Member Verification: By submitting this claim form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

- I had a Michigan street address and purchased a subscription to *TV Guide Magazine* or *TV Weekly* from TV Guide between October 26, 2009 and October 26, 2015.
- Under penalty of perjury, all information provided in this claim form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

The Settlement Administrator will review your claim form; if accepted you will be mailed a check for a *pro rata* share of the Settlement Fund. The amount paid will depend on the number of valid claim forms received. This process takes time, please be patient.

**Questions, visit [www.TVGuideSettlement.com](http://www.TVGuideSettlement.com) or call 1-877-852-8873**

