

**NEW YORK TIMES AUTOMATIC RENEWAL SETTLEMENT CLAIM FORM**

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY DECEMBER 13, 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 Class Member 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 a New York Times digital, print, and ancillary subscription, using a North Carolina billing or delivery zip code, and, from June 21, 2018, to and through June 2, 2023, I was charged and paid a subscription fee after my subscription was automatically renewed.
- I have not filed or submitted an Opt-Out or requested to be excluded from this Settlement.
- Under penalty of perjury, all information in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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.NYTPerkinsNCSettlement.com](http://www.NYTPerkinsNCSettlement.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.NYTPerkinsNCSettlement.com](http://www.NYTPerkinsNCSettlement.com) or call toll free 1-855-665-5225**