*In re Thalomid and Revlimid Antitrust Litigation*
Settlement Administrator
P.O. Box 43143
Providence, RI 02940-3143

**TMN**

*In re Thalomid and Revlimid*
*Antitrust Litigation*

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Case No. 2:14-cv-06997

**MUST BE POSTMARKED OR FILED ELECTRONICALLY ON OR BEFORE DECEMBER 30, 2019**

# CONSUMER CLAIM FORM

Use Blue or Black Ink Only

ATTENTION: THIS FORM IS TO BE FILLED OUT ONLY ON BEHALF OF A THIRD-PARTY PAYOR, NOT INDIVIDUAL CONSUMERS

TO QUALIFY TO RECEIVE A PAYMENT FROM THIS SETTLEMENT, YOU MUST COMPLETE AND SUBMIT THIS CLAIM FORM.

**YOUR CLAIM MUST BE POSTMARKED OR FILED ELECTRONICALLY ON OR BEFORE DECEMBER 30, 2019**

**Mail your claim to:**

*In re Thalomid and Revlimid Antitrust Litigation*
Settlement Administrator
P.O. Box 43143
Providence, RI 02940-3143

**OR**

**Submit a Claim Form online at www.ThalomidRevlimidLitigation.com.**

| FOR CLAIMS PROCESSING ONLY | OB | CB | DOC LC REV | RED A B |
|---|---|---|---|---|

## Section A: General Information

Contact Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Email Address

Area code — Telephone number (home) — | Tax Identification Number — —

Complete Only If Applicable: Agent/Legal Representative Submitting this Form on Behalf of the Settlement Class Member:

Authorized Agent's Company Name

Contact Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Email Address

Area code — Telephone number (home) — | Authorized Agent's Tax Identification Number — —

## Section B: Purchase Information

Provide the amount of money you spent on each drug for prescriptions filled before August 1, 2019 for use by you or your family. Only include purchases made in California, the District of Columbia, Florida, Kansas, Maine, Massachusetts, Michigan, Nebraska, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, or Tennessee. In other words, you had to reside in, submit a payment in, or your pharmacy had to be located in one of these states when you paid for the drugs.

| Thalomid | TOTAL |
|---|---|
| Provide the total amount of money spent on qualifying prescriptions of Thalomid before August 1, 2019. | $ ____ . __ |

| Revlimid | TOTAL |
|---|---|
| Provide the total amount of money spent on qualifying prescriptions of Revlimid before August 1, 2019. | $ ____ . __ |

## Section C: Purchase Information

**You do not need to provide any documentation at this time**. However, the Claims Administrator may ask for additional proof of purchase.

## Section D: Certification

I have read and am familiar with the contents of this Claim Form. I certify that the information provided by me is true, correct and complete to the best of my knowledge. I further certify that I am submitting this information on behalf of myself or a Settlement Class Member for whom I serve in the capacity of an authorized agent.

I hereby submit to the jurisdiction of the United States District Court for the District of New Jersey for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form.

**I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge and that this Claim Form was executed this ________ day of ____________________, 2019.**

Signature: ________________________________________ Print Name: ______________________________

Electronically file or mail the completed Claim Form postmarked on or before December 30, 2019, to the following address:

*In re Thalomid and Revlimid Antitrust Litigation*
Settlement Administrator
P.O. Box 43143
Providence, RI 02940-3143

**REMINDER CHECKLIST:**

1. Please complete and sign the above Claim Form.
2. Keep a copy of your Claim Form and supporting documentation for your records.
3. If you would also like acknowledgement of receipt of your Claim Form, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.
4. If you move and/or your name changes, please send your new address and/or your new name or contact information to the Settlement Administrator via the Settlement Website or U.S. Mail.

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