

Must Be Postmarked No Later Than
April 9, 2027

YAZ/YASMIN CLASS ACTION SETTLEMENT

www.YasminYAZClassActionCanada.ca

USER CLAIM FORM

PRIVATE & CONFIDENTIAL

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

This User Claim Form is for User 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.

“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.

To be eligible to receive payment from the Settlement Fund, each User Settlement Class Member **MUST** complete this User 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.**

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

DO NOT COMPLETE THIS USER CLAIM FORM IF YOU ARE A FAMILY MEMBER OF A USER SETTLEMENT CLASS MEMBER. PLEASE COMPLETE THE FAMILY MEMBER CLAIM FORM.

HOW TO SUBMIT YOUR CLAIM:

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

Mail to:	Mail or courier your complete User 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 User Claim Form and any supporting documents online at: www.YasminYAZClassActionCanada.ca
Fax to:	Fax your complete User 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 CLAIMANT IDENTIFICATION

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

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

YOU MUST ENCLOSE A COPY OF A VALID, GOVERNMENT-ISSUED PHOTO ID THAT MATCHES THE NAME AND CONTACT INFORMATION ENTERED BELOW (OR DEATH CERTIFICATE OF THE DECEASED USER CLAIMANT).

First Name

Last Name

Maiden or Other Prior Names

Date of Birth (MM-DD-YYYY)

Health Card Number

Street Address

City

Province

Postal Code

Country

Email Address

Telephone Number

SECTION II: REPRESENTATIVE IDENTIFICATION (IF APPLICABLE)

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

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

Reason: _____

OR

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

YOU MUST PROVIDE DOCUMENTATION VERIFYING THAT YOU HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF THE USER 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 User 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 III: 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 directly 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 IV: CLAIM INFORMATION

You should complete this User Claim Form if you are a person (including your estate) resident in Canada who was 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 you were subsequently diagnosed with arterial thromboembolism, venous thromboembolism, and/or gallbladder disease.

PRODUCT IDENTIFICATION

Check one or more of the boxes below to indicate the type of Yasmin/YAZ oral contraceptive ingested:

- ☐ Yasmin
☐ YAZ

In the below chart, include the date of first ingestion and date of last ingestion (leading to alleged injury).

	Date	Name of Pharmacy and/or Medical Provider
First Date of Yasmin/YAZ Ingestion		
Last Date of Yasmin/YAZ Ingestion		

INJURIES & EVENT DOCUMENTATION

Check one or more of the boxes below to indicate the type of injury(ies) you received as a result of ingesting Yasmin/YAZ. Please note that you **must** submit supporting documents for each category claimed (*i.e.*, each type of injury claimed) (see the “**Supporting Documentation**” section below).

☐ **Arterial Thromboembolism:**

Date(s) of Diagnosis:	Name of Doctor(s) and/or Hospital(s):

☐ **Venous Thromboembolism:**

Date(s) of Diagnosis:	Name of Doctor(s) and/or Hospital(s):

☐ **Cholecystectomy/Gallbladder Disease:**

Date(s) of Diagnosis:	Name of Doctor(s) and/or Hospital(s):

☐ **Fatality arising from arterial thromboembolism:**

Date of Fatality:	Name of Doctor and/or Hospital:

☐ **Fatality arising from venous thromboembolism:**

Date of Fatality:	Name of Doctor and/or Hospital:

SUPPORTING DOCUMENTATION

Failure to provide supporting documents will result in your Claim being rejected.

Attach to this User Claim Form documents from the medical professional(s) and/or medical facility(ies) from which or in which you received your Yasmin/YAZ pills **and** diagnosis for the above-noted Yasmin/YAZ related injury(ies) you are claiming under the Settlement. Please note that you **must** submit supporting documents for each category claimed (*i.e.*, each type of injury claimed).

For Proof of Ingestion:

- ☐ Pharmacy records, clinical records, and/or hospital records.

For Proof of Injury(ies)

- ☐ Arterial Thromboembolism: The injury and/or treatment evidence must document the arterial thromboembolism (including ischemic stroke and/or myocardial infarction) with accompanying reports and/or hospital records.
- ☐ Venous Thromboembolism: The injury and/or treatment evidence must document the venous thrombosis (including pulmonary embolism and/or deep vein thrombosis) with accompanying reports and/or hospital records.
- ☐ Cholecystectomy/Gallbladder Disease: The injury and/or treatment evidence must document the cholecystectomy and/or gallbladder disease with accompanying reports and/or hospital records.

For Proof of Fatality

- ☐ Fatality: Evidence must document the fatality as a result of an arterial thromboembolism or venous thromboembolism, associated in whole, or in part, with an individual's use of Yasmin and/or YAZ with accompanying medical reports and/or hospital records.

Supporting documents should only include the relevant documents (not your full medical file). For medical records consisting of more than five (5) pages, please provide page references to the relevant documents when you describe your injuries in the boxes above.

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

If a User Claimant is deceased, all payments related to the claim will be made payable to the Estate of the deceased User Class Member.

SECTION VI: DECLARATION

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

- i. You are an eligible User Settlement Class Member (or the representative of a User Settlement Class Member as disclosed in Section II of this Claim Form).
- ii. All the information and documentation provided and submitted in this User 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. This User Claim Form and the supporting documents attached hereto may be subject to audit, verification, and review by the Claims Administrator and/or the Court.
- v. You will not receive any payment if the information in this User Claim Form or the supporting documents attached hereto is believed or found to be fraudulent.
- vi. 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 User 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)

Signature of User Claimant
(or User Claimant's Representative, if any)

Printed Name of User Claimant (or Representative)

Date (dd/mm/yyyy)

Signature of User Claimant's Lawyer (if any)

Printed Name of User Claimant'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 User Claimants must include:

- ☐ A complete and signed User Claim Form.
- ☐ A copy of valid government-issued photo ID.
- ☐ Medical Records: Proof of Ingestion (as listed in Supporting Documentation).
- ☐ Medical Records: Proof of Injury(ies) (as listed in Supporting Documentation).
- ☐ 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.

Please use additional pages, if needed.