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	1. Contact	Information:	CA	ROL	ANN	FUY		
	Full Name	or Name While			SON AVE	YORK	ME 03909	
	Current St	reet Address) 33ュー	4114 \ 6	City 207-35		State	Zip Code	
VERIZON	Area Cod	le Daytime	Telephone Nur	nber	Date of Birth	CWA		
7		prmer Employe			If Former Ba しー26-	rgaining Unit Mer イン	nber, Union Name	
	Retiree Sig	gnature	AM NO	r A "5	Date UPERMED	IA RETIR	FF"	
	2. Yes	□ No	Do you clair or terminate explain the	n that SuperM your current basis for your	ledia does not l retiree health a position (attac	have the right to and welfare bene	and cannot change fits? If yes, please es if necessary and	
	CLASS * ALLEA	ACTUALAW &	BUIT -VE		s): AD NO RIG WHO WERE	HT TO SEL NEVER .	LOPF ITS SUPERMEDIA!	
	3. MYes	□ No	that you cull changing the basis for y supporting d	rently receive ose benefits a our position	e under the Plass described in to (attach addition)	ans that prevents he Letter? If yes	ee medical benefits SuperMedia from please explain the ecessary and any	
		V						
	4. 🗹 Yes	/99, AS ≤	Do you clain Letter, deny to provide y	n that Superl you from rec ou? If yes,	Media's change eiving retiree b please explain	es to the Plans, a enefits that Supe	as described in the rMedia is obligated our position (attach ints):	
	WELL	FRE TOLD	BY PERS	ONNELT	THAT WHAT'S	EVER ACTIV	E EMPLOYZES PEC	جماد
	<i>iN_B6</i> 5. MYes	□ No /	If your answ to support you SuperMedia	HAVE AL er to numbers our position? I with this com	SO ATCOR 2, 3, or 4 is "ye f yes, please se pleted Retiree I	es," do you have end the supporting Benefits Claim Fo	any documentation g documentation to rm. - WILL TAKE =	z∧s
	• •	m this Retiree Be	nefits Claim Fon	n and all suppo	rting documentat	tion via overnight m	ail, fax, or e-mail to: 77M	
POM Com	D IS PANY EXTEX	PARENT " OF CD CARE	"	200 West Ai P.O. Box W Airport, T	619810 X 75261-4008		TO LOCAT	Æ
			·o//-402-V381	or <u>c-mail</u> : <u>S</u>	aperiviediaciai	ms@SuperMedi		
7)16	Page 5 of	8 PCKILL	TOF	ARAM	ACARE :	>	R100-102	

SuperMedia Inc. ("SuperMedia") has amended the Plans (as defined in the attached letter from SuperMedia, ("Letter")) that currently provide you with retiree health and welfare benefits. Based on plan documents, including the current Summary Plan Descriptions and the Plans, SuperMedia believes it has the right to amend, modify, revoke or terminate the Plans at any time and at its discretion. The purpose of this Retiree Benefits Claim Form is to provide you with a procedure to object to SuperMedia's right to amend, modify, revoke, or terminate the Plans at any time and at its discretion. Should you wish to do so, please complete the following and provide any documents you have to support your position.

Sta	nley 5	KV550				
	or Name While	Employed Lane	Mario	~ >7	MA	02738
Current Str	eet Address 748 - 3	_	City		^*-te	Zip Code
Area Code	e Daytime	Telephone Numbe	<u></u>	Date of Birth	CUDA	
	ormer Employe		-	If Former Bar	gaining Unit M M 1985	lember, Union Name
Retirée Sig	nature	•		Date		
2. V Yes	□ No	or terminate you explain the basi	ur current re is for your p	tiree health a	nd welfare bei additional pa	to and cannot change nefits? If yes, please ages if necessary and
THEY P	URCHASED. IONS Unde	any supporting of Yellow PAGE: Referred L	s from V	CRIZON A	nd must	accept all
3. 120 Yes	□ No	that you curren changing those basis for your	itly receive of benefits as of position (a	under the Pia described in that attach additio	ns that prevent the Letter? If you mal pages if	tiree medical benefits nts SuperMedia from es, please explain the necessary and any
SUPER	Medic	supporting docu Cannot Chan	ige their	r obliga	Tions 0	rder (no Isu)
4. XTYes	□ No	Letter, deny you	u from receives. pl	ving retiree be ease explain	enefits that Sup the basis for	e, as described in the perMedia is obligated your position (attach nents):
5. □ Yes	□No		position? If y	es, please se	nd the support	re any documentation to Form.

Please return this Retiree Benefits Claim Form and all supporting documentation via overnight mail, fax, or e-mail to:

SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810

D/FW Airport, TX 75261-4008

Facsimile: 1-877-462-0581 or E-mail: SuperMediaClaims@SuperMedia.com

Page 5 of 8

4. Control Information.

R100-102

JUL 0 2 2012

SUPERMEDIA RETIREE BENEFITS - OBJECTION TO PLAN CHANGES

Sandra 1	? Noe		
Full Name or Name	While Employed		
72 MileL	ane Ipswic	h ma	01938
Current Street Addres	s City	State	Zip Code
(978) 356	5-0209		
Area Code D		Date of Birth	Status - State
MYNEX Inform	Company Employer	Inc CWA	1301
Name of Former Veriz	on Company Employer	Former CWA/IBE	W Union, if applicable
dandre R	Noe	6/29/12	
Signature		Date	

I hereby expressly object and give notice that I fully disagree with SuperMedia's proposed changes to my retiree benefits, as those changes are outlined and discussed in the June 26, 2012 dated packet of information SuperMedia Inc. sent to me. The basis for my position has been amply expressed in numerous court filings submitted in the lawsuit filed in the Dallas federal court, now awaiting decisions by Senior Judge A. Joe Fish. I hereby adopt and agree with all of the claims and relief requested in the case of Murphy, et al., v. Verizon Communications Inc., et al, Civil Action No. 3:09-cv-02262-G (N.D. Texas, J. Fish).

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This Objection Form Has Been Mailed To:

Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

Edwin P. HANSON	
Full Name or Name While Employed	
4608 Mont Blanc De Au	utinTX 78738
Current Street Address City	State Zip Code
(4) 2) 554-2225 Area Code Daytime Telephone	
Area Code Daytime Telephone	Date of Birth
Verizon Directory Services	
Name of Former Verizon Company Employer	Former CWA/IBEW Union, if applicable
Chun Mary	7-2-2012
Signature	Date

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And a Copy of This Objection Form Has Been Mailed To:

Association of BellTel Retirees Inc. P.O. Box 33 Cold Spring Harbor, NY 11724

・RECEIVED JUL 05 2012 さの日

Page 1 of 1

Subi: (no subject) Date: 6/29/2012 9:01:07 A.M. Pacific Daylight Time From: Sabrinahope@aol.com To: cross61roads@aol.com SUPERMEDIA RETIREE BENEFITS - OBJECTION TO PLAN CHANGES Christine M. HARVE Full Name or Name While Employed AN TAN VALLEY, AZ 85142 32120 Th. LARK SPUR Current Street Address City State Zip Code 480) 8xx-1736 Area Code Daytime Telephone Date of Birth NYNEX Name of Former Verizon Company Employer Former CWA/IBEW Union, if applicable printing M. 7 Signature Date

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Joe Garza, Esq., SuperMedia Employee Benefits Counsel
SuperMedia Employee Benefits Committee
2200 West Airfield Drive
P.O. Box 619810
DFW Airport, TX 75261-4008
And a Copy of This Objection Form Has Been Mailed To:
Association of BellTel Retirees Inc.
P.O. Box 33
Cold Spring Harbor, NY 11724

JOANIE KRAFT JOAN B Full Name or Name While Employed	JUL 2 0 2012		
1418 IST AVE. WATERWIE	T NY 72:189		
Current Street Address City (5/8) 573-2652	State Zip Code		
Area Code Daytime Telephone	Date of Birth		
VER1200	I BEW		
Name of Former Verizon Company Employer	Former CWA/IBEW Union, if applicable		
Signature	Date		

I hereby expressly *object* and give notice that I fully disagree with SuperMedia's proposed changes to my retiree benefits, as those changes are outlined and discussed in the June 26, 2012 dated packet of information SuperMedia Inc. sent to me. The basis for my position has been amply expressed in numerous court filings submitted in the lawsuit filed in the Dallas federal court, now awaiting decisions by Senior Judge A. Joe Fish. I hereby adopt and agree with all of the claims and relief requested in the case of *Murphy*, et al., v. Verizon Communications Inc., et al., Civil Action No. 3:09-cv-02262-G (N.D. Texas, J. Fish).

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Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

SUPERMEDIA RETIREE BENEFITS -	OBJECTION TO PLAN CHANGESEIVED
Theresa Evans Lane	JUL 1 3 2012
Full Name or Name While Employed	BY: AGY
8908 Emerald gate DR H	when Heights, Ott 45424
Current Street Address City	State Zip Code
(937), 524 4752	
Area Code Daytime Telephone Verizon Information Sizoles,	Date of Birth
NUS KNOWLAS IDEARC/ SUPERMEDIA	
Name of Former Verizon Company Employer	Former CWA/IBEW Union, if applicable
Theresa Evanstave	July 8, 2012
Signature	Date

I hereby expressly object and give notice that I fully disagree with SuperMedia's proposed changes to my retiree benefits, as those changes are outlined and discussed in the June 26, 2012 dated packet of information SuperMedia Inc. sent to me. The basis for my position has been amply expressed in numerous court filings submitted in the lawsuit filed in the Dallas federal court, now awaiting decisions by Senior Judge A. Joe Fish. I hereby adopt and agree with all of the claims and relief requested in the case of Murphy, et al., v. Verizon Communications Inc., et al, Civil Action No. 3:09-cv-02262-G (N.D. Texas, J. Fish).

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Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

RECEIVED JUL 05 2012

SVA

SUPERMEDIA RETIREE BENEFITS CLAIM FORM

SuperMedia Inc. ("SuperMedia") has amended the Plans (as defined in the attached letter from SuperMedia, ("Letter")) that currently provide you with retiree health and welfare benefits. Based on plan documents, including the current Summary Plan Descriptions and the Plans, SuperMedia believes it has the right to amend, modify, revoke or terminate the Plans at any time and at its discretion. The purpose of this Retiree Benefits Claim Form is to provide you with a procedure to object to SuperMedia's right to amend, modify, revoke, or terminate the Plans at any time and at its discretion. Should you wish to do so, please complete the following and provide any documents you have to support your position.

1. Contact	t Information:	DALEL	BURKS	
Full Name	or Name W	hile Employed	wers LECH	WON, TN 37087
Current S	treet Address	143-1811 C	ity	Zip Code
Area Code Daytime Telephone Number GTE DIRECTORIES Name of Former Employer		Date of Birth		
		If Former Bargaining Unit Member, Union Name		
Retiree Si	gnature :		Date	
2. X(Yes	□ No	or terminate your curr	rent retiree health and voor position (attach ac	e the right to and cannot change welfare benefits? If yes, please iditional pages if necessary and
3.XYes	D No	that you currently rec	ceive under the Plans- its as described in the L ion (attach additional	it to the retiree medical benefits that prevents SuperMedia from etter? If yes, please explain the pages if necessary and any
4. /XYes	□ No	Do you claim that SuperMedia's changes to the Plans, as described in the Letter, deny you from receiving retiree benefits that SuperMedia is obligated to provide you? If yes, please explain the basis for your position (attach additional pages if necessary and any supporting documents):		
5. 🗆 Yes	ZZ No	to support your positio	bers 2, 3, or 4 is "yes," in? If yes, please send i completed Retiree Bene	do you have any documentation the supporting documentation to fits Claim Form.
Please retu	m this Retiree	Benefits Claim Form and all su	pporting documentation v	ia overnight mail, fax, or e-mail to:
		- 2200 V	LC c/o SuperMedia Cli Vest Airlield Drive O. Box 619810	

D/FW Airport, TX 75261-4008

Facsimile: 1-877-462-0581 or E-mail: SuperMediaClaims@SuperMedia.com

R100-101

- 2. I retired after 34 years from GTE Directories. At the time of my retirement I was advised that medical insurance was a part of my "package" and that this insurance would continue to be paid for my lifetime. The companies that followed the company I worked for should have no ability to alter or cease coverage promised to me.
- 3. I do so claim. Super Media should not have the ability to alter in any way commitments made to me during my employment with GTE Directories. Funds were set aside to cover those commitments and should not be available for alteration by the companies that may have followed.
- 4. See numbers 2 and 3 above.
- 5. I received booklets annually and at my retirement certifying my coverage in various insurance plans that were to provide coverage as mentioned in #2 above.

LOBERT B. MENTZEL	
Full Name or Name While Employed	
5400 MEHORIAL DA., AA	#808 HOUSIN TX 77007 State Zip Code
Current Street Address City	State Zip Code *
(713)868-8922	
Area Code Daytime Telephone	Date of Birth
VYWEX INFO RESOURCES	
Name of Former Verizon Company Employer	Former CWA/IBEW Union, if applicable
Signature	Date

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This Objection Form Has Been Mailed To:

Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

SUPERMEDIA RETIREE BE	enefits – <i>ob</i> .	<i>JECTION</i> TO PLAN CH		
Carl B. Ohnstad			JUL 1 3 2012	
Full Name or Name While Em	ployed			
7505 Northfield Dr.	North R	ichland Hills TX	76182	
Current Street Address	City	State	Zip Code	
(817) 281-	8896			
Area Code Daytim	e Telephone	Date of Birth		
Verizon Information Services	s (Directories C	iorp.)	N/A	
Name of Former Verizon Com	idany Employe	Former CWA/IBEW	Union, if applicable	
Coul B Cliva	td	7/2/2012		
Signature		Date		

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Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

CLAIRE M. PALMER			ECEIVED
Full Name or Name While Employed			JUL 0 2 2012
26 CRESCENT SPESET WEST	TUENTON MA	02465	· .
Current Street Address City	State	Zip Code	
(617) 332-4913			
Area Code Daytime Telephone NYWELL INFORMATION RESOURCE	Date of Birth		
Name of Former Verizon Company Empk		EW Union, if ap	plicable
Clave m. Palmer	June 28,00	20 J-2	ALLER PARTY.
Signature	Date	7.7	

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Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

HOWARD Shapses Full Name or Name While Employed	
	The state of the s
23920 ANZA AV. APT-147 - Current Street Address City	TORRANCECA. 90505
Current Street Address City	State Zip Code
(310) 465-1424	
Area Code Daytime Telephone	Date of Birth
VERIZON YELLOW PAGES	CWA-1020
Name of Former Verizon Company Employer	Former CWA/IBEW Union, if applicable
Xleway Dun	7/4/2
Signature //	Date /

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And a Copy of This Objection Form Has Been Mailed To:

BERNARD ALBERT ZENC	15
Full Name or Name While Employed	
208 BRIDLE BEND, CIB Current Street Address City	0LO. TX 78108
Current Street Address City	State Zip Code
(210) 251-2423	
Area Code Daytime Telephone	Date of Birth
NYNEX INFO RESOURCES	
Name of Former Verizon Company Employer	Former CWA/IBEW Union, if applicable
Gernard Quest	JULY 2, 2012
Signature	Date

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And a Copy of This Objection Form Has Been Mailed To:

LINTON A. I	BELLO TO THE STATE OF THE STATE
Full Name or Name While Employed	
33629 TAMERRON	WAY WILDOMAR CA 92595
Current Street Address City	State Zip Code
(714) 745-2701	
Area Code Daytime Telephone	Date of Birth
STE DIRFCTORIES	
Name of Former Verizon Company Empl	oyer Former CWA/IBEW Union, if applicable
Vota Frell	7-24-12
Signature	- Date

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SuperMedia Employee Benefits Committee
2200 West Airfield Drive
P.O. Box 619810
DFW Airport, TX 75261-4008

RECEIVED

JUL 8 0 2012

BY: 5DA

And a Copy of This Objection Form Has Been Mailed To:

Case 3:12-cv-02034-G Document 23-46 Filed 08/02/12 Page 16 of 28 PageID 5283

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SUPERMEDIA RETIREE BENEFITS CLAIM FORM

SuperMedia Inc. ("SuperMedia") has amended the Plans (as defined in the attached letter from SuperMedia, ("Letter")) that currently provide you with retiree health and welfare benefits. Based on plan documents, including the current Summary Plan Descriptions and the Plans, SuperMedia believes it has the right to amend, modify, revoke or terminate the Plans at any time and at its discretion. The purpose of this Retiree Benefits Claim Form is to provide you with a procedure to object to SuperMedia's right to amend, modify, revoke, or terminate the Plans at any time and at its discretion. Should you wish to do so, please complete the following and provide any documents you have to support your position.

1. Contact Info	ormation:	ON A	Bell-	
Full Name or I	Name While Employed		HUDOMAK	CA 92595
Current Street		City	State	Zip Code
Area Code	Daytime Telephone	Number	Date of Birth	
Name of Form	er Employer		If Former Bargaining	Unit Member, Union Name
Retiree Signal	PURILINA CONTRACTOR AND	Brook	Dale .	
2. prres 🗆	or termir explain t	ate your current	retiree health and welfar position (attach additio	right to and cannot change are benefits? If yes, please nal pages if necessary and
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LIFE	FOR ME AN	UD MY	WIFE BY G	TE) VERIZON
3. Z Yes □	that you changing basis fo	currently receive those benefits a	e under the Plans that is described in the Letter	the retiree medical benefits prevents SuperMedia from ? If yes, please explain the es if necessary and any
ABOVE				
	Letter, d to provid	eny you from red le you? If yes,	eiving retiree benefits th	Plans, as described in the lat SuperMedia is obligated is for your position (attach documents):
_ABOV I				
5. 12 Yes 🗆				ou have any documentation upporting documentation to
			pleted Retiree Benefits (

Please return this Retiree Benefits Claim Form and all supporting documentation via overnight mail, fax, or e-mail to:

SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810

D/FW Airport, TX 75261-4008

Facsimile: 1-877-462-0581 or E-mail: SuperMediaClaims@SuperMedia.com

SUPERMEDIA RETIREE BENEFITS - OBJECTION TO PLAN CHANGES 9 2012

Pame A L Bennett

Full Name or Name While Employed

3001 Route 130 S. Apt. 81 C Delran NJ 08075

Current Street Address City State Zip Code

(609) 3/3-8072

Area Code Daytime Telephone Date of Birth

Bell Atlantic-fa.

Name of Former Verizon Company Employer

Former CWA/IBEW Union, if applicable

Case 3:12-cv-02034-G Document 23-46 Filed 08/02/12 Page 17 of 28 PageID 5284

I hereby expressly object and give notice that I fully disagree with SuperMedia's proposed changes to my retiree benefits, as those changes are outlined and discussed in the June 26, 2012 dated packet of information SuperMedia Inc. sent to me. The basis for my position has been amply expressed in numerous court filings submitted in the lawsuit filed in the Dallas federal court, now awaiting decisions by Senior Judge A. Joe Fish. I hereby adopt and agree with all of the claims and relief requested in the case of Murphy, et al., v. Verizon Communications Inc., et al, Civil Action No. 3:09-cv-02262-G (N.D. Texas, J. Fish).

I was surreptitiously and involuntarily transferred from Verizon's sponsored retiree benefit plans. I have never consented to being enrolled in Idearc/SuperMedia's sponsored retiree benefit plans. I expressly object to each and every negative detrimental change that has been proposed and announced by SuperMedia. SuperMedia has no right to amend, modify, revoke or terminate any of my retiree benefits. I submit this as a written claim for continued retiree benefits, and for all of the reasons stated and established in the legal arguments and supporting documentation submitted by attorneys for the Plaintiffs/Class Representatives in the pending *Murphy* lawsuit, I expressly demand that, immediately, I be transferred out of SuperMedia's retiree benefit plans and reinstated into Verizon's retiree benefit plans and restored all lost benefits.

This Objection Form Has Been Mailed To:

Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

SuperMedia Inc. ("SuperMedia") has amended the Plans (as defined in the attached letter from SuperMedia, ("Letter")) that currently provide you with retiree health and welfare benefits. Based on plan documents, including the current Summary Plan Descriptions and the Plans, SuperMedia believes it has the right to amend, modify, revoke or terminate the Plans at any time and at its discretion. The purpose of this Retiree Benefits Claim Form is to provide you with a procedure to object to SuperMedia's right to amend, modify, revoke, or terminate the Plans at any time and at its discretion. Should you wish to do so, please complete the following and provide any documents you have to support your position.

1. Contact Information	Bobo			
Full Name or Name W		Newark	NT	07/03
Cyrrent Street Address		City	State	Zip Code
Area Code Dayti	me Telephone Numbe		irth	0
Name of Former Empl	oyer BUBO		Bargaining Unit N 3- 12	Member, Union Name
Retiree Signature		Date		
There Confits	explain the basi	l for over 1	ttach additional pa	ages if necessary and Return Version
3. ⊠ Yes □ No	that you curren changing those	nat you have a continuity receive under the benefits as described position (attach adments):	Plans that preve in the Letter? If y	ents SuperMedia from es, please explain the
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entitled) to head	Do you claim the Letter, deny you to provide you?	nat SuperMedia's cha u from receiving retire of If yes, please expl s if necessary and any	nges to the Plans e benefits that Su ain the basis for	as described in the perMedia is obligated your position (attach
asset and L	portion of the	1. EMS Clorus	unt statice	a Oll. orr
5. SEYes □ No	to support your	o numbers 2, 3, or 4 is position? If yes, please that this completed Retire	e send the suppor	ting documentation to

Please return this Retiree Benefits Claim Form and all supporting documentation via overnight mail, fax, or e-mail to:

SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810 D/FW Airport, TX 75261-4008

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SDA

Facsimile: 1-877-462-0581 or E-mail: SuperMediaClaims@SuperMedia.com

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Full Name or Name W	CASS, DY nile Employed MILLS	Purins, NJ	07950
Current Street Address	52.70 Cil		Zip Code
france and a contraction of the second second is the second	ne Telephone Number	Date of Birth	JA 1628
Name of Former Empk		If Former Bargaining Uni	
Retiree Signature		Date	
2.L.Yes All Control of the Control o	or terminate your curre	erMedia does not have the rigit ent retiree health and welfare to our position (attach additional ents):	oenefits? If yes, please
3. LYes DNo	that you currently rece changing those benefits	have a continuing right to the sive under the Plans that pre- s as described in the Letter? It on (attach additional pages :	vents SuperMedia from fyes, please explain the
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4. IPYes No CATIACK;	Letter, deny you from r to provide you? If ye additional pages if nece	erMedia's changes to the Pla receiving retiree benefits that s s, please explain the basis for essary and any supporting doc	SuperMedia is obligated or your position (attach
5. DrYes □ No	to support your position	ers 2, 3, or 4 is "yes," do you h i? If yes, please send the supp ompleted Retiree Benefits Clai	orting documentation to
Please return this Petime	Banefite Claim Form and all eur	poorting documentation via overni	oht mail fav ore mail to:

SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810

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SOA

D/FW Airport, TX 75261-4008

Dennis Cassily	
Full Name or Name While Employed H ARATE (ANE MU	niris Plains, NJ. 079
Current Street Address City	State Zip Code
(973) 984-5250 Area Code Daytime Telephone	
Area Code Daytime Telephone	Date of Birth
IDEAR	LOCAL COUNT 1020
Name of Former Verizon Company Employe	Former CWA/IBEW Union, if applica
	7/2/2012

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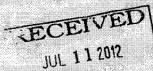
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Joe Garza, Esq., SuperMedia Employee Benefits Counsel SuperMedia Employee Benefits Committee 2200 West Airfield Drive P.O. Box 619810 DFW Airport, TX 75261-4008

And a Copy of This Objection Form Has Been Mailed To:

Association of BellTel Retirees Inc. P.O. Box 33 Cold Spring Harbor, NY 11724

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1. Contact	Information:	Joseph	J. GA	MAGHE	R.	
Full Name	or Name While	e Employea	SALE		NH	03079
	reet Address 1 893 o	518	City	Lovinsia	- Diala	Zip Code
Area Coo	le Daytime	Telephone Numb	Der RVICES	Date of Birt	h	
Name of F	ormer Employ			If Former B	argaining Unit I	Member, Union Name
Retired Si	gnylture //			Date 7	-6-12	
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5. [2] Yes	■ No	to support you	r position? If	yes, please s		ve any documentation rting documentation to Form.

Please return this Retiree Benefits Claim Form and all supporting documentation via overnight mail, fax, or e-mail to:

SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810 D/FW Airport, TX 75261-4008

Facsimile: 1-877-482-0581 or E-mail: SuperMediaClaims@SuperMedia.com

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	Information:	Semmell		
Full Name		ille Employed	X7 Gwol	F60∂r
Company of the control of the contro	reet Address	SOA City	State	Zip Code
Area Cod		ne Telephone Number	Date of Birth	
	omer Emplo		If Former Bargaining Unit M	lember, Union Name
Retiree Sig			Date	
2. A Yes	□ No	or terminate your current respectively explain the basis for your any supporting documents	edia does not have the right to retiree health and welfare ber position (attach additional path): The Componition of the compo	nefits? If yes, please ges if necessary and
3. ★ Yes	□ No 	that you currently receive changing those benefits as basis for your position (supporting documents):	re a continuing right to the relunder the Plans that prever described in the Letter? If ye (attach additional pages if	nts SuperMedia from es, please explain the
4. XYes	□ No	Letter, deny you from rece to provide you? If yes, p	ledia's changes to the Plans living retiree benefits that Sup please explain the basis for ary and any supporting docum	perMedia is obligated your position (attach
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5.XI Yes	□ No	to support your position? If	2, 3, or 4 is "yes," do you hav yes, please send the support pleted Retiree Benefits Claim I	ing documentation to

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2200 West Airfield Drive
P.O. Box 619810
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SDA

Facsimile: 1-877-462-0581 or E-mail: SuperMediaClaims@SuperMedia.com

Page 7 of 14

R100-100

SuperMedia Inc. ("SuperMedia") has amended the Plans (as defined in the attached letter from SuperMedia, ("Letter")) that currently provide you with retiree health and welfare benefits. Based on plan documents, including the current Summary Plan Descriptions and the Plans, SuperMedia believes it has the right to amend, modify, revoke or terminate the Plans at any time and at its discretion. The purpose of this Retiree Benefits Claim Form is to provide you with a procedure to object to SuperMedia's right to amend, modify, revoke, or terminate the Plans at any time and at its discretion. Should you wish to do so, please complete the following and provide any documents you have to support your position.

1. Contact Information: RET M. KETZER
Full Name or Name While Employed W. KETZER
Current Street Address 3-7054 City RENSSELAEKState NY Zip Code 12144
Area Code Daytime Telephone Number Data of Birth
Name of Former Employer If Former Bargaining Unit; Member, Union Name If Former Bargaining Unit; Member, Union Name
Retirée Signature Date 6-27-12
2. A Yes I No // Do you claim that SuperMedia does not have the right to and cannot change or terminate your current retiree health and welfare benefits? If yes, please explain the basis for your position (attach additional pages if necessary and
We WERE GUAR ANTEEN CONERAGE BY OUR UNION CONTENS UNTO DETIKENCE
3. New Yes Do you claim that you have a continuing right to the retiree medical benefits that you currently receive under the Plans that prevents SuperMedia from changing those benefits as described in the Letter? If yes, please explain the basis for your position (attach additional pages if necessary and any supporting documents):
SUPERMEDIA IS BREAKING CONTRACT AGREEMENT
4. Larges I No Do you claim that SuperMedia's changes to the Plans, as described in the Letter, deny you from receiving retiree benefits that SuperMedia is obligated to provide you? If yes, please explain the basis for your position (attach additional pages if necessary and any supporting documents):
BE READY FOR A BIG- SUIT YOU WILL BE SUED
5. Yes If your answer to numbers 2, 3, or 4 is "yes," do you have any documentation to support your position? If yes, please send the supporting documentation to
I CAN GET COPY OF BETIKEMENT PACKAGE
Please return this Retiree Benefits Claim Form and all supporting documentation via overnight mail, fax, or e-mail to: SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810

D/FW Airport, TX 75261-4008
Facsimile: 1-877-462-0581 or E-mail: SuperMediaClaims@SuperMedia.com

R100-102

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SUPERMEDIA RETIREE BENEFITS CLAIM FORM

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1. Contact Information:	Sharon Lex	NES	
Full Name or Name While		Vise Levnex	
Current Street Address / 38897	580 LASOTA AV. City	JACKSONUILLE State FL	Zip Code 322/0
Area Code Daytime	Telephone Number	Date of Birth	
Name of Former Employe	"Theyon V. Lynn	If Former Bargaining Unit M	
Retiree Signature		Date ()	
2. Ø Yes □ No	or terminate your current explain the basis for you	Media does not have the right to t retiree health and welfare ber or position (attach additional pa	nefits? If yes, please
With 20 com	any supporting document	in one granantia	life-time
3. ☑Yes □ No	that you currently received changing those benefits a basis for your position	ave a continuing right to the ret we under the Plans that prever as described in the Letter? If ye (attach additional pages if	nts SuperMedia from es, please explain the
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4. EYes No	Do you claim that Super Letter, deny you from rec	rMedia's charges to the Plans, ceiving retiree benefits that Supplease explain the basis for	, as described in the perMedia is obligated
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5. 图 Yes (近 No 「V	If your answer to number to support your position?	rs 2, 3 or 4 is "yes," do you hav If yes, please send the support impleted Retiree Benefits Claim	ting documentation to
Please return this Retiree Bo		Chiplesus to file a Coording documentation via overnight	mall, fax, or e-mail to:

SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810

D/FW Airport, TX 75261-4008

<u>Facsimile</u>: 1-877-462-0581 or <u>E-mail</u>: SuperMediaClaims@SuperMedia.com

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Current Street Address	*7838 City		Zip Code
Supermed!		Date of Birth	
Name of Former Employ Retiree Signature		If Former Bargaining Unit	Member, Union Name
2. Yes Who	or terminate your curred explain the basis for yo	erMedia does not have the righ nt retiree health and welfare b our position (attach additional	enefits? If yes, please
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		~ retires, lengt	
4. (AYes □A76	Letter, deny you from re to provide you? If yes	erMedia's changes to the Pláseceiving retiree benefits that S s, please explain the basis for	uperMedia is obligated r your position (attach
	2 additional pages in nece	ssary and any supporting docu	mens).
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linsed on	If your answer to number to support your position	ers 2, 3, or 4 is "yes," do you h ? If yes, please send the supp	ave any documentation to
Sport No	If your answer to number to support your position' SuperMedia with this co	ers 2, 3, or 4 is "yes," do you he? If yes, please send the suppompleted Retiree Benefits Clair	ave any documentation orting documentation to n Form.
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Page 7 of 14

Law Offices Of

PAUL M. MONZIONE, P.C.

Two South Main Street Second Floor P.O. Box 1478 Wolfeboro, New Hampshire 03894 (603) 569-9599 FAX (603) 569-0599

TELEFAX TRANSMISSION

TO:

Deb Ryan, Executive Vice President, Human Resources

FAX NUMBER:

877-462-0581

FROM:

Law Offices of Paul M. Monzione, P.C.

RE:

John L. Sullivan

Former Employer: Nynex Information Resources

CWA, Local 2201

DATE:

July 10, 2012

No. Of pages including this page: (3)

Original will follow by mail (X)

The information contained in this facsimile message is confidential and may be attorney-client privileged information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Mail. Thank you.

LAW OFFICES OF PAUL M. MONZIONE, P.C.

TWO SOUTH MAIN STREET® SECOND FLOOR
P.O. BOX 1478
WOLFEBORO, NEW HAMPSHIRE 03894
(603) 569-9599
TELEFAX (603) 569-0599

Reply to: Wolfeboro Office Paul M. Monzione

July 10, 2012

Via Facsimile& Certified Mail 1-877-462-0581

Deb Ryan, Executive Vice President Human Resources Department SuperMedia LLC c/o SuperMedia Claims 2200 West Airfield Drive P.O. Box 619810 D/FW Airport, TX 75261-4008

Re: John L. Sullivan

Former Employer: Nynex Information Resources CWA, Local 2201

Dear Ms. Ryan:

Mr. John L. Sullivan has requested that my office assist him with regard to his rights and remedies resulting from your company's unilateral change of certain of his retirement benefits as set forth in your letter to him of June 26, 2012.

That letter also includes certain other documents, including a document entitled "Frequently Asked Questions."

I note that one of the questions that is not included in this document is a question which I am requesting you kindly answer, namely, what is the legal basis on which SuperMedia is relying to attempt to unilaterally make these changes to Mr. Sullivan's retirement benefits? Specifically, please identify the legal grounds for this unilateral modification of the agreement.

I appreciate that your letter sets forth the economic reasons for attempting to make this change. However, it is my understanding that SuperMedia has a contractual obligation to continue to provide the same benefits Mr. Sullivan is currently receiving for the rest of his life.

<u>SAN FRANCISCO OFFICE</u> 1388 SUTTER STREET, SUITE 910 SAN FRANCISCO, CA 94109 (415) 346-9600 TELEFAX: (415) 928-4136 PORTSMOUTH OFFICE 74 BOW STREET, SUITE 206 PORTSMOUTH, NH 03801 (603) 334-9800 TELEFAX: (603) 569-0599 Page 2 Deb Ryan, Executive Vice President

Please get back to me at your earliest convenience to confirm in writing that Mr. Sullivan's benefits will remain in effect as required by his agreement with your company. Otherwise, kindly turn this letter and its request over to your attorney or legal department, and I will be happy to work with an attorney on your behalf.

I look forward to hearing from you at your earliest convenience.

, 019/11/11/9/9/01/13,

Raul M. Monzione

PMM/bak

Cc: John L. Sullivan