

Gruber v. Starion Energy
Claims Administrator
P.O. Box 43034
Providence, RI 02940-3034



SNR

Gruber v. Starion, Inc.
CASE NO. X03 HHD-CV-17-6075408-S

Must Be Postmarked
No Later Than
October 30, 2017

SETTLEMENT CLAIM FORM



CLAIMANT INFORMATION

First Name	M.I.	Last Name		
Primary Address				
Primary Address Continued				
City		State	Zip Code	
Foreign Province		Foreign Postal Code	Foreign Country Name/Abbreviation	

Please read the following instructions carefully before filling out your Claim Form.

If you were a customer of Starion Energy's variable rate electricity supply services in connection with a property located within Connecticut the District of Columbia, Delaware, Illinois, Maryland, Massachusetts, New Jersey, New York, Ohio or Pennsylvania (the "Service Territories") at any time through and including May 24, 2017 (the "Class Period"), you could be entitled to a cash payment from the class action settlement.

Please complete all information below and return this Claim Form to the Settlement Administrator postmarked no later than October 30, 2017 to:

Gruber v. Starion Energy Claims Administrator, P.O. Box 43034, Providence, RI 02940-3034.

PART A — PERSONAL INFORMATION

First Name	M.I.	Last Name					
Email Address							
Area code	Telephone number (home)			Area code	Telephone number (work)		

PART B — ACCOUNT ELIGIBILITY

Please provide your electric utility account number for the account for which you enrolled in Starion Energy's variable rate electricity supply services in connection with a property located within the Service Territories during the Class Period. This account number will be used to assist in determining your membership in the Class and the eligible amount of variable rate electricity you used during the Class Period. Please leave blank any boxes beyond what you need to state your account number.

	Account Number
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PART C — CERTIFICATION

I certify under penalty of perjury that I was a customer of Starion Energy's variable rate electricity supply services in connection with a property located within the Service Territories at any time, through and including May 24, 2017; that I have not already received a payment from Starion resolving a claim similar to those asserted in this litigation; and that I have not had and am not now seeking to have my Starion account balance discharged due to bankruptcy or receivership. I waive any arbitration rights that may exist under my contract or terms of service with Starion, and acknowledge that submission of the Claim Form waives any opt-out rights that I may otherwise have.

Signature of Claimant _____

Date (mm/dd/yyyy) _____



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<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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