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#### **CLAIM FORM INSTRUCTIONS**

If you purchased a CVS store-brand maximum strength lidocaine patch, cream, roll-on or spray product between December 11, 2017 and July 18, 2023, you may complete this Claim Form to be eligible to receive a cash payment under the Settlement. Claim Forms must be **submitted by November 20, 2023** if completed online at www.lidocainesettlement.com. Claim Forms submitted by U.S. mail must be **postmarked no later than the Claims Deadline of November 20, 2023** to the following:

Bell v. CVS Pharmacy, Inc. c/o Kroll Settlement Administration LLC PO Box 5324 New York, NY 10150-5324

NOTE: If you wish to receive payment electronically for an approved claim, you must complete the Claim Form online. All approved paper claims will receive checks mailed to the address you provide below.

For a list of Products covered by this Settlement, please review the Product list at www.lidocainesettlement.com.

### **CLAIMANT INFORMATION**

First Name MI I	Last Name	
Street Address		
City	State Zip	
() -		
Phone Number		
	( <i>a</i> )	
E-mail Address (e-mail address is optional if your clai	im is submitted by mail)	





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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 <u>do not</u> have proof of purchase.

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

**NOTE**: You will be paid for <u>up to three (3) total Units</u> (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
			-

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

Please provide how many units of each Product(s) you purchased, along with the <u>name</u> of the Product purchased, the <u>store name</u> and the <u>year</u> 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.

