

**MUST BE POSTMARKED
ON OR BEFORE
JULY 25, 2022**

FOR OFFICIAL USE ONLY

*In re EpiPen (Epinephrine Injection, USP)
Marketing, Sales Practices,
and Antitrust Litigation*

Case No. 2:17-md-02785-DDC-TJJ, MDL No. 2785 (D. Kan.)

CONSUMER PROOF OF CLAIM

If you submitted a Proof of Claim form in 2021 as part of the settlement in this case with the Pfizer Defendants and you wish to participate in the settlement with the Mylan Defendants as well, you **DO NOT** need to do anything further and **DO NOT** need to submit a new Proof of Claim form. You should only submit a Proof of Claim form now if you wish to participate in the settlement with the Mylan Defendants and did not previously submit a Proof of Claim form. If you submit a Proof of Claim form now, **YOUR CLAIM MUST BE POSTMARKED OR SUBMITTED ONLINE ON OR BEFORE JULY 25, 2022.**

Submit the Proof of Claim form using the Settlement Administrator's website, www.EpiPenClassAction.com

OR

Mail your claim to:

EpiPen Settlement
c/o A.B. Data, Ltd.
P.O. Box 173113
Milwaukee, WI 53217

**ATTENTION: THIS FORM IS ONLY TO BE FILLED OUT BY CONSUMERS. IF YOU ARE A
THIRD-PARTY PAYOR, PLEASE FILL OUT THE THIRD-PARTY PAYOR FORM**

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative

Street Address

City

State

Zip

Mobile Telephone Number

Email Address*

*By providing your email address, you authorize the Settlement Administrator to use it in providing you with information relevant to this claim.

Unless you affirmatively select alternative means for payment, all settlement payments will be digitally sent to you via email. Please ensure you provide a current, valid email address and mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with a number of digital payment options such as PayPal, Venmo, Apple Pay, Amazon, or direct deposit, to immediately receive your settlement payment. The email and/or text will also give you the option to request a paper check.

Section B: Should I File a Claim Form?

In order to be eligible to file a claim form and receive a cash distribution from the proposed Settlement, you must be a person or entity in the United States who paid or provided reimbursement for some or all of the purchase price of branded EpiPen® or EpiPen Jr® (collectively, “EpiPen”) devices or authorized generic versions of EpiPen devices for the purpose of consumption, and not resale, by yourself or your family member(s) at any time between August 24, 2011, and November 1, 2020.

Several groups are excluded from the Class and are not eligible to file a claim form and receive a cash distribution from the proposed Settlement, even if they otherwise meet the definition above. The following groups are excluded from Class:

- a. Any person or entity who is an officer, director, manager, employee, subsidiary, or affiliate of Pfizer, Inc., Meridian Medical Technologies, Inc., King Pharmaceuticals, Inc. (n/k/a King Pharmaceuticals LLC), Mylan N.V., Mylan Specialty L.P., or Mylan Pharmaceuticals Inc. (together, the “Defendants”);
 - b. Insured consumers who purchased branded or authorized generic EpiPen devices only via a fixed dollar co-payment that is the same for all covered devices, whether branded or generic, regardless of the price of the device (e.g., \$20 for all branded and generic devices);
 - c. Consumers who purchased or received branded or authorized generic EpiPen devices only through a Medicaid program;
 - d. Consumers who only purchased branded or authorized generic EpiPen devices directly from one or more of the Defendants;
 - e. Any of the judges in this case and members of their immediate families;
 - f. Consumers whose only purchases of an EpiPen occurred before March 13, 2014, and;
 - g. Any person who has previously opted out of the Class in this case.
- By checking this box, I confirm that I have read the definition of the Class and I am not excluded from participating in the proposed Settlement.

Section C: Purchase Information

Provide the total number of EpiPen devices that you purchased AND the total amount of your out-of-pocket expenditures for purchases or reimbursement of branded or authorized generic EpiPen devices between August 24, 2011, and November 1, 2020:

Number of branded and authorized generic EpiPen devices purchased between August 24, 2011 and November 1, 2020:	
Total amount of out-of-pocket expenditures you paid for the EpiPen purchases identified above:	\$

Were the EpiPen purchases identified above made using some form of insurance benefit that covered some of the costs of those purchases: Yes _____ No _____ (please check one).

If you used some form of insurance benefit, identify the name(s) of one or more of your insurer(s): _____

Section D: Note Regarding Documentation

You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional proof supporting your claim. Any one of the following would be acceptable as claim documentation for the purchase information set forth in Section C above, if requested by the Settlement Administrator:

REMINDER CHECKLIST:

1. If you did not already submit a Proof of Claim form in 2021 as part of the settlement with the Pfizer Defendants in this case, please complete and sign the above Proof of Claim form. Attach or upload any documentation supporting your claim if you choose to submit documentation with your claim. If you did already submit a Proof of Claim form in 2021 as part of the settlement with the Pfizer Defendants, you do not need to submit a second Proof of Claim form.
2. Keep a copy of your Proof of Claim form and supporting documentation for your records.
3. If you would also like acknowledgement of receipt of your Proof of 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 (the addresses are listed above).