

New York Life Settlement  
c/o KCC Claims Administrator  
P.O. Box 43492  
Providence, RI 02940-3492

**NYA**

# New York Life Settlement Claim Form



**Must Be Postmarked  
No Later Than  
August 15, 2017**

Official  
Office  
Use  
Only



A COURT AUTHORIZED  
THIS LEGAL NOTICE

**If you received calls on your cellular telephone or more than one call on your telephone number registered on the National Do Not Call Registry on behalf of New York Life, you may be entitled to benefits under a class action settlement.**

A settlement has been reached in a class action lawsuit, *Abante Rooter and Plumbing, Inc. v. New York Life Insurance Company*, No. 16:-cv-03588 (U.S. District Court S.D.N.Y.), where the Plaintiff alleges that third parties hired by New York Life caused calls to be placed to cellular phones as well as to numbers registered on the National Do-Not-Call Registry through the use of an automatic telephone dialing system. New York Life denies any wrongdoing, has asserted defenses, and in agreeing to settle, does not admit any wrongdoing.

To make a claim, fill out each section of this form, sign where indicated, carefully tear at perforation, and drop in the mail. Claim Forms must be submitted by **August 15, 2017**. You may also complete your Claim Form online at [www.TCPASettlementNYLife.com](http://www.TCPASettlementNYLife.com).

**PART 1: CLAIMANT INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

**PART 2:**

Phone number at which you received calls regarding New York Life:  —  —

**Part 3: Certification.** By submitting this Claim Form, I certify that the foregoing information supplied by the undersigned is true and correct.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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

—  —   
Contact Phone #: (Optional)



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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