

Schreiber et al. v. Mayo Foundation for Medical Education and Research, Case No. 2:22-cv-00188-HYJ-RSK (W.D. Mich.)

CLAIM FORM FOR UNIDENTIFIED CLASS MEMBERS

This Claim Form may be submitted online at www.healthletterpppasettlement.com or completed and mailed to the address below. Submit your completed Claim Form online or mail it so it is postmarked no later than May 15, 2024. If you received a Notice by mail, you do NOT need to submit a Claim Form, and your Cash Award will be sent to you by check at the address identified on the Notice once the Settlement is finally approved. If your address has changed, please submit a change of address form online at www.healthletterpppasettlement.com to ensure your check is mailed to your current address.

I. CLAIMANT INFORMATION (all fields required)

The Settlement Administrator will use this information before settlement payments are issued, contact the Settler		1 2	
First Name	M.I.	Last Name	
Current Mailing Address, Line 1: Street Address/P.O. Box			
Current Mailing Address, Line 2			
City			Zip Code
Preferred Telephone Number: ()			
Preferred Email address:		@	
II. CLAIM INFORMATION Mailing address at which you received your subscription be	tween J	une 16, 2016 and July 3	80, 2016:
Mailing Address, Line 1: Street Address/P.O. Box			
Mailing Address, Line 2			
City		State	Zip Code
III. PREFERRED PAYMENT METHOD			
If you would like to receive an electronic payment, please so	ubmit y	our claim online at www	w.healthletterpppasettlement.com.
IV. SIGNATURE: Sign and date the Claim Form belo	W.		
Signed:		Date:	

Submit this Claim Form online or mail it to the address below postmarked no later than May 15, 2024.

Schreiber et al. v. Mayo Foundation c/o Kroll Settlement Administration PO Box 5324 New York, NY 10150-5324





