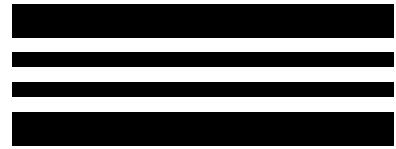


RicePoint Administration Inc.
P.O. Box 3355
London, Ontario
N6A 4K3



PMQ

OXYCONTIN® & OXYNEO®
CLASS ACTION CANADA-WIDE
SETTLEMENT AGREEMENT

**Must Be Postmarked
No Later Than
June 27, 2024**

OxyContin®/OxyNEO® User Claim Form

Private & Confidential

(Please type or use blue or black pen and write legibly)

THIS OXYCONTIN®/OXYNEO® USER CLAIM FORM SHOULD BE COMPLETED BY OR ON BEHALF OF THE OXYCONTIN®/OXYNEO® USER; IN OTHER WORDS, THE PERSON WHO USED OXYCONTIN® AND/OR OXYNEO®. THIS FORM SHOULD NOT BE USED BY ANY SPOUSE OR CHILD TO ASSERT A FAMILY CLASS MEMBER CLAIM.

Please complete this OxyContin®/OxyNEO® User Claim Form only if you/the OxyContin®/OxyNEO® User meet the following criteria:

- Between January 1, 1996 and February 28, 2017, you (or the deceased person whose estate you legally represent) were prescribed in Canada and ingested OxyContin® tablets and/or OxyNEO® tablets, manufactured, marketed and/or sold by one or more of the Defendants (Purdue Pharma and related companies) (“Class Member” under the Settlement Agreement);
- The OxyContin®/OxyNEO® use began as result of a **prescription** written for the OxyContin®/OxyNEO® User by a health care provider.
- The OxyContin®/OxyNEO® User subsequently suffered one or more **OxyContin®- and/or OxyNEO®-related injuries** (an “Injury” or “Injuries”) (as described on page 19 of this form).
- A. All Mandatory Evidence** listed below **must be submitted**, along with the OxyContin®/OxyNEO® User Claim Form, to the Claims Administrator by no later than **June 27, 2024** to be eligible for compensation.
- (1) *Submit proof of a Valid Prescription (as that term is defined in the Compensation Protocol):*

Proof that a Class Member first consumed OxyContin® and/or OxyNEO® pursuant to a prescription written for the Class Member must be established by:

- (A) At least one reliable documentary record that demonstrates a prescription was written for the Class Member for OxyContin® and/or OxyNEO®. This may be a medical record, pharmacy record, social assistance payor record, public or private health insurer record, or other reliable documentary record that demonstrates a prescription was written for the Class Member for OxyContin® and/or OxyNEO®.
- (B) Provided that the mandatory proof requirement above is met, in the event that all relevant prescription records are requested but are unavailable, a Class Member may submit an affidavit sworn or affirmed by the Class Member that describes the details of their prescription of Oxycontin® and/or OxyNEO® and subsequent use. The affidavit must contain, as exhibits, true copies of the record requests that were made and the responses received by the Class Member. A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.

- (2) *Submit proof of Addiction:*

Proof of “Addiction” shall be established through:

- (A) medical records that diagnose or indicate a suspected addiction to or psychological dependence on OxyContin® and/or OxyNEO®;

-OR-

- (B) medical records that document two or more characteristics of Opioid Use Disorder as defined in the DSM-V (as set out in detail on page 19 of this form).



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="checkbox"/> DOC <input type="checkbox"/> LC <input type="checkbox"/> REV	<input type="checkbox"/> RED <input type="checkbox"/> A <input type="checkbox"/> B
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- (C) A Class Member may submit an affidavit sworn or affirmed by the Class Member that explains the circumstances of their addiction to or psychological dependence on OxyContin® and/or OxyNEO®, including a description of any details that may not be available in records described under 2.A or 2.B. A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.
- (3) Submit medical and pharmacy records for 3 years prior to first prescription until end of Period of Addiction:
 - (A) Submit a copy of your medical and pharmacy records for the three years before you were first prescribed OxyContin® and/or OxyNEO® through to the end of the Period of Addiction (the “Material Time”). In the event that some or all of the records are unavailable, a Class Member must submit an affidavit sworn or affirmed by the Class Member that describes their use of OxyContin® and/or OxyNEO® for the timeframe that is not supported by records and that contains, as exhibits, true copies of the record requests that were made and the responses received by the Class Member. A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.
 - (B) A Class Member must disclose, by way of an affidavit sworn or affirmed by the Class Member, any and all addictions and/or substance abuse problems as defined in the DSM-V (as set out in detail on page 19 of this form), other than their Addiction (as that term is defined in the Compensation Protocol) that they suffered during the Material Time. If the Class Member suffered no such addiction and/or substance abuse problems during the Material Time, they must submit a sworn or affirmed affidavit to this effect. A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.
- B. Optional Evidence** to be submitted along with the OxyContin®/OxyNEO® User Claim Form, to the Claims Administrator by no later than **June 27, 2024** if seeking additional compensation for Injuries suffered other than the Addiction itself.
 - You have reviewed and gathered the required evidence if seeking compensation for a Level 1 through Level 14 Injury (see Section 6 on pages 12-16 of this form for further details of the **Level 1-14 Evidence**).
 - Please note that affidavit evidence may be provided for the purpose of providing context to or explaining the required evidence. Providing affidavit evidence does not replace the need for mandatory evidence.

DO NOT SUBMIT THIS CLAIM FORM IF:

- You do not meet the above criteria;
- You are a spouse or child seeking to assert a Family Class Member Claim (if so, please complete the Family Member Claim Form);
- You consumed OxyContin® tablets and/or OxyNEO® tablets **before first** being issued a Valid Prescription. If this is the case, **you are not entitled to receive compensation from the Settlement Payment.**
- You or your legal representative have previously submitted a claim form for the OxyContin® and OxyNEO® Class Action. **Your claim form will only be evaluated once.**



Please read the following “Agreement and Instructions” and complete the Claim Form in full. Approved Claimants will receive benefits in proportion to the cumulative points they are awarded under the Compensation Protocol.

DEADLINE TO SUBMIT ALL CLAIM DOCUMENTATION: JUNE 27, 2024

FAILURE TO SUBMIT THIS CLAIM FORM AND ALL REQUIRED SUPPORTING MATERIALS BY THE DEADLINE WILL RESULT IN YOUR CLAIM BEING REJECTED

AGREEMENT AND INSTRUCTIONS

A. This is a “OxyContin®/OxyNEO® User Claim Form” referred to in the Class Action Canada-Wide Settlement Agreement dated March 8, 2017 relating to OxyContin® and OxyNEO® for the resolution in Canada, and with respect to all residents of Canada, of all Claims against, and all Liabilities of, the Purdue Parties and the other Releasees Connected With OxyContin®/OxyNEO® (the “Settlement Agreement”). Capitalized terms used but not defined in this OxyContin®/OxyNEO® User Claim Form shall have the respective meanings assigned to such terms in the Settlement Agreement, including in Annex A thereto.

B. Please read this OxyContin®/OxyNEO® User Claim Form in its entirety and answer all inquiries on the OxyContin®/OxyNEO® User Claim Form itself (add additional sheets if necessary) and then sign and date the OxyContin®/OxyNEO® User Claim Form. **FAILURE TO FULLY ANSWER ALL INQUIRIES ON THE OXYCONTIN®/OXYNEO® USER CLAIM FORM AND/OR SIGN THE OXYCONTIN®/OXYNEO® USER CLAIM FORM WILL RESULT IN YOUR SUBMISSION BEING DEFICIENT.**

C. **ON OR BEFORE JUNE 27, 2024 YOU MUST PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS TO THE CLAIMS ADMINISTRATOR:** (1) the completed and dated OxyContin®/OxyNEO® User Claim Form; (2) all mandatory supporting documentation as listed on pages 1-2. All of these materials are to be sent to the Claims Administrator as followed:

SUBMIT YOUR CLAIM BY MAIL:

All Forms and documents must be postmarked no later than June 27, 2024 and mailed to:

RicePoint Administration Inc.
P.O. Box 3355
London, Ontario
N6A 4K3

OR

SUBMIT YOUR CLAIM ONLINE:

All Forms must be submitted online and all documents must be sent via email attachment to oxycontin@ricepoint.com by no later than 5:00 p.m. Pacific Time on June 27, 2024.

OR

SUBMIT YOUR CLAIM BY FAX:

All Forms and documents must be faxed to the Claims Administrator to 312-499-7050 by no later than 5:00 p.m. Pacific Time on June 27, 2024.



D. **This OxyContin®/OxyNEO® User Claim Form, fully completed and properly signed, and all requisite supporting documentation, must be submitted (as proven by either the post-mark date (if standard lettermail service is used) or the date received by the Claims Administrator (where same-day or overnight courier service is used)) or the date the submission is capable of being accessed from the Claims Administrator no later than June 27, 2024. FAILURE TO SUBMIT THESE MATERIALS ACCORDINGLY BY THE DEADLINE AND/OR SIGN THE OXYCONTIN®/OXYNEO® USER CLAIM FORM MAY RESULT IN YOUR CLAIM FORM BEING FOUND DEFICIENT.**

E. Each OxyContin®/OxyNEO® User Claimant is required to provide the full names, relationship to the OxyContin®/OxyNEO® User, date of birth and address of all the spouses, common law spouses, children, grandchildren, parents, brothers, and/or sisters who may claim a separate award based upon any Points-Based Award made to the OxyContin®/OxyNEO® User Claimant, in Section 2 of Part A of the OxyContin®/OxyNEO® User Claim Form. (Each such related person separately must submit a Family Member Claim Form in accordance with the Settlement Agreement in order to claim a separate award based upon any such award, but such submission is not the responsibility of the OxyContin®/OxyNEO® User Claimant.)

F. To the extent that the person submitting this OxyContin®/OxyNEO® User Claim Form on behalf of a OxyContin®/OxyNEO® User Claimant is representing a minor, an incapable person, a person under a disability or the estate of a deceased person, such representative must provide details about their relationship to the OxyContin®/OxyNEO® User Claimant (e.g., as the executor for the estate of an OxyContin®/OxyNEO® User Claimant) and attach copies of the court orders making such appointment, or other authorization or official document(s) demonstrating that they are the duly authorized legal representative of the OxyContin®/OxyNEO® User Claimant. Additionally, all such persons must comply with all provisions of the Settlement Agreement. If your properly approved representative is required to report any award to any court, the amount of such award shall be maintained in the strictest confidence and all papers shall be filed under seal and all hearings held in private to the extent allowable under the applicable law.

G. The signatories to the OxyContin®/OxyNEO® User Claim Form, the law firms with which they are affiliated (if any) and the OxyContin®/OxyNEO® User Claimant identified herein specifically agree to maintain the confidentiality of any awards of compensation, unless otherwise required by law, that might result from the Settlement Agreement.

H. **Notice: The submission of a OxyContin®/OxyNEO® User Claim Form and/or any other documentation to the Claims Administrator does not mean that the OxyContin®/OxyNEO® User Claimant will receive any payment under the Settlement Agreement. There are strict eligibility criteria which have been approved by the Courts that a OxyContin®/OxyNEO® User Claimant must first satisfy in order to be entitled to payment under the Settlement Agreement.**



OXYCONTIN®/OXYNEO® USER CLAIM FORM

UNLESS NOTED OTHERWISE, YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS ON THIS FORM AND, IF NECESSARY, ATTACH ADDITIONAL SHEETS. Please type or use blue or black pen and write legibly.

PART A – TO BE COMPLETED IN ALL INSTANCES

SECTION 1. DEMOGRAPHIC INFORMATION REGARDING OXYCONTIN®/OXYNEO® USER

a. Purdue-branded product used (e.g., OXYCONTIN®, OXYNEO®):

[Grid for product name]

b. Current name and any former names (e.g., maiden names, married names) used by the OxyContin®/OxyNEO® User for the ten years prior to the OxyContin®/OxyNEO® User's Addiction (last name first, followed by first name and middle initial):

Prefix: Mr. Mrs. Miss Ms. Dr. Mx.

[Grid for prefix and first name]

First Name

M.I.

[Grid for last name]

Last Name

[Grid for prior name]

Prior Name (last name first, followed by first name and middle initial)

[Grid for prior name]

Prior Name (last name first, followed by first name and middle initial)

c. OxyContin®/OxyNEO® User's current or last known residence address:

[Grid for street address]

Street Address

[Grid for street address continued]

Street Address Continued

[Grid for city]

City

[Grid for province]

Province

[Grid for postal code]

Postal Code

[Grid for email address]

Email Address

[Grid for daytime phone number]

Daytime Phone Number

[Grid for evening phone number]

Evening Phone Number

d. OxyContin®/OxyNEO® User's Date of Birth

MM / DD / YYYY

OxyContin®/OxyNEO® User's date of death, if applicable

MM / DD / YYYY

e. Language Preference: English French



SECTION 2. INFORMATION ABOUT SPOUSE AND/OR CHILDREN

Information regarding any spouse (or former spouse), children, grandchildren, parents, brothers, and sisters of the OxyContin®/OxyNEO® User who may be entitled to submit a claim as a Family Member of the above-listed OxyContin® and/or OxyNEO® user. Attach separate sheet(s) as necessary to answer all of the following questions for each such Eligible Family Member.

Note: Each Family Class Member is required to submit a Family Member Claim Form in accordance with the Settlement Agreement in order to be considered for a separate award.

Current name and other names (e.g., maiden names, married names) used by each Eligible Family Member and the nature of their relationship to the OxyContin®/OxyNEO® User listed above:

Prefix: Mr. Mrs. Miss Ms. Dr. Mx.

M.I.

Relationship to OxyContin®/OxyNEO® User (i.e., spouse (or former spouse), child, grandchild, parent, brother, or sister)

/ /

Date of Birth of Family Member

/ /

Date of marital separation/divorce (if applicable)

/ /

— — —

Daytime Phone Number Evening Phone Number

Language Preference: English French

Additional Eligible Family Members Attached



SECTION 3. INFORMATION ABOUT A LEGAL REPRESENTATIVE (E.G. EXECUTOR OF THE OXYCONTIN®/OXYNEO® USER'S ESTATE)(IF APPLICABLE)

This Section is to be completed only if this claim is being made by a legal representative on behalf of an OxyContin®/OxyNEO® User Claimant.

If you are claiming as a legal representative of the OxyContin®/OxyNEO® User Claimant, please provide details about your relationship to the OxyContin®/OxyNEO® User Claimant (e.g., as the executor for the estate of an OxyContin®/OxyNEO® User Claimant) and attach copies of the court orders making such appointment, or other authorization or official document(s) demonstrating that you are the duly authorized legal representative of the OxyContin®/OxyNEO® User Claimant.

Type of representative (e.g. executor of estate, guardian)																																																																																																			
First Name																																																																																					M.I.														
Last Name																																																																																																			
Prior Name (last name first, followed by first name and middle initial)																																																																																																			
Prior Name (last name first, followed by first name and middle initial)																																																																																																			
Relationship to OxyContin®/OxyNEO® User (i.e., spouse (or former spouse), child, grandchild, parent, brother, or sister)																																																																																																			
M M / D D / Y Y Y Y																																																																																																			
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Daytime Phone Number																																			Evening Phone Number																																																																
Language Preference: <input type="radio"/> English <input type="radio"/> French																																																																																																			



SECTION 4. LEGAL COUNSEL (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 to the Claims Administrator on your behalf. If you complete this section, all correspondence will be sent to your lawyer. If you change lawyers, you must notify the Claims Administrator in writing of the new information.

Law Firm Name									
Lawyer's First Name								M.I.	
Lawyer's Last Name									
Primary Address									
Primary Address Continued									
City						Province		Postal Code	
Email Address									
Phone Number									
Law Society Number									
Language Preference: <input type="radio"/> English <input type="radio"/> French									

SECTION 5. FACTS CONCERNING OXYCONTIN®/OXYNEO® USER'S INGESTION OF OXYCONTIN®/OXYNEO®:

a. Please indicate the start and end date of your Period of Addiction:

MM / DD / YYYY to MM / DD / YYYY

b. Date OxyContin®/OxyNEO® was first prescribed:

MM / DD / YYYY

c. Date OxyContin®/OxyNEO® use stopped:

MM / DD / YYYY

If OxyContin®/OxyNEO® use completely stopped at any point and then restarted, please provide more details below regarding the period of ingestion, providing specific dates where possible.



d. List each healthcare provider who prescribed OxyContin®/OxyNEO® to the OxyContin®/OxyNEO® user. Please provide name(s), address and phone number:

Doctors Name

Street Address

City

Province

Postal Code

Phone Number

to

Relevant Date Range

Doctors Name

Street Address

City

Province

Postal Code

Phone Number

to

Relevant Date Range

Doctors Name

Street Address

City

Province

Postal Code

Phone Number

to

Relevant Date Range

If you had more than 3 healthcare providers, please attach separate sheet(s) as necessary to answer all of the following questions for each such healthcare provider.



e. List each pharmacy where OxyContin®/OxyNEO® prescriptions were ever filled by or for the benefit of the OxyContin®/OxyNEO® user. Please provide name(s), address, and phone number:

<input type="text"/>														
Pharmacy Name														
<input type="text"/>														
Street Address														
<input type="text"/>								<input type="text"/>		<input type="text"/>				
City								Province		Postal Code				
<input type="text"/>			—			<input type="text"/>			<input type="text"/>					
Phone Number														
<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		
Relevant Date Range														
<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		
to														
<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		

<input type="text"/>														
Pharmacy Name														
<input type="text"/>														
Street Address														
<input type="text"/>								<input type="text"/>		<input type="text"/>				
City								Province		Postal Code				
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Phone Number														
<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		
Relevant Date Range														
<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		
to														
<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		

<input type="text"/>														
Pharmacy Name														
<input type="text"/>														
Street Address														
<input type="text"/>								<input type="text"/>		<input type="text"/>				
City								Province		Postal Code				
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Phone Number														
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<input type="text"/>			/			<input type="text"/>			/			<input type="text"/>		

If you filled prescriptions at more than 3 pharmacies, please attach separate sheet(s) as necessary to answer all of the following questions for each such pharmacy.



SECTION 6. ELIGIBLE EVENT(S)

For each Eligible Event(s) indicated below, please specify what page(s) in your supporting documents evidence the injury. In addition, please provide information regarding the approximate date(s) of occurrence(s) and any other details you believe to be relevant. Please ensure to include all Mandatory Evidence.

APPROVED CLAIMANTS WILL RECEIVE COMPENSATION PROPORTIONAL TO THE POINTS AWARDED UNDER THE COMPENSATION PROTOCOL.

Please only fill out the sections that apply to you.

Please note that affidavit evidence may be provided for the purpose of providing context to or explaining the required evidence. Providing affidavit evidence does not replace the need for mandatory evidence.

Level 1: Fatal overdose caused or contributed to by OxyContin® and/or OxyNEO® consumption, or suicide by other means during the Period of Addiction.

Mandatory Evidence for Level 1: Enclose the Class Member’s **government-issued Medical Certificate of Death** which declares the cause of death of the OxyContin®/OxyNEO® user. Please specify what page(s) in your supporting documents evidence the injury.

Level 2: Non-fatal overdose during the Period of Addiction, which includes a documented suicide attempt, caused or contributed to by OxyContin® and/or OxyNEO® consumption.

Mandatory Evidence for Level 2: Enclose medical records from the Class Member’s treating physician and/or hospital records that detail the overdose(s) and/or attempted suicide(s). Please specify what page(s) in your supporting documents evidence the injury.

Level 3: Documented suicide attempt during the Period of Addiction by means other than OxyContin® and/or OxyNEO® consumption.

Mandatory Evidence for Level 3: Enclose medical records from the Class Member’s treating physician and/or hospital records that detail the attempted suicide(s). Please specify what page(s) in your supporting documents evidence the injury.



Level 4: Participation in a treatment program for OxyContin® and/or OxyNEO® Addiction.

Mandatory Evidence for Level 4: Enclose medical records and/or records from the treatment centre/program supporting the Class Member’s participation. Please specify what page(s) in your supporting documents evidence the injury.

- o To be eligible to receive added points for methadone use or similar treatments, a Class Member must submit records from the treatment centre/program that indicate that methadone or similar treatment program was prescribed for a period of 6 months or longer. Similar treatments include but are not limited to: Probuphine, Sublocade, Suboxone, Naloxone, Zubsolv, Subutex, Naltrexone, Vivitrol, Buprenorphine, etc.

Level 5: Loss of employment for a period of 6 consecutive months or longer during the Period of Addiction.

Mandatory Evidence for Level 5: A Class Member must submit a sworn or affirmed Affidavit specifying that their loss of employment was mainly due to OxyContin® and/or OxyNEO® Addiction and must submit documentation that shows their termination from employment and income at the time of termination. Please specify what page(s) in your supporting documents evidence the injury.

- o Example documents include, records of employment, pay stubs, tax returns, notices of assessment, and/or contracts.
- o A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.

\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Annual income at time of employment loss	

Level 6: Loss of professional license during the Period of Addiction.

Mandatory Evidence for Level 6: Enclose records from the body that governs the Class Member’s profession that indicates the loss of professional license. Please specify what page(s) in your supporting documents evidence the injury.



Level 7: Loss of custody of child(ren) during the Period of Addiction.

Mandatory Evidence for Level 7: Enclose a Custody Order and/or other court Order and/or other records in the court file that provide for custody of the Class Member’s children and/or an Affidavit sworn or affirmed by a close friend or family member of the Class Member that provides specific detail as to the circumstances surrounding the loss of custody and an explanation for why the affiant has knowledge of those details. Please specify what page(s) in your supporting documents evidence the injury.

- o A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.

Level 8: Criminal conviction related to OxyContin® and/or OxyNEO® during the Period of Addiction.

Mandatory Evidence for Level 8: Enclose a Certificate of Conviction signed by the clerk of the court in which the conviction was made, as well as the corresponding pre-sentencing report. Please specify what page(s) in your supporting documents evidence the injury.

- o These records must clearly indicate that the conviction was related to the Class Member’s Addiction. If this relationship is not evident from these records, the Class Member must submit a statement from their lawyer and/or parole officer and/or social worker that clearly indicates that the conviction was related to the Class Member’s Addiction.

Level 9: Separation and/or divorce from spouse or common law spouse during the Period of Addiction.

Mandatory Evidence for Level 9: Enclose a Separation Agreement and/or Divorce Certificate and/or other records in the court file and/or an Affidavit sworn or affirmed by a close friend or family member of the Class Member that provides specific detail as to the circumstances surrounding the separation and/or divorce and an explanation for why the affiant has knowledge of those details. Please specify what page(s) in your supporting documents evidence the injury.

- o A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.



Level 10: Criminal charge related to OxyContin® and/or OxyNEO® during the Period of Addiction that did not result in conviction.

Mandatory Evidence for Level 10: Enclose law enforcement and/or police records that document that charge and that clearly indicate that the charge was related to the Class Member's Addiction. Please specify what page(s) in your supporting documents evidence the injury.

- o If this relationship is not evident from these records, the Class Member must submit a statement from their lawyer and/or healthcare provider and/or social worker that clearly indicates that the charge was related to the Class Member's Addiction.

Level 11: Bankrupt during the Period of Addiction.

Mandatory Evidence for Level 11: Enclose the Class Member's bankruptcy documentation. Please specify what page(s) in your supporting documents evidence the injury.

Level 12: Evicted from or otherwise lost possession of principal residence during the Period of Addiction.

Mandatory Evidence for Level 12: Enclose the real estate documentation and/or eviction notice(s) that demonstrate the loss. Please specify what page(s) in your supporting documents evidence the injury.

- o If such documentation and/or notice is not available, then a Class Member must submit a sworn or affirmed Affidavit that describes the circumstances surrounding the eviction or loss of residence plus a supporting Affidavit sworn or affirmed by a person familiar with those circumstances.
- o A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.



Level 13: Homeless for greater than one week (7 days) during the Period of Addiction.

Mandatory Evidence for Level 13: Enclose homeless shelter records and/or a statement by a social worker or healthcare provider that describes the Class Member’s experience with and conditions of homelessness and the length of time that the Class Member was homeless. Please specify what page(s) in your supporting documents evidence the injury.

- o If such documentation cannot be obtained, then a Class Member must submit a sworn or affirmed Affidavit that describes the circumstances surrounding their homelessness plus a supporting Affidavit sworn or affirmed by a person familiar with those circumstances.
- o A template affidavit is available for support and can be located on the documents page of the settlement website at www.oxycontinclassactionsettlement.ca. If you do not have internet access, please call 1-888-663-7185 to speak to a support agent to request an affidavit template be mailed to you.

Level 14: Interruption in post-secondary education during the Period of Addiction.

Mandatory evidence for Level 14: Enclose the Class Member’s transcript(s) that show the interruption(s). Please specify what page(s) in your supporting documents evidence the injury.

- o The Class Member must have been enrolled for the semester and completed 60% or less of the registered courses.

Level 16: Discretionary points: The Claims Administrator may in its discretion award points for substantiated circumstances evidencing hardship that are not otherwise provided for in this Compensation Protocol.

If you wish to provide details regarding substantiated circumstances evidencing hardship that are not otherwise provided for in this claim form, please provide a separate letter detailing those items and enclose the supporting evidence. Please specify what page(s) in your supporting documents evidence the hardship.

Additional Circumstances Provided: Yes No Page(s):

Medical History Information

Level A: Addiction to an opioid other than OxyContin® and/or OxyNEO® during the Period of Addiction

Was the OxyContin®/OxyNEO® User addicted to another opioid during the Period of Addiction? Yes No

Level B: History of addiction and/or substance abuse

Does the OxyContin®/OxyNEO® User have a history of substance abuse? Yes No

If Yes, select the categories that apply below:

- More than 3 years before first prescription of OxyContin® and/or OxyNEO®
- Less than 3 years, but more than 2 years before first prescription of OxyContin® and/or OxyNEO®
- Less than 2 years, but more than 1 year before first prescription of OxyContin® and/or OxyNEO®
- Less than 1 year before first prescription of OxyContin® and/or OxyNEO®

Level C

OxyContin® was first prescribed to OxyContin®/OxyNEO® User after February 28, 2012 or OxyContin®/OxyNEO® User was prescribed OxyNEO® and had not previously been prescribed OxyContin® Yes No



SECTION 7. MEDICAL AND/OR OTHER RELIABLE DOCUMENTARY EVIDENCE REQUIREMENTS

NOTE: FAILURE TO COMPLY WITH THE FOLLOWING RECORDS REQUIREMENTS WILL RESULT IN YOUR CLAIM NOT BEING ELIGIBLE FOR PAYMENT.

MANDATORY PROOF OF CLAIM

Refer back to pages 1-2 of this Claim Form to ensure you have gathered all mandatory supporting documentation for any and all claims for injury compensation and for the purposes of proving the length of your Period of Addiction.

PART B – TO BE COMPLETED IN ALL INSTANCES

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

A. BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- (i) YOU ARE A OXYCONTIN®/OXYNEO® USER OR A LEGAL REPRESENTATIVE DISCLOSED IN SECTION 3 OF PART A ABOVE,
- (ii) ALL THE INFORMATION PROVIDED AND SUBMITTED IN THIS OXYCONTIN®/OXYNEO® USER CLAIM FORM IS TRUE AND CORRECT, AND
- (iii) ALL COPIES OF RECORDS PROVIDED ARE TRUE, COMPLETE AND CORRECT COPIES OF RECORDS PROVIDED BY APPLICABLE RECORDS CUSTODIANS.

B. IF YOU HAD NOT PREVIOUSLY OPTED OUT OF THE CLASS ACTION, 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 EXECUTION OF THIS OXYCONTIN®/OXYNEO® 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/LIABILITIES (AS DEFINED IN THE SETTLEMENT AGREEMENT).

Privacy Statement

All personal information provided by or on behalf of the Claimant to the Claims Administrator will be handled in accordance with applicable privacy laws and the Claims Administrator’s privacy policies available at www.oxycontinclassactionsettlement.com. Such information will be used for the purposes of administering the Settlement Agreement, including evaluation by the Claims Administrator and the Referee appointed by the Courts and the Courts of the Claimant’s eligibility status under the Settlement Agreement. Personal information provided by the Claimant will not be disclosed without further express written consent of the Claimant, except to the Referee appointed by the Courts and the Courts; to appropriate persons to the extent necessary to process claims or provide benefits under the Settlement Agreement; as otherwise expressly provided in the Settlement Agreement; pursuant to court order, or as otherwise permitted or required by law; as may be reasonably necessary in order to enforce, or for the Class Counsel or Defense Counsel to exercise their respective rights (including their respective response or appeal rights) under, the Settlement Agreement; or to the immediate family members, counsel, accountants and/or financial advisors of the Claimant (each of whom the Claimant shall instruct to maintain and honour the confidentiality of such information).



REMINDER CHECKLIST:

Before finalizing your claim form, please consult the below checklist:

- Review the claim form in detail to ensure all required information has been entered.
- Review the claim form and Mandatory Evidence requirements (located on pages 1-2) and Injury-specific evidence (located on pages 12-16) to ensure you have provided all complete and necessary records with your claim form.
- Make a copy of the claim form and all evidence, for your records.
- If you move or your contact information changes, it is your responsibility to notify the Claims Administrator of your updated contact information.
- Finally, please sign and date the claim form.

The Claims Administrator will acknowledge receipt of your OxyContin®/OxyNEO® User Claim Form by mail within 60 days. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1 (888) 663-7185.

PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM

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

Date: _____

OxyContin®/OxyNEO® User Claimant’s (or Executor/Guardian) Signature

Printed Name of OxyContin®/OxyNEO® User Claimant (or Executor/Guardian)

Date: _____

Signature of OxyContin®/OxyNEO® User Claimant’s Lawyer (if any)

Printed Name of OxyContin®/OxyNEO® User Claimant’s Lawyer (if any)

SUBMIT YOUR CLAIM BY MAIL:

All Forms and documents must be postmarked no later than June 27, 2024 and mailed to:

Claims Administrator
P.O. Box 3355
London, Ontario
N6A 4K3

OR

SUBMIT YOUR CLAIM ONLINE:

All Forms must be submitted online and all documents must be sent via email attachment to oxycontin@ricepoint.com by no later than 5:00 p.m. Pacific Time on June 27, 2024.

OR

SUBMIT YOUR CLAIM BY FAX:

All Forms and documents must be faxed to the Claims Administrator to 312-499-7050 by no later than 5:00 p.m. Pacific Time on June 27, 2024.



DEFINITIONS

- “Addiction and/or Substance Abuse Problems”: as defined in the DSM-V, means any addiction/substance abuse problem from the following substances: alcohol, caffeine, cannabis, hallucinogens, inhalants, sedatives, hypnotics, or anxiolytics, stimulants (including amphetamine-type substances, cocaine, and other stimulants), and/or tobacco, which resulted in any of the following problems:
 1. Taking the substances in larger amounts or for longer than you are meant to.
 2. Wanting to cut down or stop using the substance but not managing to.
 3. Spending a lot of time getting, using, or recovering from the use of the substance.
 4. Cravings and urges to use the substance.
 5. Not managing to do what you should at work, home, or school because of substance use.
 6. Continuing to use, even when it causes problems in relationships.
 7. Giving up important social, occupational, or recreational activities because of substance use.
 8. Using substances again and again, even when it puts you in danger.
 9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
 10. Needing more of the substance to get the effect you want (tolerance).
 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.
- “Approved Claimant”: a Class Member who successfully completes the claim form, has provided all required documentation, and has been determined by the Claims Administrator to be eligible for compensation under the Settlement Agreement will be deemed to be an Approved Claimant. Approved Claimants will receive benefits in proportion to the cumulative points they are awarded under the Compensation Protocol.
- “Claims Administrator”: the third party who is appointed by the Court to evaluate and assess each claim form and to distribute the settlement funds to eligible claimants. The Claims Administrator appointed by the Court to administer this Settlement is RicePoint Administration Inc.
- “Class Counsel”: the law firms of Rochon Genova LLP, Siskinds Desmeules LLP, Wagners and Merchant Law Group LLP. Class Counsel’s contact information can be found on the ‘Contact Us’ page of the settlement website at www.oxycontinclassactionsettlement.ca.
- “Compensation Protocol”: the Court approved plan for administering the Settlement Agreement and distributing the settlement funds to Approved Claimants. The Compensation Protocol is located in Exhibit B of the Settlement Agreement.
- “Defense Counsel”: the law firms of Borden Ladner Gervais LLP, Barry Glaspell and Stikeman Elliott LLP.
- “Opioid Use Disorder”: as defined in the DSM-V, includes the following diagnostic criteria:

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
 3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
 4. Craving, or a strong desire or urge to use opioids.
 5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
 6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
 7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
 8. Recurrent opioid use in situations in which it is physically hazardous.
 9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
 10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of an opioid.Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
 11. Withdrawal, as manifested by either of the following:
 - a. The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
 - b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.
- “Period of Addiction”: beginning with the point in time in which the Class Member’s Addiction is established through a valid prescription and ending with the point in time in which the Class Member ceased to experience symptoms of Addiction, or on February 28, 2017, whichever is earlier.



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