

CLASS ACTION CLAIM FORM

POSSIBLE HEPATITIS A EXPOSURE ALLEGED TO ORIGINATE AT THE HARDEE'S RESTAURANTS IN DUNCAN AND LYMAN, SOUTH CAROLINA, BETWEEN SEPTEMBER 4 AND SEPTEMBER 15, 2015.

If you are a person who consumed food and drink at the Hardee's restaurant located in

- Duncan, South Carolina, between September 4 and September 13, 2015, or
- Lyman, South Carolina, between September 4 and September 15, 2015,

and you subsequently obtained an immunoglobulin ("IG") shot or Hepatitis-A virus ("HAV") vaccination or HAV blood test at 1) a public Health Department clinic, or 2) a private health care provider, and you received the IG shot, HAV vaccination or HAV blood test on or before October 15, 2015, and you wish to participate in the settlement, please complete this form.

IMPORTANT – to be valid, this form **MUST** be mailed so that it is received by the Claims Administrator on or before **MARCH 30, 2017**.

Fill out a separate claim form for each person who obtained an IG shot, Hepatitis-A vaccination or HAV blood test. The parent or guardian of a minor child who obtained a shot should fill out a separate claim form for each minor child.

CLAIMANT

NAME

SOCIAL SECURITY NO. (LAST 4 DIGITS ONLY)

MAILING
ADDRESS

STREET

CITY

STATE

ZIP

CONTACT

PHONE

EMAIL

TREATMENT INFORMATION

NAME OF HOSPITAL, HEALTH DEPT. OR PRIVATE MEDICAL FACILITY WHERE YOUR TREATMENT WAS OBTAINED

STREET

CITY

STATE

ZIP

I declare under penalty of perjury that I consumed food and drink at the Hardee's restaurant in Duncan, South Carolina, between September 4 and September 13, 2015, or at the Hardee's restaurant in Lyman, South Carolina, between September 4 and September 15, 2015, **and** that, I obtained an IG shot or Hepatitis-A vaccination or HAV blood test at the health care facility identified above on _____, 2015 (which date must be on or before October 15, 2015) and that I am a member of the Settlement Class.

CERTIFICATION

SIGNATURE OF CLAIMANT OR PARENT/GUARDIAN OF CLAIMANT

DATE

CHECK BOX IF YOU ARE SIGNING AS THE PARENT OR GUARDIAN OF THE CLAIMANT

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS PROVIDED, SIGNED BY THE CLAIMANT AND RETURNED SO THAT IT IS RECEIVED NO LATER THAN MARCH 30, 2017, TO THE ADDRESS BELOW:

**THE NOTICE COMPANY
SPARTANBURG HEP-A CLASS ACTION
PO BOX 455
HINGHAM, MA 02043**

Additional information may be obtained at www.SpartanburgHepa.com or at **1-800-352-1270**.