

ID Theft Claim Packet

Please fill in the requested information as directed. Sections that are left blank or incomplete can lead to additional processing time for your claim. Please submit all pages from this form along with copies (NOT originals) of the additional required documents to:

Email:

CSA_IDT@comcast.com

Fax:

*Comcast Customer Security Assurance
Attention Fraud Department
866-308-1542*

Mail:

*Comcast
Customer Security Assurance
Attention Fraud Department
1800 Bishops Gate Blvd
Mt Laurel Township, NJ 08054*

Document Checklist

The following supporting documents, at a minimum, must be submitted along with this packet. If these documents are not submitted, we may be unable to complete our investigation and process your claim.

1. A copy of a valid government issued photo identification. **Do not** submit Military identifications. If you are under the age of 18 and you do not have a government issued photo identification, you may submit a copy of your birth certificate.
2. Computer-generated documents proving your residence during the time the service at the disputed account was active. It is important that these documents have your name, the date they were sent/issued, and your address clearly listed. You may redact (blackout) any other personal information as you deem appropriate. If you are or were a Comcast subscriber, a copy of your Comcast statement at a different address cannot be submitted for proof of residence.

Identity Theft Claim Process
Consent to Contact

After we receive your packet, we may need to contact you about your claim if we need additional information or in order to provide you with the status of your claim. Your information **will not** be used for solicitation or advertising. **If this section is not completed, signed, and dated, it can lead to additional processing times for your claim.** You may also visit www.xfinity.com/IDTheftclaimform for more information.

Full Name: _____

Please provide the best contact points to reach you about your Identity Theft claim below.

Email: _____

Address: _____

Telephone: _____

I expressly consent to receive calls, texts, and emails related to my identify theft submission. I agree that these calls, texts, and emails are not unsolicited. I understand and acknowledge that calls and texts may entail the use of an automatic telephone dialing system and/or artificial or prerecorded messages.

If the below signature is typed or signed digitally:

I agree that my electronic signature typed below is the legally binding equivalent to my handwritten signature.

Signature: _____



Date: _____

General Information

1. My full legal name is: _____
(First) (Middle) (Last)

2. My date of birth is: _____
(Day/Month/Year)

3. My full Social Security number is: _____

4. My Driver's license or state identification number is: _____

5. My current address is: _____

6. City _____ State _____ Zip Code _____

7. I have lived at this address since: _____
(Month/Year)

8. (If different from above) When the events described in this form took place, my address was:

City _____ State _____ Zip Code _____

9. I lived at the address in item (8) from _____ to _____
(Month/Year) (Month/Year)

10. I have previously filed an ID Theft report with Comcast: Yes No

If "Yes", please describe the incident and resolution:

How the ID Theft Occurred

Check all that apply for items 11-16

11. I did not authorize anyone to use my name or personal information to seek the Comcast account, products or services described in this report

12. My identification documents (credit cards; birth certificate; driver's license; Social Security card; etc.) were: stolen or lost on or about _____
(Month/Year)

13. To the best of my knowledge and belief, the following person(s) may have used my information (my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to establish Comcast services without my knowledge or authorization:

Name (if known)	Name (if known)
Address (if known)	Address (if known)
Phone number(s) (if known)	Phone number(s) (if known)
Additional information (if known)	Additional information (if known)
Relationship to Self	Relationship to Self

14. I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.

15. I was forced to open the Comcast account in my name because I was coerced through manipulation, threats, and/or violence.

16. Additional Comments: (description of ID Theft, specific documents used or information regarding how the identity thief gained access to your information.)

(Attach additional pages as necessary)

Law Enforcement Actions

Having a police report may be helpful to process your claim. If you have already filed a police report, please include the information you have.

17. (check one) I have have not reported the events described in this form to the police or other law enforcement agency. The police did did not write a report. Please complete the following as applicable:

(Agency #1)

(Officer/Agency personnel taking report)

(Date of report)

(Report number)

(Phone number)

(Email address, if any)

(Agency #2)

(Officer/Agency personnel taking report)

(Date of report)

(Report number)

(Phone number)

(Email address, if any)

Fraudulent Account Statement

I declare (check all that apply):

As a result of the event(s) described in this form, the following account(s) were opened with Comcast in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Account number (if known)

Date issued or opened (if known)

Account balance (if known)

Account number (if known)

Date issued or opened (if known)

Account balance (if known)

I am a current Comcast subscriber and below is my account information. ***If you do not provide this information, your service may be interrupted as a part of our investigation into your claim.***

Billing name: _____

Billing address: _____

Account number: _____

Date account opened (approximately): _____

Signature

I certify that, to the best of my knowledge and belief, all of the information on and attached with this ID Theft claim packet is true, correct, and complete and made in good faith. I also understand that this packet or the information it contains may be made available to federal, state and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. § 1001 or other federal, state, or local criminal statutes, and may result in the imposition of a fine, imprisonment or both.

If the below signature is typed or signed digitally:

I agree that my electronic signature typed below is the legally binding equivalent to my handwritten signature.



(Signature)

(Date signed)

(Printed name)

(Telephone number)

If you were a minor or homeless during the period of the disputed account, have a legal guardian, social worker, or homeless shelter coordinator complete the below:

I attest that the above individual was under my care during the period of the disputed account and have provided additional documentation confirming such.

(Signature)

(Date signed)

(Printed name)

(Telephone number)