

CVS DHA Settlement
Claims Administrator
P.O. Box 404148
Louisville, KY 40233-4148



CVY

WORTH V. CVS PHARMACY, INC.

UNITED STATES DISTRICT COURT FOR EASTERN DISTRICT OF NEW YORK

Case No. 2:16-cv-0200498

**Must Be Postmarked No Later Than
December 12, 2019**

Claim Form and Instructions

CLAIMANT INFORMATION

First Name		M.I.	Last Name	
Primary Address				
Primary Address Continued				
City			State	Zip Code
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation

Instructions:

1. In order for you to be eligible to receive any Settlement benefits, you must complete this Claim Form.
2. Please review the Class Notice and have the Class Notice with you when you complete your Claim Form. A copy of the Class Notice is available at www.CVSDHASettlement.com.
3. You must accurately complete all required portions of this Claim Form.
4. You must sign this Claim Form.
5. You may submit a completed Claim Form online at www.CVSDHASettlement.com on or before December 12, 2019. Alternatively, you may mail the Claim Form, postmarked no later than December 12, 2019 to:

CVS DHA Settlement Claims Administrator
P.O. Box 404148
Louisville, KY 40233-4148



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Please Print or Type

Telephone Number (Day):

____ — ____ — _____

Telephone Number (Night):

____ — ____ — _____

CVS ExtraCare Account Number (if one exists and is known by the Claimant):

Email Address:

I certify that the Claimant purchased one or more CVS Algal-900 DHA product(s), containing, on the label and/or on the packaging, the claim that it is “clinically shown to improve memory” or offers “clinically shown memory improvement,” during the period between November 15, 2008 and September 30, 2016.

Please fill in the type of compensation you are claiming:

- Full Cash Refund with Proof of Purchase(s) setting forth actual purchase price
- Cash Payment of average retail price with Proof of Purchase(s) lacking purchase price
- Credit to ExtraCare account in the amount of purchase(s) indicated in CVS’s records[†]
- Voucher for the amount of online purchase(s) through www.CVS.com indicated in CVS’s records[†]
- \$5.50 Cash (No Proof of Purchase or CVS record of purchase necessary)^{††} or
- \$7.00 voucher (No Proof of Purchase or CVS record of purchase necessary)^{††}

[†] If you select this option and CVS’s records do not indicate that you purchased CVS Algal-900 DHA, then you will receive one \$7.00 voucher toward the purchase of any product sold at CVS.

^{††} Settlement compensation in the form of \$5.50 in cash value or \$7.00 in voucher value is limited to one claim per person and a maximum of two Claimants per household. If you select either the \$5.50 cash or \$7.00 voucher option and CVS records indicate that you purchased CVS Algal-900 DHA using an ExtraCare account or online through www.CVS.com, then you will receive a refund in the amount of your purchase(s) of CVS Algal-900 DHA indicated in CVS’s records in the form of either a credit to your ExtraCare account or a voucher towards the purchase of any product sold at CVS. If you choose the \$5.50 cash option, you receive that payment via check.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Reminder Checklist:

1. Sign the above Claim Form.
2. Enclose a copy of your Proof(s) of Purchase, if you have them.
3. Keep a copy of your Claim Form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information to the Claims Administrator via the Settlement Website, mail or by calling the Claims Administrator’s toll-free telephone number, each listed in the Notice. Failure to do this may result in a waiver of your refund or voucher.

