**See Inc. d/b/a SeeEyeWear**

# CLAIM FORM

**Case No. 2026-008574-CA-01**

Return this Claim Form to:
SeeEyeWear TCPA Settlement, Settlement Administrator, P.O. Box 2002, Chanhassen MN 55317-2002.
Questions, visit **www.SeeEyeWearTCPAsettlement.com** or call **1-877-512-2849**.

**DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY NOVEMBER 27, 2026, BE FULLY COMPLETED, SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.**

**YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.**

Please note that this Claim Form may be researched and verified by the Administrator.

## YOUR CONTACT INFORMATION

**Name**: _____
First Middle Last

**Current Address**: _____
City State ZIP Code

**Provide the telephone number(s) at which you received text message(s) from SeeEyeWear. If you received text messages at more than one phone number, list all such numbers you used. You may leave unused lines blank. The Administrator will verify any qualifying messages to the phone numbers listed below.**

**Telephone Number (*required*):** ( _____ ) _____– _____

**Telephone Number (*if applicable*):** ( _____ ) _____– _____

**Telephone Number (*if applicable*):** ( _____ ) _____– _____

**Email address** *(if any)*: _____

**Current Phone Number**: ( _____ ) _____– _____ **or** ☐ check if same as above
*(Please provide a phone number where you can be reached if further information is required.)*

**Claim ID**: _____

## Settlement Class Member Verification

**By submitting this Claim Form, I attest under penalty of perjury that I am the current or former subscriber or authorized user for the telephone number(s) listed in this Claim Form, and that I received more than one text message from SeeEyeWear, at the telephone number(s) listed above, after opting out of text communications or while my number was listed on the Do Not Call Registry. I further attest that the information provided herein is true and correct under penalty of perjury.**

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Additional information regarding the Settlement can be found at www.SeeEyeWearTCPAsettlement.com.

Signature: _____ Date: _____

Print Name: _____



**If you have questions, you may call the Administrator at 1-877-512-2849.**