

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO

IN RE:
CIPRO CASES I & II

Judicial Council Coordination Proceeding
Nos. 4154 & 4220

INSTRUCTIONS FOR SUBMITTING YOUR PROOF OF CLAIM

In order to qualify to receive a payment from this Settlement in _____, as described in the Notice of Settlement, you must file the attached Proof of Claim form either on paper or electronically on the Settlement website, and you may need to provide certain requested documentation to substantiate your claim.

- If you previously filed a Claim Form without supporting documentation and received payment from the Bayer Settlement for purchases between January 8, 1997 and October 31, 2004 and received a flat \$25 payment you may receive an additional \$25 payment for these purchases. You may however provide your purchase information and the required documentation for purchases from November 1, 2004 through December 31, 2005 for additional funds from this settlement, or you may file a claim and state you do not have the supporting documentation, and you may be entitled to an additional \$25 payment.
- If you filed a Claim Form in the Bayer Settlement and received an amount other than \$25, and did not submit additional purchase information in the HMR Settlement, you should complete this Claim Form and provide additional information related to your purchases from November 1, 2004 through December 31, 2005. If you do not provide additional purchase information for November 1, 2004 through December 31, 2005, your payment will be based on the purchase information that you previously provided.
- If you did not file a claim in either the Bayer or HMR Settlement and wish to receive money from this settlement, you must complete and submit a Claim Form.

REQUIREMENTS FOR FILING THE ATTACHED PROOF OF CLAIM FORM

Your Claim will be considered only if you meet the following conditions:

1. You must accurately complete all required portions of the attached Proof of Claim form.
2. You must sign the Proof of Claim form, which includes the Certification. If you submit the form electronically, your electronic signature and submission of the form will have the same force and effect as if you signed the form on paper.
3. By signing and submitting the Proof of Claim form, you are swearing under penalty of perjury that you paid or reimbursed for Cipro[®] brand prescription ciprofloxacin in the State of California between January 8, 1997 and December 31, 2005, and that you did not resell the Cipro.
4. If you are an Authorized Agent, attach a separate sheet stating the name and contact information of the Class Member, as well as the capacity in which you are submitting the claim and proof of your authority to do so.
5. You have two options for completing a Proof of Claim form:
 - i. You can mail the completed and **signed** Proof of Claim form and Certification by First-Class U.S. Mail, postage prepaid, postmarked no later than May 31, 2017, to:

Cipro Settlement
c/o A.B. Data, Ltd.
P.O. Box 173017
Milwaukee, WI 53217

OR
 - ii. You can complete and submit the Proof of Claim form and Certification using the Claims Administrator's Settlement Website, www.CiproSettlement.com. Upon completion of the online Proof of 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 Proof of Claim form in hard copy.
6. Your failure to complete and submit the Proof of Claim form postmarked or filed online by **May 31, 2017**, will prevent you from receiving any payment from this Settlement. Submission of this Proof of Claim form does not assure that you will share in the payments related to _____. If the Claim Administrator disputes a material fact concerning your Claim, you will have the right to present information in a dispute resolution process. For more information on this process, visit www.CiproSettlement.com.

MUST BE POSTMARKED
ON OR BEFORE
MAY 31, 2017

Superior Court of the State of California
County of San Diego

CIPRO CASES I & II
Judicial Council Coordination Proceedings Nos. 4154 and 4220

FOR OFFICIAL USE ONLY



CONSUMER PROOF OF CLAIM

YOUR CLAIM MUST BE POSTMARKED ON OR BEFORE MAY 31, 2017

Mail your claim to:

Cipro Settlement
c/o A.B. Data, Ltd
P.O. Box 173017
Milwaukee, WI 53217

OR

Submit the Proof of Claim form using the Claims Administrator's Website, www.CiproSettlement.com

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative

Street Address

City

State

Zip Code

Daytime Telephone Number

E-Mail Address

Section B: Should I File a Claim Form

Please answer the following question in order to determine if the Claimant is eligible for cash from the Proposed Settlement:

Did you pay a flat co-payment for Cipro and would you have paid the same co-payment for a generic substitute under the terms of your health insurance?

Yes

No

If you answered **Yes**, you are **NOT** eligible for cash from this Proposed Settlement.

If you answered **No**, you are eligible for cash from this Proposed Settlement. Please complete Section C.

Section C: Amount Claimed

Only complete either Part I or Part II or Part III below

Part I - Class Members who received a payment from the Cipro Bayer Settlement and did not submit additional purchase information in the HMR Settlement.

Please type or print in the box below, the total amount of the Class Member's out-of-pocket expenditures for purchases or reimbursement of Cipro[®] brand prescription ciprofloxacin in California between November 1, 2004 and December 31, 2005, inclusive.

Please attach claim documentation supporting your claim with this form (see Section D below).

CIPRO[®] BRAND PRESCRIPTION CIPROFLOXACIN	TOTAL AMOUNT PAID
Purchases or Reimbursements from November 1, 2004 to December 31, 2005, inclusive.	\$

Part II - Class Members who DID NOT receive a payment from the Cipro Bayer Settlement, and did not submit additional purchase information with the HMR Settlement.

Please type or print in the box below, the total amount of the Class Member's out-of-pocket expenditures for purchases or reimbursement of Cipro[®] brand prescription ciprofloxacin in California between January 8, 1997 and December 31, 2005, inclusive.

Please attach claim documentation supporting your claim with this form (see Section D below).

CIPRO[®] BRAND PRESCRIPTION CIPROFLOXACIN	TOTAL AMOUNT PAID
Purchases or Reimbursements from January 8, 1997 to December 31, 2005, inclusive.	\$

Part III - Class Members who submitted purchase information in the Bayer or HMR Settlements but have additional Cipro purchases between January 8, 1997 and December 31, 2005, inclusive.

Please type or print in the box below, the total amount of the Class Member's out-of-pocket expenditures for purchases or reimbursement of Cipro[®] brand prescription ciprofloxacin in California between January 8, 1997 and December 31, 2005, inclusive.

Please attach claim documentation supporting your claim with this form (see Section D below).

CIPRO[®] BRAND PRESCRIPTION CIPROFLOXACIN	TOTAL AMOUNT PAID
Purchases or Reimbursements from January 8, 1997 to December 31, 2005, inclusive.	\$

Section D: Note Regarding Documentation

Any one of the following is acceptable as claim documentation for Cipro[®] brand prescription ciprofloxacin purchased or reimbursed between January 8, 1997 and December 31, 2005, inclusive:

- 1) Itemized receipts, cancelled checks, or credit card statement that shows a payment for Cipro; or
- 2) An EOB (explanation of benefits) from your insurer that shows you paid for Cipro; or
- 3) Records from your pharmacy showing that you paid for Cipro.

If you don't have documentation of the Class Member's Cipro purchases between January 8, 1997 and December 31, 2005, the claim may be capped at 80% of the amount claimed.

Please note the Claims Administrator may ask for additional proof of payment.

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 Proof of Claim 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 paid the total amount set forth above in out-of-pocket expenditures for purchases or reimbursements of Cipro® brand prescription ciprofloxacin in California during the period January 8, 1997 to December 31, 2005, inclusive. I further certify that I or the Class Member I represent did not opt out of the certified Class in these Actions, and did not obtain the Cipro indicated on the Proof of Claim form above through the MediCal Prescription Drug Program. Nor did I or the represented Class Member purchase such Cipro for purposes of resale. In addition, I have not (or the represented Class Member has not) served as an officer, director, agent, or employee of Hoechst Marion Roussel, Inc., Watson Pharmaceuticals, Inc., or The Rugby Group, Inc., or a corporate parent, subsidiary, affiliate, or other related entity thereof; or a judge or justice assigned to hear any aspect of this lawsuit.

To the extent I have been given authority to submit this Proof of Claim by a Class Member on its behalf, and accordingly am submitting this Proof of Claim in the capacity of an Authorized Agent with authority to submit it by the Class Member identified on a separate sheet of paper submitted with this form, and to the extent I have been authorized to receive on behalf of this Class Member(s) 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. In the event 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 such amounts on its behalf, I and/or my employer will hold the Class, counsel for the Class, and the Settlement Administrator harmless with respect to any claims made by the Class Member.

I hereby submit to the jurisdiction of the Superior Court of the State of California, County of San Diego for all purposes connected with this Proof of Claim, including resolution of disputes relating to this Proof of Claim. 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 Proof of Claim by furnishing documentary backup for the information provided herein, upon request of the Settlement 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 Proof of Claim form was executed this _____ day of _____, 2017.

Signature

Print or Type Name

Mail the completed Claim Form postmarked on or before **May 31, 2017**, along with proof of payment, if required, to the following address:

Cipro Settlement
c/o A.B. Data, Ltd.
P.O. Box 173017

Milwaukee, WI 53217

Toll-Free Telephone: 1-866-404-0135

Website: www.CiproSettlement.com

REMINDER CHECKLIST:

1. Please complete and sign the above Proof of Claim form. Attach or upload any documentation supporting your claim.
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 Claims Administrator via the Settlement Website or U.S. Mail (the addresses are listed in the Notice).