WATERLOO HEP-A CLASS ACTION CLAIM FORM

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POSSIBLE HEPATITIS-A EXPOSURE ALLEGED TO ORIGINATE AT THE MCDONALD'S RESTAURANT AT 2500 MOUND ROAD, WATERLOO, NEW YORK, BETWEEN OCTOBER 31, 2015 AND NOVEMBER 8, 2015.

You are an ELIGIBLE member of the Class if you (1) consumed food or drink products between October 31, 2015 and November 8, 2015 (the "Class Period") purchased from the restaurant owned by Defendant Jascor, Inc., d/b/a McDonald's located at 2500 Mound Road, Waterloo, NY 13165 (the "Restaurant"); (2) subsequently obtained a blood test, an immune globulin (IG) or Hepatitis A virus ("HAV") vaccine within 14 days of consuming food or drink products purchased from the Restaurant during the Class Period; and (3) did not afterwards become infected with the Hepatitis A virus. Persons employed at the Restaurant during the Class Period are excluded from the Class and may NOT submit a claim.

IMPORTANT – to be valid, this form **MUST** be mailed so that it is received by the Settlement Administrator on or before **MAY 2, 2019**.

Fill out a separate claim form for each person who obtained an IG shot, HAV vaccination or blood tests. The parent or guardian of a minor child who obtained a shot should fill out a separate claim form for each minor child.

CLAIMANT _____
FULL NAME SOCIAL SECURITY NO. (LAST 4 DIGITS ONLY)

MAILING ADDRESS _____
STREET

_____
CITY STATE ZIP

CONTACT _____
PHONE EMAIL

TREATMENT INFORMATION

DATE(S) OF TREATMENT: _____ TYPE OF TREATMENT (IG, HAV VACCINE, OR HAV BLOOD TEST): _____

NAME OF FACILITY WHERE YOU OBTAINED TREATMENT: _____

ADDRESS OF FACILITY: _____
STREET CITY STATE ZIP

DID EITHER THE SENECA COUNTY HEALTH DEPARTMENT OR NEW YORK STATE DEPARTMENT OF HEALTH (JOINTLY REFERRED TO AS "DOH") PROVIDE THE TREATMENT? ☐ YES ☐ NO

SUPPORTING DOCUMENTATION

IF YOUR TREATMENT WAS **NOT** PROVIDED BY THE DOH, THEN YOU MUST SHOW RECEIPT OF IG, HAV VACCINE, OR HAV BLOOD TESTS BY PROVIDING DOCUMENTATION FROM YOUR MEDICAL PROVIDER.

CLASS MEMBER'S DECLARATION

I declare under penalty of perjury that (1) I am an eligible member of the Class as described above; (2) I have not previously had HAV or previously received a HAV vaccination prior to November 2015; and (3) that the information set forth in this Claim Form is true and correct to the best of my knowledge and belief.

CERTIFICATION _____
SIGNATURE OF CLAIMANT OR PARENT/GUARDIAN OF CLAIMANT DATE

☐ CHECK BOX IF YOU ARE SIGNING AS THE PARENT OR GUARDIAN OF THE CLAIMANT

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS PROVIDED, SIGNED BY THE CLAIMANT AND RETURNED SO THAT IT IS RECEIVED NO LATER THAN MAY 2, 2019, TO THE ADDRESS BELOW:

WATERLOO HEP-A CLAIMS
c/o THE NOTICE COMPANY
P.O. BOX 778
HINGHAM, MA 02043

Claim Forms may also be sent by Fax to (888) 836-1124 or by Email to claims@WaterlooHepA.com.

Additional information may be obtained at **www.WaterlooHepA.com** or at **1-800-741-4925.**