

Must Be Postmarked
No Later Than
April 29, 2013

BYAS1

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK**

In re Bayer Corp. Combination Aspirin Products
Marketing & Sales Practices Litigation

Case No. 09 MD-2023 (BMC)

BAYER COMBINATION ASPIRIN PRODUCTS LITIGATION SETTLEMENT

c/o Gilardi & Co. LLC
P.O. Box 808061
Petaluma CA 94975-8061
1- 877-257-5766
claims@bayercombinationaspirinsettlement.com

**Your Signed Claim Must be Postmarked, or Filed Electronically
To The Claims Administrator No Later than April 29, 2013**

CLAIM FORM

If you purchased Bayer® Women's Low-Dose Aspirin + Calcium or Bayer® Aspirin With Heart Advantage, you may be entitled to compensation if you complete this Claim Form and follow the instructions to submit the Claim Form.

Please read the Full Notice (available at www.bayercombinationaspirinsettlement.com) regarding the Settlement carefully before filling out this Form.

A. ELIGIBLE PAYMENTS

You may be eligible to recover money for either of the following "Combination Aspirin Products" you purchased in the United States for personal, family, or household uses:

- **Bayer® Women's Low-Dose Aspirin + Calcium** between January 1, 2000 to July 23, 2012.
- **Bayer® Aspirin With Heart Advantage** between January 1, 2008 to July 23, 2012.

Neither these lawsuits nor this settlement includes the products Bayer® Women's Low Dose Aspirin (with a calcium carbonate buffer) or Bayer® Heart Health Advantage.

**Questions or Need Help? Call the Claims Administrator at 1-877-257-5766
or visit www.bayercombinationaspirinsettlement.com**



FOR CLAIMS PROCESSING ONLY	<input type="checkbox"/> REV	<input type="checkbox"/> OZ
	<input type="checkbox"/> LC	<input type="checkbox"/> DOC

You may be eligible to recover money for all purchases of Bayer® Women's Low-Dose Aspirin + Calcium or Bayer® Aspirin with Heart Advantage for which you provide a sworn statement and proof of purchase(s). You may also be eligible to recover money if you provide a sworn statement but do not have proof of purchase(s). Any money available to you may be reduced if the total amount of money due to eligible consumers in this settlement exceeds the total amounts of money available for the settlement. This is described in greater detail in the Full Notice available at www.bayercombinationaspirinsettlement.com.

B. HOW YOU CAN RECEIVE MONEY

To be eligible for and receive compensation under the settlement, you must:

- fill out this Claim Form in its entirety;
- sign the verification statement at the end of the Claim Form;
- return this completed Claim Form with your proofs of purchase, if any, postmarked no later than **April 29, 2013**;

OR

- file a claim online at www.bayercombinationaspirinsettlement.com.

Your information will be kept confidential.

1. Your Information

First Name	M.I.	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Area code	Telephone number (home)	Area code	Telephone number (work)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address (optional)			
<input type="text"/>			

2. Combination Aspirin Products Purchase Information

You may be entitled to money for the Combination Aspirin Products you purchased in the United States for personal, family or household uses during the time periods indicated. To recover the maximum amount you can from the Settlement Fund, attach documents showing your purchase of one or more of the products listed above. Acceptable proof of purchase(s) include product packaging, product bottles, receipts, records from a retailer that identify you and your purchases, or other records showing you purchased the Combination Aspirin Products. To allow the Claims Administrator to verify your purchase(s), you must complete one or both of the following charts.

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a. **Bayer® Aspirin With Heart Advantage.** List qualifying purchases of Bayer® Aspirin With Heart Advantage, but not Bayer® Heart Health Advantage.

1. Date of Purchase <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> Place of Purchase: Store <input style="width: 100%;" type="text"/> Place of Purchase: City <input style="width: 90%;" type="text"/>	Purchased OnLine? <input type="radio"/> Yes <input type="radio"/> No	Proof of Purchase Attached <input type="radio"/> Yes <input type="radio"/> No
2. Date of Purchase <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> Place of Purchase: Store <input style="width: 100%;" type="text"/> Place of Purchase: City <input style="width: 90%;" type="text"/>	Purchased OnLine? <input type="radio"/> Yes <input type="radio"/> No	Proof of Purchase Attached <input type="radio"/> Yes <input type="radio"/> No
3. Date of Purchase <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> Place of Purchase: Store <input style="width: 100%;" type="text"/> Place of Purchase: City <input style="width: 90%;" type="text"/>	Purchased OnLine? <input type="radio"/> Yes <input type="radio"/> No	Proof of Purchase Attached <input type="radio"/> Yes <input type="radio"/> No
4. Date of Purchase <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> Place of Purchase: Store <input style="width: 100%;" type="text"/> Place of Purchase: City <input style="width: 90%;" type="text"/>	Purchased OnLine? <input type="radio"/> Yes <input type="radio"/> No	Proof of Purchase Attached <input type="radio"/> Yes <input type="radio"/> No

(Add additional pages, if necessary)

b. **Bayer® Women’s Low-Dose Aspirin + Calcium.** List qualifying purchases of Bayer® Women’s Low-Dose Aspirin + Calcium, but not Bayer® Women’s Low-Dose Aspirin (with a calcium carbonate buffer).

1. Date of Purchase <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> Place of Purchase: Store <input style="width: 100%;" type="text"/> Place of Purchase: City <input style="width: 90%;" type="text"/>	Purchased OnLine? <input type="radio"/> Yes <input type="radio"/> No	Proof of Purchase Attached <input type="radio"/> Yes <input type="radio"/> No
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<p>2. Date of Purchase</p> <p>MM / DD / YYYY</p> <p>Place of Purchase: Store</p> <p>Place of Purchase: City</p>	<p>Purchased OnLine?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Proof of Purchase Attached</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>3. Date of Purchase</p> <p>MM / DD / YYYY</p> <p>Place of Purchase: Store</p> <p>Place of Purchase: City</p>	<p>Purchased OnLine?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Proof of Purchase Attached</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>4. Date of Purchase</p> <p>MM / DD / YYYY</p> <p>Place of Purchase: Store</p> <p>Place of Purchase: City</p>	<p>Purchased OnLine?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Proof of Purchase Attached</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

(Add additional pages, if necessary)

3. Verification

I declare under penalty of perjury of the laws of the United States of America that all the information provided in this Claim Form is, to the best of my knowledge, accurate and correct.

Signature

Date

Please keep a copy of your completed Claim Form and copies of any proof of purchase(s) for your records. Note: if the person executing this Claim Form is acting as a representative for a Settlement Class Member, a certification of current authority to act on behalf of the Settlement Class Member must be included with the Claim Form.

Please mail your completed Claim Form to the claims administrator so that it is postmarked no later than **April 29, 2013**, with any proof of purchase(s), to:

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