

This Claim Form must be submitted online or mailed and postmarked by **November 25, 2011**. Only one claim per household.

CLAIM FORM

INFANT FORMULA SETTLEMENT

Please print (or type) clearly in blue or black ink.



Claim Forms must be submitted online or postmarked by **November 25, 2011** and mailed to:

Infant Formula Settlement
P.O. Box 2472
Faribault, MN 55021-9172

1. CLASS MEMBER INFORMATION

Your Name: _____

Your Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ - _____ E-mail Address (optional): _____

2. BENEFIT SECTION INFORMATION

A. How many months between October 13, 2005 and March 31, 2010 did you purchase Enfamil LIPIL®? <i>(check only one box)</i>	<input type="checkbox"/> Six months or less <input type="checkbox"/> More than six months
B. In what months and years did you purchase Enfamil LIPIL®? <i>(List by month and year range – for example, 05/2006 – 09/2006.)</i>	MONTH/YEAR MONTH/YEAR ___/___ - ___/___ ___/___ - ___/___ ___/___ - ___/___
C. For each child who was fed the Enfamil LIPIL® that you purchased between October 13, 2005 and March 31, 2010, please list the child's month and year of birth*	MONTH/YEAR OF BIRTH ___/___ ___/___ ___/___
D. Which of the following Settlement benefits do you want to receive? <i>(check only one box)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Enfamil Premium® Infant
E. For the child or children identified above, did you receive Enfamil LIPIL® through the U.S.D.A.'s Women, Infants and Children program ("WIC")? (If you identified multiple children above, only answer "yes" if true for all of them.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. SIGN AND DATE YOUR CLAIM FORM

I affirm, under penalty of perjury, that I bought Enfamil LIPIL® infant formula in the United States between October 13, 2005 and March 31, 2010, that I did not receive Enfamil LIPIL® infant formula through the U.S.D.A.'s Women, Infants and Children ("WIC") program or purchase it for purposes of resale, and that all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature_____
Print Name____/____/____
Month/Day/Year

*Your personal information is being collected for purposes of the proposed Settlement and will not be used for any other purpose without your permission.

