



# Television Writers Settlement Fund Claim Form

Please fill out this Claim Form if  
you are a Settlement Class Member  
**and** wish to submit a claim for compensation.

All Claim Forms, including any required supporting materials, must be  
completed, mailed, and postmarked no later than April 13, 2010.  
Late or incomplete Claim Forms will not be accepted.

All information you submit, including your name,  
will be kept strictly confidential.

Your Claim Form and supporting materials should be mailed to:

TV Writers Settlement Administrator  
c/o The Garden City Group, Inc.  
P.O. Box 8894  
Melville, NY 11747-8894



## **INSTRUCTIONS:**

- Please read each question carefully and **respond completely**. An incorrect or incomplete answer to a question could make you ineligible for an award or affect the amount of your award.
- Please read and complete Section I (and Section II, if applicable), before completing the other Sections, as they determine your eligibility to participate in this Settlement.
- **Type or print** your answers in **dark ink**.
- Complete both sides of each page.
- A number of the questions ask you to provide detailed information regarding past events or your beliefs. A blank declaration (which is a statement that you sign under penalty of perjury) is attached to the end of this Claim Form for these answers. Use additional sheets of paper if necessary. Put your name and social security number at the top of each additional page, along with **the question number to which you are responding. (Social Security Numbers are required for identification because any compensation paid will be subject to income tax withholding. Your Social Security Number will be kept strictly confidential and may not be used for any other purpose.)**
- You are also required to enclose documents in support of some of your answers. (Access to these documents will be limited to the claims administrator and Class Counsel. Defendants and other class members/writers/producers will not have access to these documents.) Please write your name and social security number at the top of each document you enclose, along with the question number to which it relates. **Do not send original documents. Send copies and retain the originals.**
- You must **sign and date** your Claim Form **and the confidentiality agreement, tax indemnification agreement, and ADEA Acknowledgement**, at the end of the Claim Form. **If you do not sign** the Claim Form and each of these sections, **your Claim Form will be denied**.
- Keep a copy of your Claim Form for your personal records.

## **QUESTIONS?**

- If you still have questions about the Claim Form or claims process after reading these general instructions and the more specific instructions set forth in each section, please contact, at no cost to you, the claims administrator or lawyers representing the Plaintiffs and Settlement Class (“Class Counsel”).

### **Claims Administrator**

Questions@TVWritersSettlementAdmin.com  
1 (888) 730-7198

### **Class Counsel**

Questions@TVWritersCounsel.com  
1 (877) 518-7090



**Section I.**  
**CLASS MEMBER QUALIFICATIONS**

**INSTRUCTIONS: All Claimants must answer all questions in this section**

A. Did you turn 40 years of age on or before January 22, 2010?

Yes  No

**Instruction:** If you answered “no” to Question I.A., you should stop filling out this form, as this Settlement does not pertain to you.

**Instruction:** If you answered “yes” to Question I.A., please continue.

B. Between October 22, 1996 and January 22, 2010, while age 40 or over, were you interested in writing for television or obtaining television writing talent agency representation?

Yes  No

**Instruction:** If you answered “no” to Question I.B., you should stop filling out this form, as this Settlement does not pertain to you.

**Instruction:** If you answered “yes” to Question I.B., please continue.

C. Did you, for each day between October 22, 1996 and January 22, 2010, hold the position of executive (vice president or above), principal and/or talent agent with one or more defendants or one or more of their respective affiliates? (A list of defendants and a partial list of their respective affiliates is attached at the end of this form.)

Yes  No

**Instruction:** If you answered “yes” to Question I.C., you should stop filling out this form, as this Settlement does not pertain to you. (Please note that you did not have to be affiliated with one defendant for that entire period to answer this question “yes.” The key is whether you held such positions with one or more defendants or their respective affiliates throughout that period.)

**Instruction:** If you answered “no” to Question I.C., please continue. If there were any gaps in your employment (or other contractual relationship or ownership interest) during this period, you should answer “no.”



D. Did you, in each calendar year between and including 1996 and 2009 hold the position of executive producer with one or more of the defendants or their affiliates? (A list of defendants and a partial list of their respective affiliates is attached at the end of this form.)

Yes  No

**Instruction:** If you answered “yes” to Question I.D., you should stop filling out this form, as this Settlement does not pertain to you. (Please note that you should only answer “yes” if you held that position, on one or more shows produced by one or more of the listed defendants or their respective affiliates, in each calendar year noted above. For example, if you only held that position in 1997 and 2000, you should answer “no.” It does not matter if you worked on different shows or for different producers. The question asks whether you held that position in each year.)

**Instruction:** If you answered “no” to Question I.D., please continue.

E. Have you ever been paid to write for television?

Yes  No

**Instruction:** If you answered “no” to Question I.E., please continue to Section II.

**Instruction:** If you answered “yes” to Question I.E., please continue to Section III. (You do not need to fill out Section II.)



**Section II.**

**PROOF OF INTEREST IN WRITING FOR TELEVISION OR OBTAINING TELEVISION WRITING TALENT AGENCY REPRESENTATION**

**INSTRUCTIONS:**

If you answered questions I.A, I.B and I.E “yes,” do not complete this section. Go directly to Section III. Only claimants who have *never been paid for TV writing work* must complete this section.

While a single qualifying experience/effort will suffice to answer this Section, you should provide as many examples of actions, activities or documents that show your interest in writing for television or obtaining television writing talent agency representation as you can recall.

**Proof of TV-Writing Efforts/Experience**

**A.** Have you, either alone or as part of a writing team, done any of the following:

- (i) prepared any literary material for television, such as stories, teleplays, bibles, formats, treatments or synopses?
- (ii) attended one or more workshops or courses, or otherwise participated in an educational program, designed to teach you how to write for television, submit a television script, or obtain television writing talent agency representation?
- (iii) registered any literary material for television, such as stories, teleplays, bibles, formats, treatments or synopses, with the WGAE, WGAW, or any other similar registration service?
- (iv) entered written material in a television scriptwriting competition?
- (v) submitted written material intended for television to networks, studios, talent agents, or other representatives?

Yes  No

**Instruction:** If you answered “no,” please skip to Question II.B.

If you answered “yes,” please provide as much information and detail as you can for each separate effort in the blank declaration at the end of this Claim Form, using separate sheets of paper if necessary. The type of information and documentation we need is described below.

If you **prepared literary material for television**, state in the declaration the title of the material, the authors, the approximate date it was prepared, and enclose a copy of it. (If the material exceeds 5 pages, you can submit the first 5 pages only. Access to these documents will be limited to the claims administrator and Class Counsel. Defendants and other class members/writers/producers will not have access to these documents.)

If you **attended a workshop** or other educational program on television writing, getting a television writing talent agent, or submitting a television script, state in the declaration the name of the institution that offered the program, the date(s) you attended, the amount of money, if any, you paid



to attend, and enclose any documentation of your participation (e.g., receipt, brochure, course materials).

If you **registered literary** material for television, state in the declaration the approximate date of registration, the service you used, the authors/registrants, and the type of material registered, and enclose a copy of the registration form if you have it.

If you entered a **writing competition for television scripts**, state in the declaration the name of the competition, the year of entry, the title of the material entered, and enclose any proof you have of your submission (e.g., entry form, receipt). (Access to these documents will be limited to the claims administrator and Class Counsel. Defendants and other class members/writers/producers will not have access to these documents.)

If you **submitted written material intended for television** to a studio, network, agency, or other entertainment industry entity/person, state the name of the person to whom you submitted your material, his/her company, the approximate date of submission, any response you received, and enclose a copy of any documentation of your submission (e.g., rejection letter).

### **Proof of Other Writing Efforts/Experience**

B. Have you taken some action in pursuit of your interest in television writing (or obtaining television writing talent agency representation) or concluded that it would have been futile to do so because of your age, **and**, either alone or as part of a writing team,

- (i) prepared any literary material for exploitation in a medium other than television, such as feature films, novels, and plays?
- (ii) registered any literary material not intended for television with the WGAE, WGAW, or any other similar registration service?
- (iii) entered written material in a feature film or other non-television focused scriptwriting competition?

Yes  No

**Instruction:** If you answered “no,” please skip to Question II.C.

If you answered “yes,” you must describe, in the declaration attached to the end of this Claim Form (using additional sheets if necessary), in reasonable detail (1) the non-television writing you performed and (2) either (a) the action(s) you took in pursuit of television writing or obtaining television writing talent agency representation, or (b) why you believed it would be futile to take such actions because of your age. Once you have provided this information, please skip to Question II.D.

1. The type of information we need concerning the non-television writing you performed is described below.



If you **prepared literary material not intended for television**, state in the declaration the title of the material, the authors, the approximate date it was prepared, the medium for which it was intended, whether it was commercially exploited, and enclose a copy of it. (If the material exceeds 5 pages, you can submit the first 5 pages only. Access to these documents will be limited to the claims administrator and Class Counsel. Defendants and other class members/writers/producers will not have access to these documents.)

If you **registered literary material not intended for television**, state in the declaration the approximate date of registration, the service you used, the authors/registrants, the type of material registered, and enclose a copy of the registration form if you have it.

If you entered a **non-television writing competition**, state in the declaration the name of the competition, the year of entry, the type and title of the material entered, and enclose any proof you have of your submission (e.g., entry form, receipt).

2.a. If you took action(s) to obtain television writing or television writing agency representation, you must describe the action(s) you took in reasonable detail. Examples of such “actions” might include retaining a professional writer to adapt your non-TV work for sale to a TV production company, sending your written work to a talent agent for the purpose of having it considered for television/television adaptation, and hand delivering or mailing a letter to a studio, network or talent agent.

2.b. If you were interested in obtaining television writing opportunities or television writing agency representation, but did not take any action in pursuit of that interest because you believed it would be pointless to do so because of your age, you must describe in reasonable detail why you believed it would be pointless.

While documents supporting your answers to 2.a or 2.b **may not be required**, if you have documents proving what you did, please submit them.



### Deterrence

Instruction: You do not need to answer this Question if you answered Question II.A or II.B, above, “yes” and provided the requested detail.

C. I was interested in obtaining television writing opportunities or television writing talent agency representation, but did not take any action in pursuit of that interest because I believed it would be pointless to do so because of my age.

Yes  No

**Instruction:** If you answered “no,” please skip to Question II.D.

If you answered “yes,” you must describe, in the declaration attached to the end of this Claim Form, in reasonable detail the basis for your answer. While supporting documents **may not be required**, if you have documents that support your answer, please submit them.

### Other Proof of Interest

D. Did you make any other attempts to secure television writing opportunities or television writing talent agency representation, or do you have any other proof that you were interested in such opportunities or representation, that is not covered by your answers above?

Yes  No

**Instruction:** If you answered “yes,” you must describe in the declaration attached to the end of this Claim Form in reasonable detail the basis for your answer. While supporting documents **may not be required**, if you have documents proving what you did, please submit them.

**Important Note: Please STOP and READ:**

Instruction: If you answered Questions II.A through II.D **all** “no,” you should stop filling out this form, as this Settlement does not pertain to you.

**Section III.**



**IDENTIFICATION**

**INSTRUCTIONS:**

All Claimants must answer all questions in this section – except those labeled optional.

A.	Legal Name:
B.	Professional Name, if any (list all):
C.	Street Address:
	City:
	State: Zip Code:
D.	Home Telephone:
E.	Cell Telephone (optional):
F.	Email Address (optional):  (Please note that emails sent to or from a work email address are not confidential.)
G.	Date of Birth (MM/DD/YYYY):  Your date of birth must be documented. If you previously provided documentation of your date of birth to Class Counsel, check this box. <input type="checkbox"/>  If you have <b>not</b> yet provided documentation of your date of birth to Class Counsel, you must enclose a legible <b>copy</b> of your driver's license, passport, birth certificate, <b>or</b> any other form of government issued identification containing your birth date.  If you do not have any of these forms of proof but would like to submit a claim, please contact the claims administrator or Class Counsel for further instructions on submitting a declaration.
H.	Social Security Number:  (No claimant can receive an award unless s/he provides his/her Social Security Number. <b>Social Security Numbers are required because any compensation paid will be subject to income tax withholding. Your Social Security Number will be kept strictly confidential and may not be used for any other purpose.</b> )



**Section IV.**  
**EFFORTS TO OBTAIN AND/OR DETERRENCE FROM SEEKING**  
**TELEVISION WRITING OPPORTUNITIES**  
**AND/OR**  
**TELEVISION WRITING TALENT AGENCY REPRESENTATION**

**INSTRUCTIONS:**

All claimants must complete Question A of this section. The other questions are optional, but failure to answer the remaining questions probably will reduce your award.

Please limit your answers to the period **October 22, 1996 through January 22, 2010.**

Please also limit your answers to events that occurred **after you turned 40.**

A. I believe that I was harmed by age discrimination in obtaining television writing opportunities or television writing agency representation.

Yes  No

If you answered Question IV.A “yes,” please identify the reasons for your belief. (Check all that apply.)

- I sought television writing opportunities either directly or through a talent agent and was rejected.
- I personally heard a television executive or talent agent make comments suggesting to me that they were only interested in younger writers.
- I heard from others or read in generally available publications that television executives or talent agents made comments suggesting to me that they were interested only in younger writers.
- I believe that my talent agent was not referring me for television writing opportunities because of my age.
- Other. Please state in the declaration attached to the end of this Claim Form, using additional sheets if necessary, any other reasons for your beliefs.





C. I did not seek television writing opportunities because of my belief that I would be rejected because of my age.

Yes  No

If you answered “yes”, please describe in the declaration attached to this Claim Form in reasonable detail why you believed seeking television writing opportunities would have been pointless due to your age. If you already provided this information in Section II (if you were required to answer Section II), please check this box.  You do not need to provide it again.

D. I sought talent agency representation with APA, Endeavor, Gersh, Paradigm, Shapiro-Lichtman, UTA and/or William Morris Agency in the field of television and was rejected.

Yes  No

If you answered “yes,” please state the number of times that you were rejected for representation in the field of television writing by one or more of these agencies.

- One
- Two
- Three or more

E. I sought representation in the field of television with talent agencies other than APA, Endeavor, Gersh, Paradigm, Shapiro-Lichtman, UTA and William Morris Agency and was rejected.

Yes  No

If you answered “yes”, please answer the following questions.

1. State the number of times that any talent agency, excluding those listed above, rejected you for representation in the field of television writing. (Please provide a total number of rejections for all companies combined.)

- One or Two
- Three or Four
- Five or Six
- Seven or more

2. Please complete the table below as to each time you were rejected for talent agency representation to the extent you still have information. Please enclose a copy of any documents you have proving your application or rejection. If you already provided this information in Section II (if you were required to answer Section II), please check this box.  You do not need to provide it again.

<u>Talent Agency with which You Sought Representation</u>	<u>Person to Whom You Submitted Materials</u>	<u>Approximate Date of Seeking Representation</u>	<u>Were You Interviewed?</u>	<u>Type of Response (If Any)</u>



<u>Talent Agency with which You Sought Representation</u>	<u>Person to Whom You Submitted Materials</u>	<u>Approximate Date of Seeking Representation</u>	<u>Were You Interviewed?</u>	<u>Type of Response (If Any)</u>

F. I did not seek television writing representation with a talent agency because of my belief that I would be rejected because of my age.

Yes  No

If you answered “yes”, please describe in the declaration attached to this Claim Form in reasonable detail why you believed seeking television writing talent agency representation would have been pointless due to your age. If you already provided this information in Section II (if you were required to answer Section II), please check this box.  You do not need to provide it again.

G. I was represented by a talent agency for the purpose of obtaining television writing opportunities.

Yes  No

If “yes,” identify the talent agency or agencies that represented you and the dates during which you were represented, and, if applicable, why you ceased being represented by the talent agency (e.g. you ended the relationship because it did not obtain jobs for you, or the talent agency/agent ended the relationship, or you left for a different talent agency of your choice). If you were represented solely “informally,” or as a “back-pocket” or “hip-pocket” client, please indicate that as well.

<i>Name Of Talent Agency and Agent</i>	<i>Dates of Representation</i>	<i>Reason why the Representation Ended</i>	<i>Was Representation Informal? (Yes/No)</i>



**Section V.  
TELEVISION WRITING INCOME**

INSTRUCTIONS:

**All Claimants must either complete the chart set forth below or, if a current or former WGA member, read and sign the optional privacy waiver below, so that the claims administrator can obtain that information from the WGA and/or Producer-Writers Guild of America Pension Plan directly. This section asks only about your television writing income (including but not limited to television writing, teleplay/story sales, hyphenate positions, show runner positions, and the like). Do not list or include income from writing a feature film, book or novel or writing for any media other than television.**

**None of this information will be provided to or shared with the WGA, Defendants, or anyone besides the claims administrator and Class Counsel.**

**OPTIONAL FOR WGA MEMBERS**

If you are or were a member of the Writers Guild of America (East or West), and wish for the claims administrator to use the records of the WGA and the Producer-Writers Guild of America Pension Plan (“Pension Plan”) to determine your television writing income for purposes of calculating your award, you may consent to have the claims administrator contact those entities on your behalf to secure the information requested in Section V in electronic form. If you consent, you should complete and sign the consent below and then continue to Section VI.

Name, as it appears in the records of the WGA: \_\_\_\_\_

Approximate dates of WGA membership: \_\_\_\_\_

Limited Use Privacy Waiver

*I consent to allow the claims administrator, including its employees and representatives, to obtain television writing income information about me from the WGA West, WGA East, and/or Producer-Writers Guild of America Pension Plan, and waive my privacy rights to the extent they would prevent the WGA West, WGA East, and/or Producer-Writers Guild of America Pension Plan from providing, or the claims administrator from receiving, this information. I understand that this information will be accessible only to the claims administrator, the Trustees of QSF II (who are Class Counsel), and the Court under seal.*

**This is a legally binding agreement.** You are encouraged to consult with Class Counsel or your own attorney regarding the rights you are waiving.

I consent

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



A. Please list the income you received from television writing – whether the project(s) was covered by the MBA or not, and whether the project(s) was produced or not – for your five high highest paid years writing for television (not just during the period after October 22, 1996).

<b>Year</b>	<b>Income</b>

You must also provide documentation to support the information you provide. The best income documentation would be W-2s, 1099s, K-1s, signed tax returns, WGA pension statements, and contracts or deal memoranda. Each document you attach should have your name, Social Security Number, and the question number to which it relates written at the top.



**Section VI.  
INTEREST AND AVAILABILITY**

**INSTRUCTIONS:**

All Claimants must complete this section.

Please limit your answers to the period **October 22, 1996 through January 22, 2010.**

Please also limit your answers to events that occurred **after you turned 40.**

A. Please state the dates you were interested and available to secure television writing opportunities between October 22, 1996 and January 22, 2010. If you were interested throughout that entire period, please write “all” or “10/22/1996-1/22/2010.” If you were only interested during a certain period or various periods of time (because, for example, you had moved geographically, into a different line of work (that you would not have left to return to television writing), retired, were traveling, or were medically incapable of working), please only list the dates you were interested and available.

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B. Please identify the television genres for which you were interested in writing during the period(s) of interest/availability identified in your response to Question VI.A (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Daytime soap operas        | <input type="checkbox"/> Animation              |
| <input type="checkbox"/> Game shows                 | <input type="checkbox"/> Fact/documentaries     |
| <input type="checkbox"/> News and news magazines    | <input type="checkbox"/> TV movies              |
| <input type="checkbox"/> Single camera comedies     | <input type="checkbox"/> Late night             |
| <input type="checkbox"/> Multi-camera comedies      | <input type="checkbox"/> Children’s programming |
| <input type="checkbox"/> Procedural episodic dramas | <input type="checkbox"/> Miniseries             |
| <input type="checkbox"/> Character episodic dramas  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Variety/Specials           |   |



C. Please identify the television positions you were interested in securing, **for which you believe you were qualified**, during the period(s) of interest/availability identified in your response to Question VI.A (check all that apply):

- Development deal
- Executive Producer
- Full-time hyphenate or staff writing position
- Freelance, consultant or other part-time or temporary writing position.
- Any writing work.
- Script or idea sale.
- Other (explain in fifteen words or less): \_\_\_\_\_

D. Please complete the table below, identifying the dates between October 22, 1996 and January 22, 2010 that you held any of the following positions with a defendant or one of its affiliates: (i) executive (i.e., vice-president or above) and/or principal, (ii) talent agent, or (iii) executive producer. (A list of defendants and a partial list of affiliates is attached at the end of this form.) If you are not sure of the exact dates or title or company name, provide your best estimation or as much detail as you can provide. If you did not hold any of these three types of positions between October 22, 1996 and January 22, 2010 with defendants or their respective corporate affiliates, check this box and proceed to Question VI.E:

I did not hold any such positions.

<u>Dates</u>	<u>I was an executive (vice president or above) or principal. (Yes/No)</u>	<u>I was a talent agent. (Yes/No)</u>	<u>I was an Executive Producer. (Yes/No)</u>	<u>Employer</u>



E. Please check all that apply:

- Since my last television writing position, I have continued to explore whatever options seemed available to me, if any, for securing additional television writing work. I have also attempted to obtain other employment, and have taken whatever employment, if any, I could secure during this period to support myself (and/or my family).
- Since my last television writing position, I have continued to explore whatever options seemed available to me, if any, for securing additional television writing work. I have not attempted to obtain other employment, but have relied on my pension, savings, credit cards, loans, and/or residuals to support myself (and/or my family).
- Since my last television writing position, I have found employment outside television writing that provides income equal to or in excess of that which I received on a yearly basis as a television writer.
- Since my last television writing position, I have found employment outside television writing that provides income equal to between 50% and 100% of the income I used to receive from television writing on a yearly basis.
- I have never been paid to write for television.



**Section VII.**  
**CLAIM DEVELOPMENT**

**INSTRUCTIONS:**

This Section is **OPTIONAL**, although skipping this Section **entirely** may lead to a reduced award. If you decide to answer this Section, please answer the questions in order, as your answer to the first question may permit you to skip to the next Section (without affecting the size of your award).

A. I am a named plaintiff in the TV Writers litigation that led to this Settlement.

Yes  No

A list of named plaintiffs can be found on Class Counsel's website, [www.TVWritersCounsel.com](http://www.TVWritersCounsel.com). Skip to Section VIII if you answered "yes."

B. Did you inform Class Counsel of any alleged discrimination by television networks, studios, or talent agencies?

Yes  No

C. Did you provide any documents to Class Counsel about alleged discrimination by television networks, studios, or talent agencies?

Yes  No

D. Did you do any of the following? (Check all that apply)

- Complain to a television network, studio or talent agency about alleged age discrimination against television writers
- Complain to the WGA about alleged age discrimination against television writers
- Write an article in, or a letter to the editor of, a newspaper, magazine or other publication, about alleged age discrimination against television writers
- Write on an internet website, blog, or chatroom about alleged age discrimination against television writers.

E. Did you file an administrative charge of age discrimination against any television network, studio or talent agency with the Equal Employment Opportunity Commission (EEOC) or any state or local agency?

Yes  No

If you answered "yes" to questions VII.D or VII.E, please provide documents supporting your answers, if they remain in your possession.



**Section VIII.**  
**MEDICAL AND PSYCHOLOGICAL IMPACT**

**INSTRUCTIONS:**

This section is **OPTIONAL**. The claim formula that Class Counsel intend to propose to the Court will award points/money for documented medical and psychological injury related to alleged age discrimination. If you want your personal situation considered in calculating your award, please fill out this section.

**Please limit your responses to injuries attributable, in your view, to the alleged age discrimination you believe you have experienced.**

All information you submit on your claim form will be kept strictly confidential.

A. Do you believe that any of the age discrimination you allege in this Claim Form resulted in emotional, mental or physical injury to you?

Yes  No

**Instruction: If you answer Question VIII.A “no,” please skip to Question C.**

B. At any time from October 22, 1996 through January 22, 2010, did you see a medical doctor, social worker, psychiatrist, psychologist or any other mental health professional because of any physical, emotional or psychological effects you believe were caused by any of the age discrimination you allege in this Claim Form?

Yes  No

If “Yes,” on the chart that follows provide the name(s) and address(es) of each medical or mental health professional you have seen; the number of visits to the health care provider for treatment; the duration (time period) of any treatment; any medications prescribed for you; any diagnosis you received; and explain why you believe such condition was related to age discrimination. Attach additional pages if necessary, using the same chart. You must attach documentation in support of each condition for which you are seeking compensation – e.g., an insurance explanation of benefits, a letter from your doctor, or other proof of the medical condition. (Access to the information and documentation you provide in this response, if any, will be strictly limited to the claims administrator and Class Counsel. Defendants and other class members, writers, and other persons will not be granted access to this information. Claimants answering “Yes” may be asked to provide a HIPPA release so that the claims administrator may obtain information from your medical providers in support of your claim.)



	Health Care Provider #1	Health Care Provider #2	Health Care Provider #3
Name/Address of Health Care Provider			
No. of Visits for Treatment			
Duration of Treatment			
Medications Prescribed			
Diagnosis			
Connection to Alleged Age Discrimination			

C. At any time from October 22, 1996 to the present, do you believe that any of the following incidents or events have occurred as a result of the age discrimination you allege in this Claim Form? (Check any that apply)

- Filed for bankruptcy
- Lost life savings
- Lost home through foreclosure
- Divorced
- Lost or were ineligible to receive WGA health insurance benefits
- Experienced health problems, including drug or alcohol abuse
- Other: \_\_\_\_\_



**Section IX.**  
**FUND FOR THE FUTURE PARTICIPATION WAIVER**  
**AWARD ENHANCEMENT**

**INSTRUCTIONS:**  
This Section is **OPTIONAL**.

The Settlement Agreement provides for the creation of a Fund for the Future, which is designed to increase exposure and enhance television writing opportunities for Settlement Class Members. Benefits of the FFF to Settlement Class Members include access to networking events, grants and loans to support the independent development of television writing projects, and emergency assistance loans. (Please note that the FFF will be organized and run by Settlement Class Members. Defendants will not have any involvement in running the FFF and do not intend to participate in any activities it sponsors.)

You can waive your right to participate in FFF events and apply for FFF grants and loans in exchange for a small increase in your award.

The minimum award enhancement is \$150 and the maximum award enhancement is \$500. The exact enhancement will depend on the size of your award.

The members of the Plaintiffs Liaison Committee and Class Counsel unanimously recommend you keep your FFF benefits – i.e., not waive them in exchange for the award increase. But the choice is yours.

Please check this box if you wish to waive your FFF benefits in exchange for the award enhancement referenced above.

I wish no FFF benefits

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

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

More information is available on the Fund for the Future at [www.TVWritersFundfortheFuture.com](http://www.TVWritersFundfortheFuture.com).



**Section X.  
VERIFICATION**

I AFFIRM UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE STATE WHERE I SIGN THIS VERIFICATION THAT THE FACTS I HAVE STATED IN THIS CLAIM FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

**I understand that I must keep the claims administrator informed of my current address and of any change in my home address.** If I do not do so, I understand that I may not receive any award that I might otherwise be entitled to receive.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

Instruction: If you have dated and signed the Verification, please continue to Section XI.



**Section XI.  
CONFIDENTIALITY AGREEMENT**

**INSTRUCTIONS:**

All Claimants must read, date, and sign this Confidentiality Agreement in order for their Claim Form to be processed. Claim Forms containing unsigned or modified confidentiality agreements will be denied. PLEASE READ IT CAREFULLY and make sure you understand your rights and obligations.

I agree not to disclose information regarding the amount of any award I may receive in connection with this Settlement to anyone, other than my attorneys, tax advisors, spouse, domestic partner, and children, provided (a) such persons also agree to keep such information confidential and not disclose it to any other person or entity, and (b) I make best efforts to ensure that they maintain this confidentiality.

Any breach of this confidentiality agreement would materially breach the Settlement Agreements and this Agreement. I agree that the damage from a breach of this Confidentiality Agreement would be difficult, if not impossible, to calculate, and that such calculation is therefore impractical.

Accordingly, if I am found to have breached this confidentiality provision by revealing the amount of my award to an unauthorized person or by failing to take appropriate precautions against my attorney, tax advisor, spouse, domestic partner, or child revealing the amount of my award, **I shall be liable for liquidated damages to the Defendants in the amount of the lesser of fifty thousand dollars (\$50,000.00) or twenty-five percent (25%) of the net amount (after withholding of taxes and any amounts payable to the Writers Guild-Industry Health Fund and Producer-Writers Guild of America Pension Plan) of my award.** The liquidated damages shall be payable to Defendants' Liaison Counsel for distribution among Defendants.

This is not a penalty, but reflects the parties' best, reasonable estimate at the time of entry into the Settlement and this Agreement of the injury that Defendants would sustain from any such disclosure.

**This is a legally binding agreement.** You are encouraged to consult with Class Counsel or your own attorney regarding your obligations under this Agreement.

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

\_\_\_\_\_  
Signature

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

Dated: January 22, 2010

*Seth E. Pierce*  
\_\_\_\_\_  
Seth E. Pierce  
Defendants' Liaison Counsel  
On behalf of the Settling Defendants



**Section XII.**  
**TAX INDEMNIFICATION AGREEMENT**

INSTRUCTIONS:

All Claimants must read, date, and sign this Tax Indemnification Agreement in order for their claim form to be processed. Claim Forms containing unsigned or modified Tax Indemnification Agreements will be denied.

PLEASE READ IT CAREFULLY and make sure you understand your rights and obligations.

I understand that I am responsible for payment of any and all federal, state or local taxes (excluding taxes withheld and/or paid by the Trustees of the settlement funds in connection with my award payment) resulting from or attributable to the award payment, if any, that I receive.

Accordingly, I agree to indemnify and hold harmless all persons associated with this Settlement from any tax liability, including penalties and interest and costs of any proceedings, related to my award, and to indemnify and hold them harmless from any tax liability, including penalties and interests and costs of any proceedings, that is attributable to my own acts or omissions.

In the event a tax liability arises with respect to my award that is not attributable to my own acts or omissions, I agree to indemnify and hold harmless all persons associated with this Settlement from any tax liability only to the extent of the taxes due and payable, but not with respect to penalties and interest, or the costs of any proceedings related to such tax liability.

**This is a legally binding agreement.** You are encouraged to consult with Class Counsel or your own attorney regarding your obligations under this Agreement.

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

\_\_\_\_\_  
Signature

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



**Section XIII. ADEA ACKNOWLEDGEMENT**

**INSTRUCTIONS:**

All Claimants must read, date, and sign this ADEA Acknowledgment in order for their Claim Form to be processed. Claim Forms containing unsigned or modified ADEA Acknowledgements will be denied.

**PLEASE READ IT CAREFULLY.**

I acknowledge that:

(i) the release provided by this Settlement includes my claims under and/or of the kind covered by the federal Age Discrimination in Employment Act of 1967, as amended by the Older Workers' Benefit Protection Act of 1990;

(ii) my consideration for this release includes the right to apply for a loan or grant from the FFF and/or participate in FFF activities;

(iii) provided I submit a valid and timely Claim Form, my consideration for this release also includes the right to receive a minimum payment of \$250 from the fund created by the Settlement;

(iv) I was afforded a reasonable period of time to consider my rights, including the right to exclude myself from the Settlement; and

(v) I was advised to consult with an attorney prior to deciding whether to remain in or exclude myself from the Settlement.

Important: You are advised to consult with Class Counsel or your own attorney regarding the effect of the release.

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

\_\_\_\_\_  
Signature

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





**You have completed the Claim Form.**

**Make and keep a copy of your Claim Form for your personal records.**

**Please put the original, signed Claim Form in an envelope, put postage on it, and mail it with a postmark no later than April 13, 2010 to:**

**TV Writers Settlement Administrator  
c/o The Garden City Group, Inc.  
P.O. Box 8894  
Melville, NY 11747-8894**