

**CLASS ACTION CLAIM FORM**  
**www.alyseaclassaction.ca**

Two separate class action lawsuits have ended with a settlement for women who were taking Alysena 21 or 28 and became pregnant while taking Affected Lots (defined as lots of Alysena purchased in Canada and ingested between December 22, 2017 and March 8, 2018) or suffered psychological stress and anxiety as a result of reading or becoming aware of the Health Canada Advisory issued on February 9, 2018. A settlement fund of approximately **\$2,030,600** is available to pay all eligible claimants, known as Class Members, who make a claim.

Class Members who ingested Alysena who meet Option A or B criteria below can claim money using this Claim Form. As part of this claims settlement process, your claim for money will be received and assessed by an independent Administrator and, in some cases, by Class Counsel. Your claim information will be reviewed and a decision will be made about whether you are eligible for money, and if so, how much.

**WHO CAN MAKE A CLAIM?**

This Claim Form is for persons who ingested Alysena purchased in Canada during the class period. You must match Option A or B.

Claimant - Option A			Claimant - Option B	
✓	You became pregnant while taking Alysena as directed from a lot of Alysena purchased in Canada for contraceptive purposes	<b>OR</b>	✓	You were prescribed Alysena 21 or Alysena 28 for the purposes of contraceptive protection and you purchased and ingested said medication between <b>February 9, 2017 and October 31, 2019</b>
✓	You purchased and ingested Alysena as described above <b>BETWEEN December 22, 2017 and March 8, 2018</b>		✓	You did not become pregnant but suffered psychological stress and anxiety upon learning of the possible increased risk of pregnancy between February 9, 2017 and October 31, 2019
✓	Whether or not you carried the pregnancy to term		✓	You sought medical advice as a result of reading or becoming aware of Health Canada Advisory issued on February 9, 2018, Apotex Inc.'s Recall Letter dated February 9, 2018, Apotex Inc.'s Dear Healthcare Professional letter dated March 8, 2018, or the Health Canada Advisory issued on March 8, 2018
✓	Additional compensation is available if you or your child suffered complications or special circumstances.			

**NEED HELP WITH COMPLETING THIS CLAIM FORM?**

If you are unable to complete this form and need help, you can contact the Administrator.

Email: [info@Alysenaclassaction.ca](mailto:info@Alysenaclassaction.ca)

Website: [www.Alysenaclassaction.ca](http://www.Alysenaclassaction.ca)

If you require legal advice as you complete this Claim Form, have any further questions which cannot be answered by the Administrator, Class Counsel are also available (at no cost) to help you. You can reach Class Counsel by calling the number below:

(604) 682-3771

You may also decide to consult another lawyer of your choosing.

## CLASS ACTION CLAIM FORM

### HOW TO MAKE A CLAIM FOR MONEY?

CLAIM BY MAIL	
Mail your paper Claim Form to:	
English: Epiq Class Action Services Canada Inc. Attention: Alysena Class Action Administrator PO Box 507 STN B Ottawa, ON K1P 5P6	Francais: Les services d'actions collectives Epiq Canada Attention : Administrateur de l'Action collective concernant Alysena Case postale 507, succursale B Ottawa (Ontario) K1P 5P6
CLAIM BY EMAIL	
Email your electronic Claim Form to: <a href="mailto:info@AlysenaClassAction.ca">info@AlysenaClassAction.ca</a>	
<b>Important:</b> The deadline for making a claim has been set by the Court. This completed Claim Form <b>must</b> be submitted to the Administrator by mail or email <b>NO LATER THAN 5:00 PM PST ON JULY 10, 2024.</b>	

### COMPLETE THIS CLAIM FORM TO CLAIM MONEY

#### INSTRUCTIONS

Please ensure that you complete all sections of the Claim Form that apply to you. When filling out the Claim Form, remember to:

- Read all questions and requests for information carefully before answering.
- Return the entire claim form even if you think some sections don't apply to you.
- Write clearly and legibly.
- Make sure you have read and signed the Consent to Disclosure and Release of Records and Declaration section of the Claim Form.

**Please include a photocopy or scanned copy of a government-issued piece of photo identification and your provincial health care services card with your Claims Form.**

If you need to make changes to any information in your Claim Form after you have sent it to the Administrator, please do so as soon as possible. Examples of important changes include a change of address and corrections to any information. If your Claim Form is incomplete or does not contain all of the required information, you will be asked to provide more details. This may delay the processing of your claim. The information you provide in your Claim Form is a very important part of what will be considered when deciding whether to pay you money and if so, how much money.

CLAIM FORM - START ON NEXT PAGE



## CLASS ACTION CLAIM FORM

### SECTION A: CLAIMANT INFORMATION

(\*indicates required fields)

First Name*	Middle Name	Last Name*		
Mailing Address	City/Town	Province	Country	Postal Code
Daytime Telephone Number	Evening Telephone Number		Email Address	
Date of Birth (MM-DD-YYYY)*		Personal Health Number (PHN)*		

**Important Note:** Correspondence from the Administrator and/or Class Counsel will be sent to the address you provide above.

### SECTION B: DOCTOR INFORMATION

Name and Address of Doctor (or other health care practitioner) who prescribed you Alysena

Name and Address of Doctor (or other health care practitioner) who Treated you During your Pregnancy (if different than above)

### SECTION C: DESCRIPTION OF CLAIM

**Question #1:** Were you prescribed and did you purchase Alysena in Canada between December 22, 2017 and March 8, 2018 for contraceptive purposes?

*If yes, you need to provide proof of your prescription during those dates. This could be a receipt, a printout from your pharmacy, a copy of your prescription label during those dates, or a clinical record of a prescription having been made by your doctor during those dates.*

YES

NO

**Question #2:** Did you become pregnant while taking Alysena as directed for contraceptive purposes, that you purchased in Canada between December 22, 2017 and March 8, 2018?

YES

NO

(Go to question #3)

(Go to question #5)

**Question #3:** Did you carry your pregnancy to term?

YES

NO

**Question #4:** If you carried your pregnancy to term, did you or your child suffer complications or special circumstances as described below?

- i. medical or psychological damage resulting from or attributable to the pregnancy, subject to evidence from a duly qualified physician or psychologist, provided that any medical, psychological, or psychiatric opinion, was made concurrent with the pregnancy or within three months thereafter;
- ii. medically verified, documented complications resulting from the pregnancy and/or associated child birth; and/or
- iii. gave birth to a child resulting from the pregnancy with one or more medical conditions that gives rise to extra needs.

*Attach as much documentary evidence as possible to permit assessment of your claim. Examples of documents confirming complications or special circumstances include, clinical records of your family doctor contemporaneous with your pregnancy or childbirth, clinical reports from specialists or health care practitioners documenting or confirming the complications or extra needs of your child, medical notes or letters indicating a specific diagnosis of your child as it relates to a complication or medical condition, or a formal designation of extra needs of your child from a school or government entity.*

YES

NO

**Question #5:** If you did **not** become pregnant, did you take Alysena for contraceptive purposes **AND** did you suffer psychological stress or anxiety upon learning of the possible increased risk of pregnancy **AND** did you seek medical advice as a result of reading or becoming aware of the Health Canada Advisory issued on February 9, 2018, Apotex Inc.'s Recall Letter dated February 9, 2018, Apotex Inc.'s Dear Healthcare Professional letter dated March 8, 2018, or Health Canada Advisory issued on March 8, 2018?

YES

NO

**IMPORTANT:** You will need to meet the formal class definitions for *Emmett v. Apotex Inc.*, which are found in the Settlement Agreement. Some preconditions may apply. Claims under Option B are not limited to persons who were prescribed Alysena between December 22, 2017 and March 8, 2018. For Option B, claimants must only produce evidence that they were prescribed Alysena 21 or Alysena 28 between **February 9, 2017 and October 31, 2019 AND** provide the declaration in Question #5, above.

## CLASS ACTION CLAIM FORM

### SECTION D: LAWYER REPRESENTATION - CLAIMANT HAS OPTIONS

*Class Counsel* are the lawyers that have been representing all current and class members since 2018 and achieved settlement of these class action cases. Your *Class Counsel* are **Rice Harbut Elliott LLP** and **Merchant Law Group**.

Now that it is time to submit a claim, *Class Counsel* will continue to represent you on your claim, **unless** you choose to represent yourself or you want to use a different lawyer. You **DO NOT** need to get a new lawyer to represent you.

*Class Counsel* have already been paid for their work, so you will not be responsible for lawyers' fees.

If you choose to be represented by a different lawyer, you will be responsible for paying that lawyer's fees.

**Question #6:** Select one (1) of the three (3) options below:

- Option 1:** I want to continue to be represented by *Class Counsel*.
- Option 2:** I do **not** want to be represented by *Class Counsel*. I want to represent myself. I understand that *Class Counsel* **will not** continue to act for me, and I will be responsible for taking any steps necessary to make my claim.
- Option 3:** I do **not** want to be represented by *Class Counsel*. I have retained a different lawyer. I understand that *Class Counsel* **will not** continue to act for me, and my new lawyer will be responsible for taking any steps necessary to make my claim, and that I will be responsible for paying my new lawyer's fees.

If you select Option 3, please provide the contact information of your new lawyer below:

Name of your Lawyer	
Mailing Address (Street, P.O. Box if applicable)	
City/Town	Province
Country	Postal Code
Daytime Telephone Number	
Email Address	

If you do not check any of the boxes above, it will be assumed that you want to continue to be represented by *Class Counsel*.

**SECTION E: YOU ARE CLAIMING ON BEHALF OF SOMEONE WHO IS DECEASED, INCOMPETENT, OR UNDER POWER OF ATTORNEY**

**Question #7:** Are you making a claim on behalf of someone as their legally authorized representative?

YES

NO

If you selected "YES", please attach any documents you may have that confirm your ability to act as the legal representative of the person. The Administrator may contact you to obtain more information.

Representative First Name	Representative Last Name
Representative Middle Name	Basis of Representation
Has the person on whose behalf you are submitting this claim died?	If the individual has died, please indicate their date of death (MM-DD-YYYY):

**SECTION F: DECLARATION AND CONSENT TO RELEASE MEDICAL AND PUBLIC HEALTH INSURER RECORDS**

I acknowledge that the Administrator is authorized to contact me to obtain further information.

By completing and submitting this Claim Form, I acknowledge that my doctor and the provincial health insurer in the Province where I reside are authorized to provide relevant information in my (or the claimant on whose behalf I am submitting this form, as may be applicable) medical file to the Administrator, Defendants' lawyers, Class Counsel, my lawyer, the expert assigned to my claim, and/or to the Court.

Under the Penalties of Perjury, I swear or affirm that all of the information provided by me on this form is true, correct, and complete, and that the documents submitted herewith are true and correct copies of what they purport to be.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Full Name of Claimant

\_\_\_\_\_  
Date

**Important: If you are a legally authorized representative, you MUST complete the following:**

\_\_\_\_\_  
Signature of Representative Completing Form

\_\_\_\_\_  
Print Full Name of Representative Completing Form

\_\_\_\_\_  
Date

In the Event of a **Representative** completing this Claim Form, is Proof of Authority to File included in your submission? YES  NO