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CLAIM AND POTENTIAL CASH BENEFIT

You may select one option below. If you select Option 2 but do not provide a Proof of Purchase, your claim will be treated as though submitted under Option 1.

Option 1: I purchased one or more of the CVS store-brand maximum strength lidocaine patch, cream, roll-on, or spray Products, but I do not have proof of purchase.

Please provide how many Units of each Product(s) you purchased, along with the name of the Product(s) purchased (descriptions of the Product(s) will not suffice), the store name and the year of the purchase(s) between December 11, 2017 through July 18, 2023.

NOTE: You will be paid for up to three (3) total Units (single containers) of the lidocaine Products without Proof of Purchase, up to a maximum of \$4.50 per Unit.

Product(s) Name	Number of product(s)	Store Name	Purchase Year

Option 2: I purchased one or more of the CVS store-brand maximum strength lidocaine patch, cream, roll-on, or spray Products and I do have Proof of Purchase.

Please provide how many units of each Product(s) you purchased, along with the name of the Product purchased, the store name and the year of the purchase between December 11, 2017 through July 18, 2023. You must include your Proof of Purchase, which can be any receipt, copies of receipts, paid invoice, or other similar types of documentation showing your purchase of the Lidocaine Products.

NOTE: If you select this option and provide valid Proof of Purchase, you will be paid up to a maximum of \$4.50 per Unit supported by your valid Proof of Purchase.

Product(s) Name	Number of product(s)	Store Name	Purchase Year

If additional space is needed, use the back of the Claim Form.



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CERTIFICATION

By submitting this Claim Form, I declare under penalty of perjury that: (i) I purchased one or more CVS store-brand Products (as defined in the Settlement Agreement), (ii) in the United States, (iii) between December 11, 2017 and July 18, 2023, (iv) and that such purchase(s) was not for purposes of resale. This Claim Form may be researched and verified by the Settlement Administrator.

Additional information regarding the Settlement can be found at www.lidocainesettlement.com.

Signature: _____ Date: ____/____/____

ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE

Reminder Checklist:

1. Please sign the above Claim Form and complete all of the information requested above.
2. If filing under Option 2, enclose a copy of your Proof(s) of Purchase.
3. Keep a copy of your Claim Form and supporting documentation for your records.



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