



44512XXXXXXXX

CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY FEBRUARY 3, 2022 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: Fill out each section of this form and sign where indicated. If you prefer to receive payment via Venmo, PayPal, Zelle, Prepaid Mastercard, or Direct Deposit (instead of a check), you must submit a Claim Form online on the Settlement Website at www.OPIBIPASettlement.com. If you submit this paper Claim Form by mail and it is approved, you will receive a check in the mail at the address you provide below. Depending on the number of valid claims submitted, you may need to complete an IRS Form W-9 to satisfy tax reporting obligations. You may complete the Form W-9 now on the Settlement Website at www.OPIBIPASettlement.com; doing so now will ensure that you receive your full payment as soon as possible.

First Name: _____

Middle Initial: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Email Address (optional): _____

Contact Phone #: (_____) _____ - _____ (You may be contacted if further information is required.)

Class Member ID: 44512 _____

Settlement Class Member Verification: By submitting this Claim Form, I declare that I am an individual who scanned my finger at an Octapharma plasma donation facility located in Illinois and provided an Illinois address between December 2, 2014 and February 4, 2020.

Signature: _____ Date: ____/____/____

Print Name: _____

The Settlement Administrator will review your Claim Form. If accepted, you will be mailed a check for a pro rata share depending on the number of valid Claim Forms received. This process takes time, please be patient.

Questions, visit www.OPIBIPASettlement.com or call (833) 927-0818



44512



CF



Page 1 of 1