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## **CLAIM FORM**

*Dill v. PALMco Power MA, LLC*

No. 19-cv-10983-DPW (Dist. Mass.) (the “PALMco Action”)

### **GENERAL INSTRUCTIONS**

**Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form.**

1. Completed Claim Forms may be mailed to the Settlement Administrator at:

*Dill v. PALMco*  
c/o Kroll Settlement Administration  
P.O. Box 5324  
New York, NY 10150-5324

2. You may alternatively visit the Settlement Website, **[www.massenergysettlement.com](http://www.massenergysettlement.com)**, to submit your Claim Form electronically.

**Claim Forms must be POST-MARKED OR SUBMITTED ONLINE NO LATER THAN OCTOBER 19, 2022, at 11:59 p.m. ET.**

Before you complete and submit this Claim Form, you should read and be familiar with the Notice of Proposed Class Action Settlement (“the Notice”) available at **[www.massenergysettlement.com](http://www.massenergysettlement.com)**. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By filing a Valid Claim, you may be eligible for a pro rata share, based on your individual kilowatt usage, of 4.5% of the aggregate variable electricity supply service charges (exclusive of tax) incurred by the Settlement Class and recorded by PALMco from August 1, 2014, until July 24, 2020.

This cash Benefit equates to \$.00784 per kilowatt hour for electric supply service you received from PALMco while on a variable rate plan during the Class Period. You must have enrolled with PALMco during the time period of August 1, 2014, through and including, September 13, 2017. Your specific Benefit will vary depending upon your usage of PALMco service during the Class Period.



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(Please print or type.)

**\*\*\*ANY FIELD WITH AN ASTERISK (\*) IS A REQUIRED FIELD\*\*\***

\*Account Holder First Name:

\*Account Holder Last Name:

\*Service Address:

(City\*)

(State\*)

(Zip\*)

\*Class Member ID:

If your mailing address is different from your service address, please provide your mailing address below:

(City)

(State)

(Zip)

**Certification that this Claim Form is True, Correct and Submitted Subject to the Penalty of Perjury**

**I hereby certify that:**

1. I am/was a named account holder with PALMco during the Class Period;
2. I enrolled with PALMco between August 1, 2014, through and including, September 13, 2017;
3. I did not have the account balance discharged due to bankruptcy or receivership;
4. I have not filed for an Opt-Out or to be excluded from this Settlement;
5. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
6. I have not submitted any other Claim for the same Household 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; and
7. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible Claims Forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

\*Signature:

\*Date:



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