

Your claim must  
be submitted  
online or  
postmarked by:  
**August 1, 2019**

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**  
*Hamlen et al. v. Gateway Energy Services Corporation*  
Case No: 7:16-cv-03526  
*Wagar et al. v. Gateway Energy Services Corporation*  
Case No: 7:18-cv-10244  
*Eisig, et al. v. Gateway Energy Services Corporation*

**GES**  
Instructions

**CLAIM FORM**

**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:  
**Gateway Variable Rate Plan Settlement  
c/o Claims Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103**
2. Completed Claim Forms may alternatively be submitted online via the Settlement Website. In order to log into and file your online Claim Form you will need the Notice ID and Confirmation Code printed on the front of the postcard mailed to all eligible participants.

**WEBSITE: [www.GatewayEnergySettlement.com](http://www.GatewayEnergySettlement.com)**

**Claim Forms must be POST-MARKED OR SUBMITTED ONLINE NO LATER THAN AUGUST 1, 2019 at 11:59 pm, Eastern Standard Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (“the Notice”) available at [www.GatewayEnergySettlement.com](http://www.GatewayEnergySettlement.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 cash benefit of \$.00333 per kilowatt hour for electric supply service received and/or \$.02509 per therm (or therm equivalent) for natural gas supply service received from Gateway while on a variable rate plan during the Class Period. Your specific benefit will vary depending upon your usage of Gateway service during the Class Period. More information is available in the Notice.

**Claim Form Reminder Checklist**  
**Before Submitting this Claim Form, please make sure you:**

1. Complete all fields in Section A of this Claim Form.
2. Complete all fields in Section B of this Claim Form, if your mailing address is different than your eligible property’s address.
3. YOU MUST sign the certification under penalty of perjury in Section C of this Claim Form.
4. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Questions? Call 1-833-780-5120, email [info@GatewayEnergySettlement.com](mailto:info@GatewayEnergySettlement.com) or go to [www.GatewayEnergySettlement.com](http://www.GatewayEnergySettlement.com)

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**GES**

**SECTION A. ACCOUNT HOLDER AND PROPERTY INFORMATION**

Account Holder Name:

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

Account Number: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

Property Street Address (*continued*): \_\_\_\_\_

Property City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION B. MAILING ADDRESS (ONLY COMPLETE IF DIFFERENT THAN THE ADDRESS ABOVE)**

Mailing Street Address: \_\_\_\_\_

Mailing Street Address (*continued*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**SECTION C. CERTIFICATION THAT THIS 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 Gateway during the Class Period;
2. I did not have the account balance discharged due to bankruptcy or receivership;
3. I have not requested to be excluded from this Settlement;
4. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
5. 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;
6. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible and invalid Claims Forms will be rejected.

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

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