

**PROOF OF CLAIM FORM**

**I. INSTRUCTIONS**

If you are or were a residential customer of Verizon Maryland, Inc. (formerly known as Bell Atlantic-Maryland and referred to herein as "BA-MD" and/or "Verizon"), and paid one or more Late Fees to BA-MD between January 1, 1996 and September 30, 2000, OR if you are or were a business customer of BA-MD who paid one or more Late Fees to BA-MD between May 1, 1996 and September 30, 2000, you will be entitled to receive certain benefits if you complete and return this Proof of Claim Form to the Settlement Administrator as set forth below.

This Proof of Claim Form, along with any supporting documents, if applicable, must be mailed by first class postage to: Verizon Maryland Late Fee Class Action, P.O. Box 9000-6052, Merrick, NY 11566-9000 and be postmarked on or before December 5, 2004. You must either print legibly or type this Form and provide all the information requested or your claim may be rejected. It is your responsibility to promptly notify the Settlement Administrator of any change in your mailing address.

**To claim benefits under the Settlement, you must complete and sign Section II below and select only ONE of the benefit options in Section III below:**

**II. CUSTOMER INFORMATION**

Customer Name (please print)

Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Current telephone number

( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_  
BA-MD/Verizon account OR telephone  
number(s) to which late  
fees were billed

**Check one of the following and sign your name below:**

I am a current or former residential customer of BA-MD who paid one or more Late Fees to BA-MD between January 1, 1996 and September 30, 2000; OR

I am a current or former business customer of BA-MD who paid one or more Late Fees to BA-MD between May 1, 1996 and September 30, 2000.

\_\_\_\_\_  
Signature (and title if business customer)

\_\_\_\_\_  
Date

**III. SETTLEMENT OPTIONS - YOU MUST CHECK ONLY ONE**

1. I paid one or more Late Fees to BA-MD during the Relevant Time Period set forth above and I request a settlement benefit equal to \$6.00. I understand that I am NOT required to submit any Proof of Payment in order to claim this benefit.

2. I paid Late Fees of \$50 or less to BA-MD during the Relevant Time Period set forth above and request a settlement benefit equal to 60% of the total amount of Late Fees that I paid. The total amount of late fees that I paid to BA-MD during the Relevant Time Period set forth above is \$\_\_\_\_\_. I hereby certify under the penalty of perjury that this statement is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature (for option number 2 only)

3. I paid Late Fees of more than \$50 to BA-MD during the Relevant Time Period set forth above and request a settlement benefit equal to 60% of the total amount of Late Fees that I paid. I am enclosing for each Late Fee that I paid either (a) two successive phone bills (where one bill reflects the Late Fee and the next bill shows that the previous bill was actually paid, including the Late Fee) **or** (b) a phone bill and a canceled check (where the check covers the full amount of the bill, including the Late Fee paid). The total amount of Late Fees that I paid to BA-MD during the Relevant Time Period set forth above, as shown by the attached documents, is \$\_\_\_\_\_.

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**PLEASE BE ADVISED THAT THE PAYMENT OF YOUR CLAIM AND OTHER SETTLEMENT BENEFITS WILL ONLY BE MADE FOLLOWING FINAL COURT APPROVAL OF THIS SETTLEMENT.**