

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
September 13, 2019**

REQUEST FOR EXCLUSION

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

IF YOU DO NOT WANT TO PARTICIPATE IN THE SETTLEMENT, YOU MUST SIGN AND FILL OUT THIS FORM ACCURATELY AND IN ITS ENTIRETY, AND MAIL THIS FORM BY FIRST-CLASS U.S. MAIL TO THE ADDRESS BELOW SO THAT IT IS POSTMARKED ON OR BEFORE SEPTEMBER 13, 2019, SUBJECT TO ADJUSTMENT FOR RE-MAILING.

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IT IS MY DECISION TO BE EXCLUDED FROM THE SETTLEMENT CLASS AND NOT TO RECEIVE ANY MONEY UNDER THE SETTLEMENT.

I hereby affirm under oath that (1) I am the person identified above and the information provided in this Request for Exclusion is, to the best of my knowledge, true and correct, and (2) I purchased a CVS-branded Algal-900 DHA dietary supplement in the United States between November 15, 2008 and September 30, 2016. I have decided to be excluded from the Settlement Class, and I have decided not to participate in the proposed Settlement. I understand that by submitting this Request for Exclusion, I will not have any rights as a member of the Settlement Class under the Settlement; I will not receive any payment as part of the Settlement; I will not be bound by any further orders or judgments in this case, and I will keep the right, if any, to sue on the claims alleged in the case at my own expense.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____



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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