

## NEW YORK TIMES SETTLEMENT CLAIM FORM

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY AUGUST 19, 2024 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.**

**Instructions:** Fill out each section of this form and sign where indicated.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

If you received notice of the Settlement by e-mail or mail, please provide the Unique ID from the notice:

\_\_\_\_\_

**Address Associated With Your Subscription(s) To The New York Times (if different than above)**

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

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

Email Address (associated with NYT Subscription): \_\_\_\_\_

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 enrolled in an automatically renewing New York Times Subscription directly through The New York Times using a California billing or delivery address between June 17, 2016 and May 12, 2021 and was charged and paid a renewal fee(s) in connection with such subscription.
- I have not filed or submitted an Opt-Out or requested to be excluded from this Settlement.
- I have not submitted any other Claim for the same subscription and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf. If I maintained subscription(s) jointly with any other person or entity, only one Claim has or will be submitted per subscription. (*Note that the final approval of a prior settlement in 2021 in this same lawsuit is now void. Even if you submitted a Claim Form as part of that 2021 settlement, you must submit a Claim Form again to receive payment.*)
- Under penalty of perjury, all information in this Claim Form is true and correct to the best of my knowledge and belief.

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

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

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the information contained in this notice and available at: [www.NYTRenewalSettlement.com](http://www.NYTRenewalSettlement.com).

The Settlement Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be mailed a check for a *pro rata* share of the Settlement Fund. This process takes time, please be patient.

Questions? Visit [www.NYTRenewalSettlement.com](http://www.NYTRenewalSettlement.com) or call toll free at 1-877-495-6974  
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