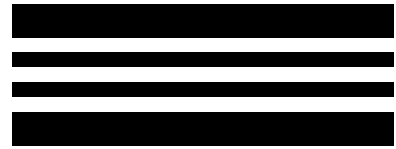


RicePoint Administration Inc.  
P.O. Box 3355  
London, Ontario  
N6A 4K3



**PMQ**

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

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

## Family Member Claim Form

Please proceed to complete the Family Member Claim Form if you meet the following criteria:

- You were a spouse, common law spouse, child, grandchild, parent, brother or sister of an Approved Claimant at the time of their injury or injuries due to their use of OxyContin® and/or OxyNEO®;
- You have gathered all evidence required to substantiate your relationship to the OxyContin®/OxyNEO® user (please see page 4 of the Family Member Claim Form for a list of suggested supported documents);
- If you have previously submitted a Family Member Claim Form for the OxyContin® and OxyNEO® Class Action Settlement or a legal representative has previously done so on your behalf, **there is no need to submit multiple forms. Your claim will only be evaluated once.**

### Family Class means:

All persons in Canada who by virtue of personal relationships to Class Members, have claims for damages, including those defined in the Compensation Protocol attached to the Settlement Agreement as Exhibit B. For greater certainty, Family Class includes the spouses, common law spouses, children, grandchildren, parents, brothers, and sisters of Approved Claimants at the time of the Injury or Injuries.

A Family Class Member, or their guardian, may complete the following form to apply for compensation under the OxyContin® and OxyNEO® National Settlement Agreement.

### Private & Confidential

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

**IF NO CLAIM FORM IS SUBMITTED BY OR ON BEHALF OF THE OXYCONTIN®/OXYNEO® USER, OR THE OXYCONTIN®/OXYNEO® USER CLAIM IS DEEMED TO BE INELIGIBLE BY THE CLAIMS ADMINISTRATOR, FAMILY MEMBERS ARE NOT ELIGIBLE FOR COMPENSATION UNDER THE SETTLEMENT.**

**DEADLINE TO SUBMIT ALL CLAIM DOCUMENTATION: FEBRUARY 27, 2024**



A. This is a “Family Member 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. This form is to be used for submitting a claim by or on behalf of the spouses, common law spouses, children, grandchildren, parents, brothers, and sisters of Class Members at the time of the Injury or Injuries.

C. Only Family Members of Approved Claimants are eligible to receive compensation from the Settlement Payment. Please read this Family Member Claim Form in its entirety and answer all inquiries on the Family Member Claim Form itself (add additional sheets if necessary) and then sign and date the Family Member Claim Form. **YOU MUST ANSWER ALL INQUIRIES AND SIGN THE FAMILY MEMBER CLAIM FORM, INCLUDING PROVIDING ALL REQUIRED DOCUMENTATION, OR YOUR CLAIM FORM MAY BE FOUND DEFICIENT.**

**D. DEADLINE TO SUBMIT ALL FAMILY MEMBER CLAIM DOCUMENTATION: FEBRUARY 27, 2024. This Family Member Claim Form, fully completed and properly signed, and all requisite documentation, including proof of your relationship (i.e., marriage certificate, birth certificate, baptismal papers, separation agreement, adoption papers, custody judgment, divorce judgment, affidavit) to the OxyContin®/OxyNEO® User Claimant, 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 February 27, 2024. Failure to submit these materials accordingly by this deadline will result in you not being entitled to any compensation pursuant to the Settlement Agreement (but you shall nonetheless remain bound by the terms thereof, including the Release set forth therein).**

E. To the extent that the person submitting this Family Member Claim Form on behalf of a putative Eligible Family Member is representing a minor, an incapable person, a person under a disability or the estate of a deceased person, such person must represent and warrant that they are duly authorized as the proper representative to submit the claim and provide proof of same. It is the sole responsibility of the person submitting a claim to take the necessary steps to be appointed as the proper representative by court order, if the applicable law so requires. Additionally, all such persons must comply with all provisions of the Settlement Agreement. If the 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.

F. The signatories to this Family Class Member Claim Form, the law firms with which they are affiliated (if any) and the putative Eligible Family Member identified herein specifically agree to maintain the confidentiality of any awards that might result from the Settlement Agreement.

G. **Notice:** In order to possibly be eligible for compensation (in the event that your related OxyContin®/OxyNEO® User Claimant is determined to be an Approved Claimant), you must properly and fully complete and submit to the Claims Administrator this Family Member Claim Form and provide to the Claims Administrator proof of one’s relationship to your related OxyContin®/OxyNEO® User Claimant, all prior to the Claims Deadline Date. For example:

- (a) Spouses must provide a copy of their marriage certificate or other document evidencing the relationship to the relevant OxyContin®/OxyNEO® User Claimant;
- (b) Children of OxyContin®/OxyNEO® User Claimants must provide a birth certificate or other relevant documentation which establishes the date of birth of the Eligible Family Member, and, if the last name of the child is different from that of the OxyContin®/OxyNEO® User Claimant, documentation which establishes that the Eligible Family Member is the child of the OxyContin®/OxyNEO® User Claimant.

H. You are encouraged to submit this Family Member Claim Form and proof of relationship together with the Claims Package submitted by your related OxyContin®/OxyNEO® User Claimant for ease of administration.

**I. Notice: The submission of a Family Member Claim Form and/or any other documentation to the Claims Administrator does not mean that you will receive any payment under the Settlement Agreement. An Approved Family Member Claimant will be entitled to receive a payment pursuant to the Settlement Agreement only if the related OxyContin®/OxyNEO® User Claimant becomes entitled to receive such a payment as an Approved OxyContin®/OxyNEO® User Claimant. 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.**



**SECTION 1. INFORMATION RE: OXYCONTIN® AND OR OXYNEO® USER**

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

																		<input type="checkbox"/>	
First Name																			M.I.

Last Name																		
-----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Street Address																		
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Address Continued																		
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City												Province			Postal Code			
------	--	--	--	--	--	--	--	--	--	--	--	----------	--	--	-------------	--	--	--

Email Address																		
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Daytime Phone Number										

Evening Phone Number										

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

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---



**SECTION 2. FAMILY MEMBER IDENTIFICATION**

**Before completing this section, you MUST complete Section 1 and identify the OxyContin® and/or OxyNEO® user who is your source of entitlement to make a claim.**

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

First Name

M.I.

Last Name

Family Class Member's Primary Address

Primary Address Continued

City

Province

Postal Code

Email Address

Daytime Phone Number

Evening Phone Number

MM / DD / YYYY

Family Class Member's Date of Birth

MM / DD / YYYY to MM / DD / YYYY

Period of spousal relationship to OxyContin®/OxyNEO® User (if applicable) (specify dates)

Language Preference:  English  French

I have included the following supporting documentation as proof of relationship to the OxyContin® and/or OxyNEO® user:

- Birth Certificate
- Custody Judgment
- Baptismal Certificate
- Adoption papers
- Marriage Certificate
- Affidavit
- Separation Contract
- Divorce judgment (if you are in a common-law relationship and were previously married)

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



**SECTION 3. 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.

This section is to be completed only if a lawyer is representing the Family Class Member.

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

First Name

M.I.

<input type="text"/>
----------------------

Last Name

<input type="text"/>
----------------------

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

<input type="text"/>
----------------------

Primary Address

<input type="text"/>
----------------------

Primary Address Continued

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City

Province

Postal Code

<input type="text"/>
----------------------

Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Daytime Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Evening Phone Number

Language Preference:  English  French



**SECTION 4. LEGAL GUARDIAN IDENTIFICATION (IF APPLICABLE)**

This Section is to be completed only if this claim is being made by a guardian on behalf of the Family Member who is a minor or incapacitated.

If you are a court- appointed representative, please attach copies of the court orders making such appointment.

Type of representative (e.g. power of attorney, guardian)																																																																																																			
Prefix: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Mx.																																																																																																			
First Name																																																																																										M.I.									
Last Name																																																																																																			
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City																																																												Province										Postal Code																													
Email Address																																																																																																			
Daytime Phone Number																																								Evening Phone Number																																																											
Language Preference: <input type="radio"/> English <input type="radio"/> French																																																																																																			



## SECTION 5. FAMILY MEMBER VERIFICATION SIGNATURE

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

- (i) YOU ARE AN ELIGIBLE FAMILY MEMBER WITH RESPECT TO THE PERSON IDENTIFIED IN SECTION 1 ABOVE OR THEIR LEGAL REPRESENTATIVE DISCLOSED IN SECTION 4 ABOVE;
- (ii) ALL THE INFORMATION PROVIDED AND SUBMITTED IN THIS FAMILY MEMBER CLAIM FORM IS TRUE AND CORRECT; AND
- (iii) ALL COPIES OF RECORDS SUBMITTED WITH THIS FORM 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 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/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/](http://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 Family Member Claim Form, please consult the below checklist:

- Review the form in detail to ensure all required information has been entered.
- Review your provided documentation to ensure your relationship to the OxyContin®/OxyNEO® user has been sufficiently established.
- Make a copy of the claim form and all supporting documentation, 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 Family Member Claim Form.

**The Claims Administrator will acknowledge receipt of your Family Member 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:** \_\_\_\_\_

\_\_\_\_\_  
Family Member’s Signature (or Guardian)

\_\_\_\_\_  
Printed Name of Family Member (or Guardian)

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Family Member’s Legal Counsel (if any)

\_\_\_\_\_  
Printed Name of Family Member’s Legal Counsel (if any)

**SUBMIT YOUR CLAIM BY MAIL:**

All Forms and documents must be postmarked no later than February 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](mailto:oxycontin@ricepoint.com) by no later than 5:00 p.m. Pacific Time on February 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 February 27, 2024.

**DEFINITIONS**

- “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 Members can find Class Counsel’s contact information on the ‘Contact Us’ section of the settlement website at [www.oxycontinclassactionsettlement.ca](http://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.

