

Barba v. Shire U.S., Inc. Settlement Administrator
P.O. Box 40007
College Station, TX, 77842-4007



SBA

Must Be Postmarked
No Later Than
October 7, 2016



ADDERALL XR® SETTLEMENT CLAIM FORM

Barba v. Shire U.S., Inc.

Case No. 13-CV-21158-LENARD/GOODMAN (S.D. FL)

If you wish to make a claim to receive monetary compensation as described in the Settlement Agreement, you must submit this Claim Form to the Class Action Settlement Administrator, either by completing and submitting it online at www.AdderallXRSettlement.com, by printing and emailing the completed Claim Form to info@AdderallXRSettlement.com, or by mailing the completed Claim Form to: Settlement Administrator, PO Box 40007, College Station, TX 77842-4007. The Claim Form must be completed, verified and submitted online OR completed, signed, and postmarked on or before **October 7, 2016**. Your claim is subject to review by the Settlement Administrator and you may be contacted by the Settlement Administrator for additional information.

To qualify for monetary compensation, you must have purchased and paid some money (i.e., paid to fill a prescription) for branded Adderall XR® from January 1, 2007 through April 11, 2016, for personal or household use (including use by a dependent or family member) in the following states (collectively, the "Territory"):

- | | | | |
|--------------------------|---------------|----------------|----------------|
| The District of Columbia | Iowa | Nebraska | Pennsylvania |
| Alabama | Kansas | Nevada | Rhode Island |
| Arizona | Maine | New Hampshire | South Carolina |
| California | Massachusetts | New Jersey | South Dakota |
| Delaware | Michigan | New Mexico | Tennessee |
| Florida | Minnesota | New York | Utah |
| Georgia | Mississippi | North Carolina | Vermont |
| Idaho | Missouri | North Dakota | West Virginia |
| Illinois | Montana | Oregon | Wisconsin |

A complete definition of the class qualifications and exclusions is provided in the Settlement Agreement, which is available at www.AdderallXRSettlement.com. Only claims for Adderall XR® will be paid. **If you purchased and paid some money for a generic form of or equivalent to Adderall XR® or any form of immediate release Adderall®, those purchases do not qualify for any monetary compensation.**

Purchases of Adderall XR® for yourself or your dependent or family member are included. Other purchases, such as for resale or for commercial purposes (e.g., as a third party payor) are excluded. Your purchases are also excluded if you purchased using an insurance plan under which you paid the same co-pay amount for branded drugs that you would pay for a generic version of that branded drug (e.g., a flat co-pay plan).

You are also excluded from relief if you are an officer, director, legal representative, or employee of Shire.

There is a limit of one Claim Form per person (on which you may claim multiple paid prescriptions). Separate Claim Forms must be completed for or on behalf of each member of your family or household who wishes to make a claim. The total monetary amount you receive will depend upon the number of valid claims made by all class members, up to a maximum of \$16 per qualifying branded Adderall XR® prescription you filled. For example, if you filled 5 qualifying prescriptions, you would be entitled to up to \$80 (5 x \$16=\$80). A qualifying prescription is one in which Adderall XR® was purchased under the terms and conditions set forth in this Notice and the Settlement Agreement. Claim Forms must be submitted online at www.AdderallXRSettlement.com, emailed to info@adderallxrsettlement.com or mailed to: Settlement Administrator, PO Box 40007, College Station, TX 77842-4007.



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
----------------------------------	-----------------------------	-----------------------------	--	---

(if none, write "N/A" or "none"; if you do not recall, write "do not recall" or list as many as you can remember)

Identify each pharmacy at which you filled a prescription for Adderall XR® between 1/1/07 and 4/11/16

Pharmacy Name

Grid for Pharmacy Name

City

Grid for City

State

Grid for State

Pharmacy Name

Grid for Pharmacy Name

City

Grid for City

State

Grid for State

Pharmacy Name

Grid for Pharmacy Name

City

Grid for City

State

Grid for State

Pharmacy Name

Grid for Pharmacy Name

City

Grid for City

State

Grid for State

CERTIFICATION

Please read, date, and sign or verify the statement below. This is required for all claims.

I hereby certify under the penalty of perjury that the information provided on this Claim Form is true and correct and that I paid money for branded Adderall XR® in the Territory between January 1, 2007 and April 11, 2016 for each of the Adderall XR® prescriptions for which I am here seeking reimbursement. I understand my claim is subject to review by the Settlement Administrator and I may be contacted by the Settlement Administrator if there are questions about my claim or additional information is needed to verify my claim. I also understand that my claim will be denied if the information I have submitted is false or inaccurate.

Signature: _____

Dated: _____

SUBMIT OR POSTMARK THIS CLAIM FORM ON OR BEFORE OCTOBER 7, 2016, OR YOUR CLAIM FOR PAYMENT WILL BE REJECTED.

If you have questions about this Claim Form visit www.adderallxrsettlement.com, email info@adderallxrsettlement.com or call the Settlement Administrator at 877-369-4085



THIS PAGE INTENTIONALLY LEFT BLANK

