



Must be
Postmarked By
August 10, 2009

Simonet
v.
SmithKlineBeecham, D.P.R., No. 06-cv-1230

PAXIL CR® CONSUMER CLAIM FORM

I'd Like to Make a Claim for Payment from the GSK Consumer Class Settlement

If you are a natural person in the United States or its territories who, between April 1, 2002 and March 4, 2005, purchased or paid (in whole or in part) for Paxil "Controlled Release" tablets ("Paxil CR® Tablets") and you would like to submit a claim for payment under the GSK Consumer Class Settlement, complete this form and mail it to the address below. You may be asked for more information at a later time.

Your claim must be postmarked by August 10, 2009.

Your claim should be mailed to: Simonet Paxil CR® Claims Administrator
c/o Rust Consulting, Inc.
P.O. Box 24661
West Palm Beach, FL 33416

Section A – Class Claimant Contact Information

Please complete the following section.

Consumer Class Claimant's Name

Consumer Class Claimant's Street Address (Line One)

Street Address (Line Two if necessary)

City, State, Zip Code

Section B – Number of Split Paxil CR® Tablets Purchased

In order to be eligible for payment under the Settlement Agreement, you must have purchased or paid for (in whole or in part) at least one Paxil CR® Tablet that split apart before it was removed from its container (referred-to below as a "Split Paxil CR® Tablet").

Please state how many **Split** Paxil CR® Tablets you purchased or paid for (in whole or in part) between April 1, 2002 and March 4, 2005, if any. _____
(Write Number on Line)

Do **not** include any Paxil CR® Tablets that were:

- **Not** split apart
- **Not** Paxil CR® Tablets (e.g. Paxil IR® tablets); or
- **Not** purchased or paid for (in whole or in part) between April 1, 2002 and March 4, 2005.





Section C – Proof of Payment

If you stated in Section B above that you purchased or paid for **FIVE OR FEWER Split** Paxil CR® Tablets, **STOP** -- you do **NOT** need to complete this Section.

If you stated in Section B that you purchased or paid for **MORE THAN FIVE Split** Paxil CR® Tablets, you must provide at least one (1) proof of payment along with this Claim Form. Proof of payment may be in the form of any one of the following:

- (1) a written prescription for Paxil CR® between April 1, 2002 and March 4, 2005;
- (2) a receipt, cancelled check, or credit card statement that shows you paid (at least in part) for Paxil CR® between April 1, 2002 and March 4, 2005;
- (3) an EOB (explanation of benefits) form that shows that you paid or were obligated to make a percentage co-payment for Paxil CR® between April 1, 2002 and March 4, 2005; or
- (4) a letter from your physician stating that he or she prescribed and that you paid for or were obligated to pay at least in part for Paxil CR® between April 1, 2002 and March 4, 2005.

Section D – Claimant Declaration and Signature

You must complete this Section regardless of the number of Split Paxil CR® Tablets you stated you purchased or paid for in Section B (unless the number was zero, in which case you are not entitled to any payments and need not submit this form).

By signing below, I hereby attest, under penalty of perjury, that:

- a. I purchased or paid for (in whole or in part) Paxil CR® Tablets between April 1, 2002 and March 4, 2005;
- b. One or more of those Paxil CR® Tablets split apart before it was removed from its container, and I have accurately stated in Section B of this form how many **Split** Paxil CR® Tablets I purchased or paid for during this period; and
- c. All of the other information provided on this form is true and correct to the best of my knowledge.

Signature

Month/Day/Year

Print Name

Mail the completed Claim Form to:

Simonet Paxil CR® Claims Administrator
c/o Rust Consulting, Inc.
P.O. Box 24661
West Palm Beach, FL 33416

postmarked by August 10, 2009.