

## MIRAPEX® CLAIM FORM

### INSTRUCTIONS

These instructions provide guidelines for submitting claims under the Mirapex® Settlement Agreement.

To establish a Class Member's right to compensation under the terms and conditions of the Settlement, a complete Claim must be submitted to the Administrator which shall consist of:

- A completed and signed Claim Form;
- Evidence of use of Mirapex® prior to **July 13, 2011**;
- Gambling loss Evidence;
- Life Impact Evidence;
- All other required documentation as described herein.

**All Documented Claims must be submitted to the Administrator postmarked no later than FEBRUARY 17, 2012**, at the following address:

**Collectiva Class Action Services inc.**  
9-285 Place D'Youville  
Montreal QC H2Y 2A4

**Class Members will be bound by the terms of the Settlement and will not be able to bring or maintain any other claim or legal proceedings against the Defendant, Boehringer Ingelheim Canada Ltd. (BICI) or any of the other Releasees that are connected or relate in any way to Mirapex®, unless they exclude themselves ("Opt Out").** A Class Member who wishes to Opt-Out must fully complete and submit an Opt-Out Form to the Claims Administrator by the Opt-Out Deadline of **MARCH 2, 2012**. Opt-Out Forms are available at [www.collectiva.ca](http://www.collectiva.ca) or may be requested by mail or telephone. A Class Member who opts out CANNOT file any Claim Form under the Settlement.

Class Members who have not opted out and who do not submit a complete Claim to the Administrator on or before **FEBRUARY 17, 2012**, shall forever forfeit their rights to benefits from the Settlement and will be precluded from ever bringing an action against any of the Releasees.

If assistance or advice is required regarding completion of the Claim Form or for any enquiries related to Claims, a Class Member may retain legal counsel at their own expense, or contact the Administrator, free of charge at 1-800-287-8587, or at [info@collectiva.ca](mailto:info@collectiva.ca). **Claimants who retain legal counsel in making their Claims under the Settlement shall be solely responsible for the fees and expenses of such counsel.**

Claimants may communicate with the Administrator and obtain forms in either English or French. Claimants (or their counsel) should advise the Administrator of any changes or corrections in address, name, phone number or legal representation.

**Please keep copies of all documentation sent to the Administrator.** Completing the documentation process takes time. **ACT NOW.** Do not wait until the last few weeks before the Claim Period expires.

**MIRAPEX® CLAIM FORM**

**Section 1 – Claimant Identification**

I am making a Claim as a:

- Class Member (the person who used Mirapex®)
  
- Representative of a Class Member (a person who is the legal representative of a Class Member who is deceased, a minor and/or otherwise under a legal disability and who used Mirapex®)

**Section 2 - Class Member Identification**

Class Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Date of Death (if applicable): Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

- Official Death certificate attached

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail \_\_\_\_\_

**Section 3 - Representative Claimant Identification**

This section is to be completed only if the person submitting the Claim is the Representative of a Class Member. Proof of the authority to act as the representative of a Class Member **MUST** be provided. Before completing this section, Sections 1 and 2 **MUST** be completed in order to identify the Class Member that is being represented.

I am applying on behalf of a Class Member who is:

- A minor (under 18 years of age)

Please enclose a copy of your authority to act (i.e. birth certificate, baptismal certificate, court order or other proof of guardianship)

- A person under legal disability

Please enclose a copy of your authority to act (i.e. power of attorney, etc.)

- An estate

Please enclose a copy of your authority to act (i.e. will, etc)

Representative Claimant Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail \_\_\_\_\_

#### Section 4 – Legal Representative Identification

This section is to be completed ONLY IF the Claimant is represented by legal counsel.

Name of Law Firm \_\_\_\_\_

Lawyer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

**NOTE:** If Section 4 above is completed, all correspondence will be sent to the legal representative, who must notify the Administrator of any change in mailing address. If the Claimant changes their legal representation or ceases to retain their legal representative, the Administrator and former legal representative must be notified in writing.

**Section 5 – Prescription and Ingestion of Mirapex®**

Indicate the dates the Claimant ingested Mirapex®: \_\_\_\_\_

Please provide evidence of Mirapex® use, namely one of the following documents set out below:

a) pharmacy records reflecting the dispensing of Mirapex® to the Class Member;

**OR**

b) insurance records reflecting the Class Member's purchase of Mirapex®;

**OR**

c) medical records reflecting the prescription of Mirapex®;

Indicate the name, address and specialty of the Claimant's treating physician:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Claimant been diagnosed with one of the following?:

Parkinson's disease                       Restless Leg Syndrome

Indicate whether the Claimant ingested other dopamine agonist medications, such as the medications Requip and/or Permax, and the dates of ingestion:

\_\_\_\_\_

Did the Claimant stop using Mirapex®? If so, at what date? \_\_\_\_\_

**Section 6 – Gambling Loss**

*In the Settlement Agreement, Gambling is defined as: “any form of betting involving the risk of loss of money but does not include any form of business, investment or securities trading activity.”*

*In the Settlement Agreement, Gambling Loss is defined as: “the net financial loss suffered by a Claimant as a result of the Claimant’s Gambling.*

Please indicate the value of the Gambling Loss for which the Claimant seeks recovery:

\_\_\_\_\_ \$

What kind of Gambling did the Claimant engage in (i.e. slot machines, lottery tickets, online gaming etc.)?:

\_\_\_\_\_

When did the Gambling occur? Please indicate specific dates as to when the Claimant gambled:

\_\_\_\_\_

Where did the Gambling occur (i.e. casino, bar, website etc.)? Please indicate all locations at which the Claimant gambled:

\_\_\_\_\_

### **Section 7 – Gambling Loss Evidence**

**PLEASE ATTACH AND SUBMIT ALL REQUIRED GAMBLING LOSS EVIDENCE WITH THIS CLAIM.**

*In the Settlement Agreement, Gambling Loss Evidence is defined as: “any and all records related to any Gambling or Gambling Loss, any and all evidence that monies were expended at Gambling locations or Gambling websites, and any documentation to establish proof of financial loss associated with any Gambling.”*

In order to be eligible for compensation under the Settlement, the Claimant must provide one of the following documents in which all cash withdrawals linked to Gambling and Gambling locations or Gambling websites are identified (i.e. highlighted or underlined) by the Claimant, and this for 2 years prior to the use of Mirapex® as well as during the use of Mirapex®:

- Bank statements
- RRSP statements
- Credit line statements
- Credit card statements

### **Section 8 – Life Impact**

Please indicate the Life Impact(s) the Claimant experienced during use of Mirapex®:

- Bankruptcy
- Gambling therapy
- Significant adverse change in Claimant’s relationship with family members

Please indicate the dates related to these events where available: \_\_\_\_\_

### **Section 9 - Life Impact Evidence**

**PLEASE ATTACH AND SUBMIT ALL REQUIRED LIFE IMPACT EVIDENCE WITH THIS CLAIM.**

In order to be eligible for compensation under the Settlement, the Claimant must provide any of the following documents described below which show that the Claimant experienced one or more Life Impacts:

- Medical records

- Physician's records
- Court records
- Physician's statement
- Any other written documentation

### **Section 10 – Claimant Declaration**

The undersigned hereby consent(s) to the disclosure of the information contained herein to the extent necessary to process this Claim for compensation. The undersigned acknowledges and understands that this Claim Form is an official Court document sanctioned by the Court that presides over the Settlement, and submitting this Claim Form to the Administrator is equivalent to filing it with the Court.

The Claimant also agrees to the terms set out in Sections 17.3 through 17.7 of the Settlement Agreement, reproduced below:

*17.3 Class Counsel is authorized to provide any information to BICL related to any Claim, on the understanding that any discussions between BICL and Class Counsel shall be confidential.*

*17.4 The Plaintiff, Class Counsel and every Claimant will treat any communications with BICL as confidential, and will keep confidential the facts and circumstances giving rise to the Action and the amounts discussed during settlement negotiations.*

*17.5 If inquiry is made by any third person concerning the status of the Action or any Claim, the Plaintiff, Class Counsel and any Claimant shall respond only that the Action has been resolved.*

*17.6 Neither the Plaintiff, Class Counsel nor any Claimant will communicate, publish or cause to be published, in any public, electronic, web-based or business forum or context, any statement, whether written or oral, that would disparage BICL, Pfizer or any of their respective affiliates.*

*17.7 The parties agree that any violation of Section 17.3, 17.4, 17.5 or 17.6 may be remedied by law, including by action or other proceeding against the violating person. Any member of the Class that violates Section 17.3, 17.4, 17.5 or 17.6 shall also forfeit any entitlement under the Settlement Agreement and disgorge any amounts received under the Settlement Agreement to BICL.*

**Claimant acknowledges and agrees that Claimant will not be able to bring or maintain any other claim (apart from this claim under the Settlement Agreement) or legal proceedings against the Defendant, Boehringer Ingelheim Canada Ltd. (BICL) or any of the other Releasees that are connected or relate in any way to Mirapex®.**

**AFTER REVIEWING THE INFORMATION THAT HAS BEEN SUPPLIED ON THIS CLAIM FORM, THE UNDERSIGNED DECLARES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS CLAIM FORM IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.**

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

Date \_\_\_\_\_

Printed Name of Claimant: \_\_\_\_\_

Printed Address of Claimant: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant's Representative

Date \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Printed Address of Representative: \_\_\_\_\_  
\_\_\_\_\_