

**SCHEDULE A**

**CLAIM FORM**

## CLAIM FORM FOR REQUIP MEDICATION

### INSTRUCTIONS

These instructions set out the guidelines for submitting a claim in the context of the settlement of the class action for the medication known as REQUIP.

A group member must submit the following documents to the administrator in order to establish his or her right to an indemnity:

- *a claim form that has been signed and filled out,*
- *proof of use of REQUIP prior to September 4, 2014,*
- *proof of gambling losses predating August 10, 2009,*
- *proof of repercussions on one's quality of life predating August 10, 2009, and*
- *all other documents in question in this Schedule.*

These documents must be sent to the administrator at the following address by April 21, 2015 at the latest (according to the postmark):

Collectiva Class Action Services Inc.  
285 Place D'Youville, Suite 9  
Montreal, QC  
H2Y 2A4

A group member who needs help in filling out a form can contact the administrator toll-free at 1-800-287-8587 or at info@collectiva.ca. A group member who retains a lawyer to file a claim on his behalf is solely responsible for that lawyer's fees and disbursements.

**Please keep a copy of all documents sent to the administrator. Filling out the form and finding all of the requisite documents takes time. Please act now.**

### Part 1 : Identification of Claimant

I am making a claim as:

- A Group Member (*i.e.*, a person who has used REQUIP)
- A Representative of a Group Member (*i.e.*, a legal representative of the estate of a group member, of a group member who is a minor, or of a group member who is legally incapable)

### Part 2 : Identification of Group Member

Name of the Group Member: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Date of Death, If Applicable (DD/MM/YYYY): \_\_\_\_\_

(Please provide a copy of the Death Certificate)

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Part 3 : Identification of Group Member's Representative**

This part must be filled out only if the person submitting the claim is the representative of a group member. Proof of power to act as a representative must be provided. Parts 1 and 2 must be completed in order to allow for identification of the group member in question.

Name of the Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am making a claim for:

I am submitting this exclusion form in the name of the following person:

- A minor of fewer than 18 years of age. *Please attach a copy of the instrument attesting to your power to act in the minor's name, for example, a copy of the birth or baptism certificate.*
- A person who is legally incapable. *Please attach a copy of the instrument attesting to your power to act in the name of the incapable person.*
- A succession. *Please attach a copy of the instrument attesting to your power to act in the name of the succession, for example, a copy of the will.*

**Part 4 : Identification of Lawyer**

This part must be filled out only if the services of a lawyer were retained for the purpose of making a claim. All correspondence will be sent to your lawyer.

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

Name of Lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 5 : Prescription and Use of the Medication Known as REQUIP**

Dates on which the group member ingested REQUIP :

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*Please provide proof of REQUIP use, namely:*

- a) *pharmacy files showing delivery of REQUIP to the group member, or*
- b) *insurance files reflecting the purchase of REQUIP by the group member, or*
- c) *medical files reflecting the prescription of REQUIP.*

Name of the Doctor: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

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Was the group member diagnosed with the following disease or syndrome?

Parkinson's Disease

Restless Legs Syndrome

Please indicate whether the group member ingested other dopamine agonist medications, such as Mirapex or Permax, and in the affirmative, the dates on which those other medications were ingested:

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Did the group member stop using REQUIP? If so, on what date did he or she do so?

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**Part 6 :            Gambling Losses Prior to August 10, 2009**

In the settlement, the term “gambling” is defined as “any form of betting involving the risk of loss of money.” It does not include “any form of business, investment or securities trading activity or purchase of lottery tickets.”

Please indicate the value of the financial losses sustained prior to August 10, 2009 resulting from gambling for which the group member is seeking an indemnity:

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

What kind of gambling did the group member participate in (for example, slot machines, online gambling)?

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When did the gambling take place? Please indicate the precise dates on which the group member gambled:

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In which establishment or on which site did the gambling take place (for example, at a casino, in a bar, or online)? Please indicate all of the establishments and all of the sites at which the group member gambled:

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**Part 7 :            Proof of Gambling Losses**

To be admissible for an indemnity, the group member must provide documents that establish that money was spent in gambling establishments or on gambling sites, as well as any documents proving losses that can be attributed to gambling. Here are a few examples:

- *bank statements,*
- *RRSP statements;*
- *line of credit statements; or*
- *credit card statements.*

Such documents must be specifically related to an account belonging to the group member. They must show withdrawals of sums of money linked to gambling and to establishments or sites

identified by the group member, for the two years leading up to the use of REQUIP and during the use of REQUIP. *Please highlight or underline withdrawals linked to gambling.*

**Part 8 : Repercussions on Quality of Life Prior to August 10, 2009**

Please indicate any repercussions on quality of life suffered by the group member prior to August 10, 2009 during his or her use of REQUIP:

- bankruptcy following gambling,
- therapy for gambling,
- significant degradation of relationships with family members following gambling,
- hypersexuality,
- binge eating,
- compulsive purchasing,
- internet addiction, or
- other impulse control problems. Please specify: \_\_\_\_\_.

Please indicate dates pertaining to these events:

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**Part 9 : Proof of Repercussions on Quality of Life**

Please attach to this claim form all requisite evidence that demonstrates the alleged repercussions on quality of life, such as, for example:

- *a medical file,*
- *notes from a doctor,*
- *a court file,*
- *a doctor's declaration,*
- *a sworn statement of a third party, and*
- *any other relevant document.*

**Part 10 : Claimant's Declaration**

The undersigned hereby consents to the communication of the information mentioned in the present form for the purposes of processing this claim. The undersigned recognizes and understands that this claim form is an official Court document, homologated by the Court seized with the matter of the settlement. Submitting this form is tantamount to filing it at Court.

The undersigned recognizes and agrees that he or she may not file any other proceeding involving REQUIP, or maintain any other proceeding involving REQUIP, as the case may be, against GlaxoSmithKline Inc. or against any of the other released parties, in any way, shape or form.

The undersigned hereby declares that, to the best of his or her knowledge, the information provided in this form is true and accurate.

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Signature of the Group Member

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Date (DD/MM/YYYY)

**OR**

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Signature of the Group Member's  
Representative

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Date (DD/MM/YYYY)