

Embarq/Sprint Retiree Medical & Life Insurance Benefits Litigation

RETIREE CONTACT INFORMATION FORM

I/we want to provide the following information to the Legal Team on a confidential and privileged basis.

Please print your full name

Please print the spouse's full name

Date _____

Management (M) or Union (U) employee: _____

If Union employee, provide name of union and local number: _____

Full Name of Retiree _____

Spouse _____

Surviving Spouse _____

Full Address _____

Telephone Number, including Area Code: _____ (Daytime)

_____ (Evening)

_____ (Cell phone)

Email Address _____

Best Days and Times to Reach You by Telephone _____

Name and Phone Number of a child, other relative, or friend who can help you work with lawyers on your claim and who will know your whereabouts if your location should change: _____

What is this person's relation to you? _____

Retiree Date of Birth _____

Spouse Date of Birth _____

Date of Retirement: _____

Age at Retirement: _____

Were you part of a special early retirement or staff reduction program? Yes No

Name of company you retired from: _____

Location of your last workplace: _____

Job title or position you had at time you retired: _____

Were you ever involved in describing or explaining retiree medical or life insurance benefits to employees or retirees? Yes No

Please return your completed form by email, first class mail, or fax to:

Embarq Retiree Lawsuit
Sandals & Associates, P.C.
One South Broad Street
Suite 1850
Philadelphia, PA 19107

Phone: (215) 825-4000
Fax: (215) 825-4001

Email address: main@sandalslaw.com