In re Thalomid and Revlimid Antitrust Litigation
Settlement Administrator
P.O. Box 43508
Providence, RI 02940-3508

THL

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 October 15, 2020

CONSUMER CLAIM FORM

CLAIMANT INFORMATION

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation

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 OCTOBER 15, 2020

Mail your claim to:

In re Thalomid and Revlimid Antitrust Litigation
Settlement Administrator
P.O. Box 43508
Providence, RI 02940-3508

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

The Settlement Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Settlement Administrator in writing at the address above.

Settlement Class Member Name (i.e., the person that paid for Thalomid or Revlimid)

Street Address

City | State | ZIP Code

Email Address

— —
Daytime/Preferred Telephone Number

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

Street Address

City | State | ZIP Code

Email Address

— —
Daytime/Preferred Telephone Number

Section B: Purchase Information

Provide the amount of money you spent on each drug for prescriptions filled before May 20, 2020 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

Provide the total amount of money spent on qualifying prescriptions of Thalomid before May 20, 2020

TOTAL

$.

REVLIMID

Provide the total amount of money spent on qualifying prescriptions of Revlimid before May 20, 2020

TOTAL

$.

Section C: Note Regarding Documentation

You do not need to provide any documentation at this time. However, the Settlement 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 _____, 2020.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

Electronically file or mail the completed Claim Form postmarked on or before **October 15, 2020** to the following address:

In re Thalomid and Revlimid Antitrust Litigation
Settlement Administrator
P.O. Box 43508
Providence, RI 02940-3508

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.

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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