

Instructions for Submitting Your Consumer Claim Form

If you are a member of the Class as a consumer, you may file a claim for a share of the Settlement Fund. You must complete this Claim Form and mail it to the Notice and Claims Administrator at the address provided below postmarked, or submit your claim online at www.RestasisLitigation.com, **no later than August 11, 2022**.

- Complete all required portions of the attached Claim Form:

1. Complete *Section A*.
2. Answer the question in *Section B* to determine your eligibility.
3. Provide information about your total purchases of Restasis® in *Section C*.
4. If possible, provide documentation of at least one purchase of Restasis® as described in *Section D*.
5. Review and sign the Claim Form in *Section E*, which includes the Certification that the information you provide is true and correct to the best of your knowledge.

- By signing and submitting the Claim Form, you are swearing under penalty of perjury that you qualify to submit a claim according to the criteria given in *Section B*.
- You have two options for submitting a Claim Form:
 - You can mail the completed and signed Claim Form and Certification by First-Class U.S. Mail, postage prepaid, postmarked no later than **August 11, 2022**, to:

Restasis Settlement
c/o A.B. Data, Ltd.
P.O. Box 173107
Milwaukee, WI 53217

OR

- You can complete and submit the Claim Form and Certification using the Notice and Claims Administrator's settlement website, www.RestasisLitigation.com. When you complete the online Claim Form, you will receive an acknowledgement that your claim has been submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, et seq., and will have the same force and effect as if you signed the Claim Form in hard copy.
- If your completed Claim Form is not postmarked or filed online by **August 11, 2022**, you will not receive any payment from the Settlement. Submission of this Claim Form does not ensure that you will share in the payments related to the Settlement.

**MUST BE POSTMARKED
ON OR BEFORE, OR
SUBMITTED ONLINE BY
AUGUST 11, 2022**

Restasis Settlement
Case No. 18-md-2819

Consumer Claim Form

Use Blue or Black Ink Only

Attention: This Form Is Only to Be Filled Out for a Consumer and Not a Third-Party Payor.

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City

State

Zip Code

Daytime Telephone Number

Email Address*

*By providing your email address, you authorize the Notice and Claims Administrator to use it to send you information relevant to this claim.

Section B: Should I File a Claim Form?

The Class includes:

All persons who, from May 1, 2015 through July 31, 2021, purchased Restasis® in a pharmacy for their own use, or received Restasis® by mail-order prescription for their own use, in any of the following states: Arizona, Arkansas,* California, Colorado, the District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, West Virginia, and Wisconsin.

*With respect to Arkansas only, Class Members must have purchased Restasis® between May 1, 2015 and July 31, 2017.

The Class does not include:

- Allergan, its officers, directors, employees, subsidiaries, and affiliates;

- Federal and state government entities except for cities, towns, municipalities, or counties with self-funded prescription drug plans;
- All persons or entities who purchased Restasis® for purposes of resale or directly from Allergan or its affiliates;
- Fully insured health plans (*i.e.*, payors that purchased insurance covering 100% of their reimbursement obligation to members);
- Any “flat copay” consumers who purchased Restasis® only via a fixed dollar copayment that does not vary on the basis of the drug’s status as brand or generic;
- Pharmacy benefit managers; and
- Judges assigned to this case and their chambers’ staff and any members of the judges’ or chambers staff’s immediate families.

If you exclude yourself from the Class, you may not file a claim.

Section C: Purchase Information

Please provide the following information:

How many times during the Class Period (May 1, 2015 through July 31, 2021) did you purchase Restasis® <u>without insurance</u> ?*	30-vial packages: _____ 60-vial packages: _____ Multidose packages: _____
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How many times during the Class Period (May 1, 2015 through July 31, 2021) did you purchase Restasis® <u>using insurance</u> ?*	All package sizes: _____
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**With respect to Arkansas purchases of Restasis®, enter information only for May 1, 2015 through July 31, 2017.*

Section D: Claim Documentation and Disputes Regarding Claim Amounts

You may file a claim by providing the information requested in Section C and completing the certification below.

If possible, you should also submit any of the following, which are all acceptable as claim documentation:

- 1) Records from your pharmacy showing that you purchased Restasis® at least once; or
- 2) A note from your doctor (or records) describing the amount of Restasis® you were prescribed.

Note: You may have a claim even if you cannot provide any of the above claim documentation as long as you provide the certification below. However, if you do not provide the above documentation, the Notice and Claims Administrator may ask for additional claim documentation after you submit your Claim Form, so please keep all records of your purchases. Claims may be selected for audit and rejected because of fraud concerns, or potentially inaccurate amounts based on expected average purchases.

If the Notice and Claims Administrator rejects or reduces your claim and you believe the rejection or reduction is in error, you may contact the Notice and Claims Administrator to request further review. If the dispute concerning your claim cannot be resolved by the Notice and Claims Administrator and Class Counsel, you may

request that the Court review your claim.

To request Court review, you must send the Notice and Claims Administrator a signed written statement that (a) states your reasons for contesting the rejection or payment determination regarding your claim; and (b) specifically states that you “request that the Court review the determination regarding this claim.” You must include all documentation supporting your argument(s). Your request must be postmarked no later than 30 days after the Notice and Claims Administrator dates its response to your request for it to review your claim. The Notice and Claims Administrator and Class Counsel will present the dispute to the Court for review, which may include public filing with the Court of your claim and the supporting documentation. Please note: You should seek Court review only if you disagree with the Notice and Claims Administrator’s determination regarding your claim.

Section E: Certification

I have read and am familiar with the contents of the Instructions accompanying this Claim Form. I certify that the information I have set forth in the above Claim Form and in any documents attached by me are true, correct, and complete to the best of my knowledge. I certify that I, or the Class Member I represent, purchased Restasis® in a pharmacy for my own use, or received Restasis® that I purchased by mail-order prescription for my own use,

1) in one of the following states: Arizona, Arkansas,* California, Colorado, the District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, West Virginia, and Wisconsin;

2) from May 1, 2015 through July 31, 2021, or *May 1, 2015 through July 31, 2017 if in Arkansas.*

I further certify that I, or the Class Member I represent, did not ask to be excluded from the Class in this Action and did not purchase such Restasis® for purposes of resale. In addition, I have not (or the represented Class Member has not) served as counsel, officer, director, agent, or employee of the Defendant, or a corporate parent, subsidiary, affiliate, or other related entity thereof; or served as a judge or justice assigned to hear any aspect of this lawsuit.

To the extent I have been given authority to submit this Claim Form by a Class Member on their behalf, and accordingly am submitting this Claim Form in the capacity of an authorized agent with authority to submit it by the Class Member, and to the extent I have been authorized to receive on behalf of this Class Member any and all amounts that may be allocated to it from the Settlement Fund, I certify that such authority has been properly vested in me and that I will fulfill all duties I may owe the Class Member. If amounts from the Settlement Fund are distributed to me and a Class Member later claims that I did not have the authority to claim and/or receive those amounts on their behalf, I and/or my employer will hold the Class, counsel for the Class, and the Notice and Claims Administrator harmless with respect to any claims made by the Class Member.

I hereby submit to the jurisdiction of the United States District Court for the Eastern District of New York for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form. I acknowledge that any false information or representations contained herein may subject me to sanctions, including the possibility of criminal prosecution. I agree to supplement this Claim Form by submitting documentary backup for the information provided in this form, upon request of the Notice and Claims Administrator.

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 _____, 20____.

Signature

Print or Type Name

Mail the completed Claim Form postmarked on or before **August 11, 2022**, along with claim documentation, if available, to the following address, or submit the information online at the website below:

Restasis Settlement
c/o A.B. Data, Ltd.
P.O. Box 173107
Milwaukee, WI 53217
Toll-Free Telephone: 1-877-868-6810
Website: www.RestasisLitigation.com

Reminder Checklist:

1. Please complete and sign the above Claim Form, or complete the online claim form. Attach or upload any documentation supporting your claim.
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 Notice and Claims Administrator at info@RestasisLitigation.com or via U.S. Mail at the address listed above.