

# Former Cablevision Subscribers Claim Form

To receive a payment or other benefit, you must accurately complete this Claim Form and submit it no later than September 23, 2016. Claim Forms may be submitted online at [www.cableboxsettlement.com](http://www.cableboxsettlement.com) or by mail to: Set-Top Box Claims Administrator, P.O. Box 3719, Portland, OR 97208-3719. Claims must be submitted online or postmarked by September 23, 2016. Authorized claimants may receive a payment between \$20-40 depending on the length of time that they were Cablevision cable TV subscribers. In addition to a payment, authorized claimants will also receive access to a free four month subscription to the Internet-delivered SundanceNow service from AMC. Information on how to obtain SundanceNow will be provided following Final Approval of the Settlement by the Court.

## Part 1: Class Member Information

Please enter your current contact information.

\_\_\_\_\_  
Last Name MI First Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Current Telephone Number

\_\_\_\_\_  
Email address that Cablevision and/or the Claims Administrator may use to contact you

## Part 2: Subscription Information<sup>1</sup>

Please enter the information about your former Cablevision cable TV subscription.

\_\_\_\_\_  
Address where you last received Cablevision cable TV service

\_\_\_\_\_  
Approximate dates of Cablevision cable TV service at this address (MM/YY-MM/YY)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Cablevision Account Number (if known)

\_\_\_\_\_  
Did you receive Cablevision cable TV service at more than one address? (Yes or No)

\_\_\_\_\_  
Other service address(es) where you previously received Cablevision service and dates of service (MM/YY-MM/YY) (if applicable):

For approximately how many total months were you a Cablevision cable TV subscriber? Please choose one:

- 36 months or less
- More than 36 months and up to 72 months
- More than 72 months

<sup>1</sup> Information provided in this Claim Form and for this claim will be shared with the Claims Administrator, counsel for the Settlement Class, Cablevision, and Cablevision's counsel for the purpose of processing your claim. By submitting this Claim Form, you consent to the disclosure of video subscription account information to the Claims Administrator, Class Counsel, Cablevision, and Cablevision's counsel for verification purposes as necessary to fulfill the terms of this Settlement. The Claims Administrator will keep your Claim Form and any documentation until all obligations under the Settlement have been fulfilled.

**Claim forms may be filed online at [www.cableboxsettlement.com](http://www.cableboxsettlement.com). Questions? Call 888.760.4871.**

### Part 3: Sign your claim form

Your Claim Form must be signed.

Eligibility for benefits under the Settlement is subject to the terms and conditions contained in the governing Settlement Agreement. See the Settlement Agreement and detailed notice of the proposed Settlement, available at [www.cableboxsettlement.com](http://www.cableboxsettlement.com), or call 888.760.4871 for more information.

Benefits will be provided after Final Approval of the Settlement and after all claims are processed. Please be patient.

**I affirm, under penalty of perjury, that: (1) I am a Former Subscriber of Cablevision's cable TV services who subscribed sometime between April 30, 2004 and March 9, 2016, and (2) to the best of my recollection, the information provided in this Claim Form is true and correct.**

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Print Name

Signature

Date (MM/DD/YY)