

PROOF OF CLAIM

In re: Disposable Contact Lens Antitrust Litigation

Case No. 3:15-md-2626-J-20JRK

Must Be Postmarked or Submitted Online No Later than January 31, 2020

PART I

SECTION 1: CLAIMANT INFORMATION

Please type or neatly print all information.

I understand that all payment(s) will be made to the individual/entity provided in this section.

Claimant Name:

First Name

MI

Last Name

[Grid for First Name]

[Grid for MI]

[Grid for Last Name]

Business Name if Applicable

[Grid for Business Name]

Claimant Address Line 1

[Grid for Claimant Address Line 1]

Claimant Address Line 2

[Grid for Claimant Address Line 2]

City

State

ZIP Code

[Grid for City]

[Grid for State]

[Grid for ZIP Code]

[Grid for ZIP extension]

U.S. Telephone Number

[Grid for U.S. Telephone Number]

Email Address

[Grid for Email Address]

U.S. Tax ID Number (if applicable)

[Grid for U.S. Tax ID Number]

SECTION 2: QUALIFYING PURCHASES

Complete this section ONLY if you made a qualifying purchase of one or more of the disposable contact lens products identified below during the time period specified below. Please complete for each such qualifying purchase. In the event you are claiming more than four purchases, please feel free to make copies of this page. Claims may also be submitted online at www.ContactLensSettlement.com.

Purchase 1:

Contact Lens Purchased

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Package Size	Quantity Purchased	Price Paid per Box:	Total Price Paid
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> • <input type="text"/>	\$ <input type="text"/> • <input type="text"/>

Place of Purchase (e.g., Eye Doctor, Wal-Mart, 1-800-Contacts)

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Date of Purchase (DD/MM/YY)	Proof of Purchase (Y/N) (Check this box to indicate whether you still have proof.)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>

Purchase 2:

Contact Lens Purchased

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Package Size	Quantity Purchased	Price Paid per Box:	Total Price Paid
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> • <input type="text"/>	\$ <input type="text"/> • <input type="text"/>

Place of Purchase (e.g., Eye Doctor, Wal-Mart, 1-800-Contacts)

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Date of Purchase (DD/MM/YY)	Proof of Purchase (Y/N) (Check this box to indicate whether you still have proof.)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>

Purchase 3:

Contact Lens Purchased

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Package Size	Quantity Purchased	Price Paid per Box:	Total Price Paid
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> • <input type="text"/>	\$ <input type="text"/> • <input type="text"/>

Place of Purchase (e.g., Eye Doctor, Wal-Mart, 1-800-Contacts)

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Date of Purchase (DD/MM/YY)	Proof of Purchase (Y/N) (Check this box to indicate whether you still have proof.)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>

Purchase 4:

Contact Lens Purchased

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Package Size	Quantity Purchased	Price Paid per Box:	Total Price Paid
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> • <input type="text"/>	\$ <input type="text"/> • <input type="text"/>

Place of Purchase (e.g., Eye Doctor, Wal-Mart, 1-800-Contacts)

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Date of Purchase (DD/MM/YY)	Proof of Purchase (Y/N) (Check this box to indicate whether you still have proof.)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>

Qualifying Purchases			
#	Contact Lens	UPP Price	Time Period in Effect
Alcon			
1	Air Optix Colors	6-Pack: \$84.00	April 2014–December 2016
		2-Pack: \$30.00	June 2015–December 2016
2	Dailies AquaComfort Plus Multifocal	30-Pack: \$39.00	January 2014–December 2016
		90-Pack: \$89.00	
3	Dailies AquaComfort Plus Toric	30-Pack: \$34.00	January 2014–December 2016
		90-Pack: \$79.00	
4	Dailies Total 1	30-Pack: \$39.00	June 2013–December 2016
		90-Pack: \$95.00	
5	Dailies Total 1 Multifocal	30-Pack: \$50.00	July 2016–December 2016
		90-Pack: \$124.00	
B&L			
6	BioTrue ONEday for Presbyopia	30-Pack: \$33.00	June 2014–February 2017
		90-Pack: \$89.00	December 2016–February 2017
7	Ultra	6-Pack: \$60.00	February 2014–February 2017
8	Ultra for Presbyopia	6-Pack: \$85.00	March 2016–February 2017
Excluded from the Class are any purchases from 1-800-Contacts of disposable contact lenses subject to B&L's Unilateral Pricing Policy, where the purchase occurred on or after July 1, 2015.			
CVI			
9	Biofinity Energys	6-Pack: \$60.00	July 2016–March 2017
10	Biofinity XR Toric	6-Pack: \$140.00	January 2016–March 2017
11	Clariti 1 Day	90-Pack: \$65.00	January 2014–March 2017
12	Clariti 1 Day Multifocal	30-Pack: \$39.00	January 2014–March 2017
		90-Pack: \$89.00	
13	Clariti 1 Day Toric	30-Pack: \$34.00	January 2014–March 2017
		90-Pack: \$79.00	
14	MyDay	90-Pack: \$85.00	June 2015–March 2017
		180-Pack: \$149.00	
JJVC			
15	1-Day Acuvue Define	30-Pack: \$40.00	March 2015–April 2016
		90-Pack: \$94.00	
16	1-Day Acuvue Moist	30-Pack: \$33.00	August 2014–April 2016
		90-Pack: \$63.50–\$66.00	August 2014–April 2016
		720-Pack: \$450.00–\$460.00	November 2014–April 2016
17	1-Day Acuvue Moist for Astigmatism	30-Pack: \$34.50–\$36.00	August 2014–April 2016
		90-Pack: \$82.50–\$85.50	October 2014–April 2016
		720-Pack: \$600.00	June 2015–April 2016
18	1-Day Acuvue Moist Multifocal	30-Pack: \$45.00	May 2015–April 2016
		90-Pack: \$99.00	

19	1-Day Acuvue TruEye	90-Pack: \$82.50	August 2014–April 2016
		720-Pack: \$610.00	November 2014–April 2016
20	Acuvue Oasys for Astigmatism	6-Pack: \$40.00–\$41.50	August 2014–April 2016
		48-Pack: \$270.00–\$280.00	June 2015–April 2016
21	Acuvue Oasys for Presbyopia	6-Pack: \$40.00–\$41.50	August 2014–April 2016
22	Acuvue Oasys with Hydraclear	6-Pack: \$36.00	October 2014–April 2016
		12-Pack: \$67.50–\$70.00	July 2014–April 2016
		24-Pack: \$110–\$114.50	August 2014–April 2016
		54-Pack: \$210.00–\$218.00	
23	Acuvue Oasys with Hydraluxe (a/k/a 1-Day Acuvue Oasys)	90-Pack: \$88.50	August 2015–April 2016

PART II

VERIFICATION OF CLAIM, ACCURACY, AND SUBMISSION TO JURISDICTION

By signing below, you are verifying that:

1. You have documentation to support your claim and agree to provide additional information to Class Counsel or the Claims Administrator to support your claim if necessary;
2. You have not included purchases from Defendants with whom you have settled, or that you have assigned or transferred (or purported to assign or transfer), and you know of no other person or entity having done so on your behalf;
3. You have provided proof of authority to act on claimant’s behalf if you are not the claimant;
4. The information provided in this Proof of Claim form is accurate and complete; and
5. You agree to submit to the jurisdiction of the District Court for the Middle District of Florida, Jacksonville Division, where this action is pending, for purposes of resolving any issues related to or arising from your claim.

CERTIFICATION

I (WE) DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE INFORMATION PROVIDED IN THIS PROOF OF CLAIM FORM IS TRUE AND CORRECT.

This certification was executed on the of , 20 in
(day) (month) (year)

(city/state/country)

SIGNATURE OF CLAIMANT(S): (If this claim is being made on behalf of joint claimants, then each must sign.)

Signature(s):

Type/Print Name(s):

Mail this completed Proof of Claim form (and any proof of authority, if applicable) to the following address:

In re: Disposable Contact Lens Antitrust Litigation
Claims Administrator
P.O. Box 2995
Portland, OR 97208-2995

Or, complete and submit it online at www.ContactLensSettlement.com. *Your claim may be processed more quickly if you submit it online.*

**ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME. PLEASE ALSO
NOTE THAT IN ORDER TO MINIMIZE THE ADMINISTRATIVE EXPENSES, CLASS
REPRESENTATIVES INTEND TO DISTRIBUTE THE CVI AND B&L SETTLEMENT FUNDS AT A
LATER STAGE OF THE CASE.**

THANK YOU, IN ADVANCE, FOR YOUR PATIENCE.
