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Schreiber et al. v. Mayo Foundation for Medical Education and Research,
Case No. 2:22-cv-00188-HYJ-RSK (W.D. Mich.)

CLAIM FORM FOR UNIDENTIFIED CLASS MEMBERS

This Claim Form may be submitted online at www.healthletterpppsettlement.com or completed and mailed to the address below. Submit your completed Claim Form online or mail it so it is postmarked no later than May 15, 2024. If you received a Notice by mail, you do NOT need to submit a Claim Form, and your Cash Award will be sent to you by check at the address identified on the Notice once the Settlement is finally approved. If your address has changed, please submit a change of address form online at www.healthletterpppsettlement.com to ensure your check is mailed to your current address.

I. CLAIMANT INFORMATION (all fields required)

The Settlement Administrator will use this information for communications and payments. If this information changes before settlement payments are issued, contact the Settlement Administrator at the address below.

First Name M.I. Last Name

Current Mailing Address, Line 1: Street Address/P.O. Box

Current Mailing Address, Line 2

City State Zip Code

Preferred Telephone Number: (_____) - _____ - _____

Preferred Email address: _____@_____

II. CLAIM INFORMATION

Mailing address at which you received your subscription between June 16, 2016 and July 30, 2016:

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City State Zip Code

III. PREFERRED PAYMENT METHOD

If you would like to receive an electronic payment, please submit your claim online at www.healthletterpppsettlement.com.

IV. SIGNATURE: Sign and date the Claim Form below.

Signed: _____ Date: ____/____/____

Submit this Claim Form online or mail it to the address below postmarked no later than May 15, 2024.

*Schreiber et al. v. Mayo Foundation
c/o Kroll Settlement Administration
PO Box 5324
New York, NY 10150-5324*



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Page 1 of 1