

**MUST BE POSTMARKED
BY
OCTOBER 23, 2009**

**BEXTRA AND CELEBREX SETTLEMENT
CONSUMER CLAIM FORM**

FOR OFFICIAL USE ONLY

*In re Bextra and Celebrex Marketing, Sales Practices and Products Liability Litigation
No. M:05-cv-01699-CRB*

HOW TO APPLY FOR A PAYMENT FROM THE PROPOSED SETTLEMENT.

If you would like to submit a claim in the Settlement, complete this form and mail it to the address below, along with proof of payment for Bextra or Celebrex (see Section D below). You may be asked for more information at a later time.

Your claim must be postmarked by October 23, 2009.

It should be mailed to: Bextra and Celebrex Claims Administrator
c/o Rust Consulting, Inc.
PO Box 24675
West Palm Beach, FL 33416

The information you provide will be kept confidential and will be used only for administering this settlement. If you have any questions please call the Claims Administrator at **1-800-547-9360**.

SECTION A – CLAIMANT IDENTIFICATION

Please indicate whether you are claiming for yourself as a Class Member or for someone else who is a Class Member.

If you are submitting Claim Forms for yourself or for one or more Class Members that have authorized you to do so, you must file an individual claim for yourself and each Class Member. **Do not submit claims for more than one Class Member on this form.**

- I am a Class Member
- I am the spouse of a deceased Class Member
- I am the legal representative of a deceased Class Member's estate
- I am the legal representative of a minor Class Member

SECTION B – CONTACT INFORMATION

Class Member's Name:

Applicant Name (if different):

Relationship to Class Member:

Class Member's Street Address:

Apartment:

City:

State:

Zip Code:



SECTION C - PURCHASE INFORMATION

Please check only one:

- I paid for Bextra only, or for both Bextra and Celebrex sometime during the period between November 16, 2001 and April 7, 2005.

The amount I paid for Bextra is:

\$

Do not include amounts paid for Celebrex if you purchased any prescriptions for Bextra.

- I paid for Celebrex only. I did not purchase Bextra.

The amount I paid for Celebrex before July 29, 2005 is:

\$

If the amount of claims exceeds the funds available to satisfy all consumer claims in full, each consumer's Settlement payment will be reduced proportionately.

SECTION D - PROOF OF PAYMENT

As part of your claim, the Claims Administrator may require you to submit proof that you made a payment for Bextra or Celebrex.

If requested, any one of the following is acceptable as proof of a payment:

- (1) A receipt, cancelled check, or credit card statement that shows a payment for one of the drugs; or
- (2) A letter from a doctor saying that he or she prescribed one of the drugs and you paid part of the cost of one of the drugs at least once; or
- (3) Any of the above executed by a spouse of a deceased Class Member, a legal representative of deceased Class Member's estate, or a legal representative of a minor Class Member.

You are not required to submit such documentation with this Claim Form. But you should keep proof of your payments in case you are asked to provide such proof.

SECTION E - SWORN STATEMENT REGARDING PAYMENTS MADE

I declare under penalty of perjury that the information provided here is, to the best of my knowledge, correct. I also declare under penalty of perjury that I, or the person on whose behalf I am submitting this claim, paid for one or more of the drugs as indicated in this Claim Form at some time during the period from December 31, 1998 through July 29, 2005.

If not submitting this for myself, I am authorized to submit this form on behalf of the Class Member identified above because I am the spouse of a deceased Class Member or the legal representative of a deceased Class Member's estate or the legal representative of a minor Class Member.¹

Signature

Date

¹ Please note that your signature on this Claim Form indicates that you declare, under penalty of perjury, that you (or someone on whose behalf you are acting) made a payment for one or more of the drugs at some time during the Class Period. As a result, providing false information on this Claim Form could constitute perjury.

