

Must Be Postmarked No Later Than
April 9, 2027

YAZ/YASMIN CLASS ACTION SETTLEMENT

www.YasminYazClassActionCanada.ca

FAMILY MEMBER CLAIM FORM

PRIVATE & CONFIDENTIAL

(PLEASE TYPE OR USE BLUE OR BLACK PEN AND WRITE LEGIBLY)

This Family Member Claim Form is for Family Settlement Class Members who wish to claim benefits under the Settlement Agreement. Capitalized terms not otherwise defined in this Claim Form have the meanings given to them in the Settlement Agreement. Please proceed to complete this form if you meet the following criteria:

- [1] You were a spouse, common law spouse, child, grandchild, parent, brother, or sister of a User Settlement Class Member at the time of their injury or injuries due to their ingestion of Yasmin and/or YAZ. **“User Settlement Class Members”** means all persons resident in Canada (including their estates) who were prescribed and ingested Yasmin and/or YAZ between December 10, 2004 (in respect of Yasmin) or January 6, 2009 (in respect of YAZ) and November 30, 2011 (in the case of Ontario and Québec residents) or October 4, 2016 (in the case of Canadian residents outside Ontario and Québec) AND who were subsequently diagnosed with arterial thromboembolism, venous thromboembolism, and/or gallbladder disease;
- [2] You have gathered all evidence required to substantiate your relationship to the User Settlement Class Member (please see Section II of this Family Member Claim Form for a list of suggested supporting documents).

To receive payment from the Settlement Fund, each Family Settlement Class Member **MUST** complete this Family Member Claim Form and submit it and any supporting documents to the Claims Administrator, postmarked, emailed, or uploaded no later than **11:59 PM Eastern Time on April 9, 2027**. You are encouraged to submit this Family Member Claim Form and proof of relationship together with the User Claim Form submitted by your related User Settlement Class Member for ease of administration.

Late Claims, incomplete Family Member Claim Forms, and/or unsigned Family Member Claim Forms may not be accepted or valid.

IF NO CLAIM FORM IS SUBMITTED BY OR ON BEHALF OF THE USER SETTLEMENT CLASS MEMBER, OR THE USER SETTLEMENT CLASS MEMBER IS DEEMED TO BE INELIGIBLE BY THE CLAIMS ADMINISTRATOR, FAMILY MEMBERS ARE NOT ELIGIBLE FOR BENEFITS UNDER THE SETTLEMENT.

HOW TO SUBMIT YOUR CLAIM:

You may choose any one of the following ways to submit a Family Member Claim Form (including any supporting documents):

Mail to:	Mail or courier your complete Family Member Claim Form and any supporting documents to the Claims Administrator at: Attention: YAZ/Yasmin Class Action Settlement Administrator PO Box 507 STN B Ottawa, ON K1P 5P6
Email to:	Application@YasminYAZClassActionCanada.ca
Online at:	Complete your Family Member Claim Form and any supporting documents online at: www.YasminYAZClassActionCanada.ca
Fax to:	Fax your complete Family Member Claim Form and any supporting documents to the Claims Administrator at 1-866-262-0816.

Questions?

Call Toll-Free: 1-877-741-8728; or
email the Claims Administrator at info@YasminYazClassActionCanada.ca;
or visit: www.YasminYazClassActionCanada.ca

SECTION I: USER SETTLEMENT CLASS MEMBER INFORMATION

Note: If you are a User Settlement Class Member's family member or a representative of such family member, please fill in the User Settlement Class Member's information in this first section and fill in your information in the relevant section further below.

The Claims Administrator will use the information provided to process your Claim. If your information changes, please notify the Claims Administrator in writing.

User Settlement Class Member's
First Name

User Settlement Class Member's Last Name

User Settlement Class Member's
Maiden or Other Prior Names

User Settlement Class Member's Date of Birth
(DD-MM-YYYY)

User Settlement Class Member's Health Card Number

User Settlement Class Member's Street Address

City

Province

Postal Code

Country

User Settlement Class Member's
Email Address

User Settlement Class Member's
Telephone Number

SECTION II: FAMILY MEMBER CLAIMANT IDENTIFICATION

The “**Family Member Claimant**” is the Family Settlement Class Member making this Claim.

Before you complete this section, you MUST complete Section I and identify the User Settlement Class Member who is your source of entitlement to make this Claim.

First Name	Last Name
Maiden or Other Prior Names	Date of Birth (DD-MM-YYYY)
User Settlement Class Member's Name	Relationship to User Settlement Class Member
Street Address	
City	Province
Postal Code	Country
Email Address	Telephone Number

☐ By checking this box, I confirm that I am a **Family Settlement Class Member** of a User Settlement Class Member and have attached the following supporting document(s).

- | | | |
|--|--|---|
| ☐ Birth Certificate | ☐ Separation Contract | ☐ Affidavit |
| ☐ Baptismal Certificate | ☐ Custody Judgment | ☐ Divorce Judgment |
| ☐ Marriage Certificate | ☐ Adoption Papers | |

YOU MUST ENCLOSE A COPY OF A VALID, GOVERNMENT-ISSUED PHOTO ID THAT MATCHES THE NAME AND CONTACT INFORMATION ENTERED ABOVE (OR A BIRTH CERTIFICATE IF THE FAMILY MEMBER CLAIMANT IS A MINOR WHO DOES NOT HAVE PHOTO ID).

PROOF OF RELATIONSHIP MUST BE PROVIDED WITH THIS FAMILY MEMBER CLAIM FORM IN ORDER TO COMPLETE YOUR CLAIM. IF NO DOCUMENTATION IS PROVIDED, YOUR CLAIM MAY BE FOUND DEFICIENT.

SECTION III: REPRESENTATIVE IDENTIFICATION (IF APPLICABLE)

Please complete this section if you are submitting a Claim on behalf of the Family Member Claimant because you are:

- ☐ the authorized representative of a Family Member Claimant who is legally incapacitated (i.e., with power of attorney);

Reason: _____

OR

- ☐ the authorized representative of the deceased Family Member Claimant's estate.

YOU MUST PROVIDE DOCUMENTATION VERIFYING THAT YOU HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF THE FAMILY MEMBER CLAIMANT OR THEIR ESTATE (I.E., CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE, POWER OF ATTORNEY, WILL, MARRIAGE CERTIFICATE, ETC.)

Representative's First Name

Representative's Last Name

Representative's Relationship to Claimant

Representative's Street Address

City

Province

Postal Code

Country

Representative's Email Address

Representative's Telephone Number

YOU MUST ENCLOSE A COPY OF A VALID, GOVERNMENT-ISSUED PHOTO ID THAT MATCHES THE NAME AND CONTACT INFORMATION ENTERED ABOVE.

- ☐ By checking this box, I confirm that **I am authorized** to submit a Claim on behalf of the Family Member Claimant and have attached the supporting documentation (*such as a Power of Attorney for Property, or Death Certificate and Last Will, or Certificate of Appointment of Estate Trustee*).

SECTION IV: LEGAL COUNSEL IDENTIFICATION (IF APPLICABLE)

Only complete this section if you have retained a lawyer specifically for the purpose of assisting you with this Claim Form and communicating with the Claims Administrator on your behalf.

Note: If this section is completed, all correspondence will be sent to your lawyer, who must notify the Claims Administrator of any change in mailing address. If you change lawyers, you must notify the Claims Administrator in writing of the new information.

Lawyer's First Name

Lawyer's Last Name

Law Firm Name

Law Firm Street Address

City

Province

Postal Code

Country

Lawyer's Email Address

Lawyer's Telephone Number

SECTION V: PAYMENT INFORMATION

If your claim is approved under the Settlement, a cheque will be mailed to the address you provided in **Section I** of your claim form after the Claims Administrator has reviewed all claims.

Important: It is your responsibility to notify the Claims Administrator if you change your address or if you wish to have your payment sent to a different address than the one listed in **Section I** of your claim form.

If a Family Claimant is represented by legal counsel, all payments related to the claim will be issued to the Family Claimant's lawyer, in trust.

SECTION VI: DECLARATION

By signing below, you acknowledge and agree to the following:

- i. You are an eligible Family Settlement Class Member with respect to the person identified in Section I above (or the representative of a Family Settlement Class Member as disclosed in Section III above).
- ii. All the information provided and submitted in this Family Member Claim Form is true and accurate to the best of your knowledge.
- iii. Any legal representation documentation submitted (e.g., Power of Attorney, Last Will, etc.) is the most current and authoritative version and has not been superseded by any other document.
- iv. All copies of records submitted with this Family Member Claim Form are true, complete, and correct copies of records provided by applicable record custodians.
- v. If you had not previously opted out of the Yasmin/YAZ class actions, you hereby elect to participate in and to be bound by the terms and conditions of the Settlement Agreement. This means, without limitation, that by signing this Family Member Claim Form, pursuant to the Settlement Agreement, you are granting each Releasee (as defined in the Settlement Agreement) a complete and final release of all Released Claims (as defined in the Settlement Agreement).

PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM.

Please sign only the appropriate lines. Signatures on all lines may not be required.

Date (dd/mm/yyyy)

Family Member's Signature (or Guardian)

Printed Name of Family Member (or Guardian)

Date (dd/mm/yyyy)

Signature of Family Member's Lawyer (if any)

Printed Name of Family Member's Lawyer (if any)

YASMIN/YAZ CLASS ACTION SETTLEMENT REMINDER CHECKLIST

This checklist will help you to ensure that your Claim submission is complete and includes all supporting documents.

All Claims by Family Member Claimants must include:

- ☐ A completed and signed Family Member Claim Form.
- ☐ A copy of valid government-issued photo ID.
- ☐ Supporting documents for proof of relationship to a User Settlement Class Member.
- ☐ Other: _____

The Claims Administrator will acknowledge receipt of your User Claim Form by mail, or by email where possible within 90 days of submission. Please note that claims processing can take time and acknowledgements may not be immediate.

If you do not receive acknowledgement within 90 days, you may contact the Claims Administrator for assistance.

**IF YOU MOVE, IT IS YOUR RESPONSIBILITY TO NOTIFY THE CLAIMS
ADMINISTRATOR OF YOUR NEW ADDRESS.**

SUBMIT YOUR CLAIM FORM BY MAIL/EMAIL/ONLINE:

All Claim Forms and supporting documents **must** be postmarked or submitted by email or online no later than **11:59 PM Eastern Time on April 9, 2027** via:

Mail to:

Attention: YAZ/Yasmin Class Action Settlement Administrator
PO Box 507 STN B
Ottawa, ON K1P 5P6

Email to: Application@YasminYAZClassActionCanada.ca

Online at: www.YasminYAZClassActionCanada.ca

Fax to: 1-866-262-0816

For more information or to reach the Claims Administrator call toll-free: 1-877-741-8728 or email the Claims Administrator at: info@YasminYazClassActionCanada.ca or visit the settlement website at: www.YasminYazClassActionCanada.ca

The Claims Administrator will keep strictly confidential the identity of all Settlement Class Members and all information regarding any Claims and submissions made by Settlement Class Members. Where necessary, the Claims Administrator will contact Claimants directly to obtain further information.