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CLAIM FORM

IMPORTANT -- All Settlement Class Members will automatically receive a minimum Base Payment of \$100. You do not need to complete this Claim Form to receive the Base Payment.

This Claim Form is solely for Class Members who want to make a claim for harm – in addition to the Base Payment - they experienced as a direct result of the Mailer.

Please answer all questions honestly and accurately. You are swearing under penalty of perjury that your statements below are true and correct as if you were testifying in court.

To complete this Claim Form, you must:

- (a) completely fill out Part I – Claimant Information;
- (b) fill out Part II – Explanation of Harm;
- (c) personally sign the Certification and Declaration;
- (d) attach all documentation of your alleged harm as requested below; and
- (e) return your completed Claim Form and any requested documentation to the Settlement Administrator.

YOU MUST SUBMIT YOUR COMPLETED CLAIM FORM BY APRIL 24, 2023 FOR IT TO BE CONSIDERED TIMELY.

You may fill out this Claim Form in hard copy or you may download and fill out the electronic Claim Form located at www.mailersettlement.com. The electronic Claim Form can be uploaded using the secure portal also located on the website. If you fill out the Claim Form in hard copy, you may return it by uploading it using the secure portal at www.mailersettlement.com or by mail to Gilead Mailer Settlement, c/o Kroll Settlement Administration LLC, P.O. Box 225391, New York, NY 10150-5391.

If you have any questions about this Claim Form, please call the Settlement Administrator toll-free at 833-630-9973 or contact the Settlement Administrator using the Contact form located at www.mailersettlement.com. For additional information about the Settlement, please visit www.mailersettlement.com.



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Page 1 of 3

<<Refnum barcode>>

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PART I -- CLAIMANT INFORMATION

Note -- All information you provide on this Claim Form will be kept strictly confidential by the Settlement Administrator and will be destroyed by the Settlement Administrator after the distribution of the settlement proceeds.

Name of Claimant: _____
First Name Last Name

Note -- It is your responsibility to let the Settlement Administrator know if your mailing address changes at any time before you receive a Settlement Payment or if you want future mail related to this Settlement sent to a different mailing address.

Current Mailing Address: _____

Current City Current State Current Zip

Telephone: (____) _____ - _____

Email: _____ @ _____

Social Security Number: _____ - _____ - _____

If you prefer to be contacted by email only, please check the box:

I prefer to be contacted by email only at the email address above.

If you would like to elect to receive your Settlement Payment through electronic transfer, please visit the Settlement Website and file your claim online. The Settlement Website, www.mailersettlement.com, includes a step-by-step guide for you to complete the electronic payment option.

PART II -- EXPLANATION OF HARM

A. Out-of-Pocket Expenses

If you incurred any non-reimbursed out-of-pocket expenses as a direct result of the Mailer, such as moving costs, medical or counseling costs, loss of income, or other non-reimbursed out-of-pocket expenses, for which you are seeking reimbursement pursuant to this Settlement, please list and itemize those expenses below. For each expense listed, **you must attach and return to the Settlement Administrator the corresponding receipt, invoice, credit card statement, medical record, insurance record, copy of returned check, or other reasonable form of evidence documenting that you made each payment listed below.**



<<Refnum barcode>>

<<refnum>>

62119

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Page 2 of 3

If you need more room, please continue the list on a separate sheet of paper and return it to the Settlement Administrator along with this Claim Form and the required documentation.

Description of Expense	Date	Amount
	____/____/____ mm/dd/yyyy	\$ _____.
	____/____/____ mm/dd/yyyy	\$ _____.
	____/____/____ mm/dd/yyyy	\$ _____.
	____/____/____ mm/dd/yyyy	\$ _____.

Total Amount Claimed: \$ _____.

B. Emotional Distress

If you experienced, emotional distress, anxiety, or fear, as a direct result of the Mailer, please describe in detail the circumstances under which you became aware of the Mailer, and the emotional distress, anxiety, or fear you experienced. Attach a separate sheet if necessary.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

____/____/____
DATE (mm/dd/yyyy)

PRINT NAME

REMINDER CHECKLIST BEFORE YOU SUBMIT THIS CLAIM FORM

1. Make sure that you fully completed Part I -- Claimant Information.
2. Make sure that you fully completed Part II -- Explanation of Harm.
3. Make sure that you have signed and dated the Claim Form.
4. Make sure that you retain a copy of this Claim Form and your supporting documentation for your records.