

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: METFORMIN MARKETING
AND SALES PRACTICES
LITIGATION

Case No. 2:20-cv-2324

Instructions for Submitting Your Consumer Claim Form

If you are a Class Member who is a consumer and would like to qualify to receive a payment from the Settlements with Teva and Granules and Heritage, you must complete and submit this Claim Form. Your identity will not be made public during any part of the claims process.

You must complete this Claim Form and mail it to the Claims Administrator at the address provided below, postmarked **no later than August 5, 2026**, or you can submit your claim online at www.inremetforminsettlement.com, **no later than August 5, 2026**.

Complete all required sections of the attached Claim Form:

1. Fill out *Section A*: You must provide your name and contact information.
2. Review and fill out *Section B*: You must confirm you qualify to file a claim.
3. Fill out *Section C*: You must provide information about your total purchases of generic versions of metformin-containing drugs.
4. Review *Section D*: You must provide documents or other proof showing you purchased or paid for generic versions of metformin-containing drugs at least once.
5. Review *Section E* and sign the Claim Form: You must sign this form to certify that the information you provided is true and correct to the best of your knowledge.

If you sign and submit a Claim Form, you are swearing under penalty of perjury that you qualify to submit a claim according to the criteria in *Section B*.

You have two options to submit your Claim Form:

- You can mail your completed and signed Claim Form and supporting documents by First-Class U.S. Mail, postage prepaid, postmarked **no later than August 5, 2026**, to:

In re Metformin Marketing and Sales Practices Litigation
c/o A.B. Data, Ltd.
P.O. Box 173012
Milwaukee, WI 53217

OR

- You can complete and submit the Claim Form and upload your supporting documents on the Settlement website, www.inremetforminsettlement.com, **no later than August 5, 2026**. If you complete the online Claim Form, you will receive a receipt saying that your claim was submitted. If you file your claim electronically, your electronic signature and submission of the form will meet the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, *et seq.*, and will be the same as if you signed your Claim Form in hard copy.
- If you do not complete a Claim Form or if your completed Claim Form is not postmarked (if mailed) or received (if submitted) online by **August 5, 2026**, you will not get a payment from the Settlements. Submitting this Claim

Form does not guarantee that you will receive payment. If the Claims Administrator rejects or reduces your Claim, you may follow the dispute resolution process described on page 5.

**MUST BE
POSTMARKED ON OR
BEFORE,
OR SUBMITTED
ONLINE BY,
AUGUST 5, 2026**

***In Re: Metformin Marketing and Sales
Practices Litigation
Teva Settlement and Granules and Heritage
Settlement***

CONSUMER CLAIM FORM

Use Blue or Black Ink Only

Attention: You should only fill out this form if you are a Consumer.

If you are a Third-Party Payor, please fill out the Third-Party Payor Claim Form, available at www.inremetforminsettlement.com.

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City

State

Zip Code

Daytime Telephone Number

Email Address*

*By providing your email address, you authorize the Claims Administrator to use that email address to send you information relevant to this claim.

Section B: Should I File a Claim Form?

You may be eligible to file a Claim Form and receive a payment from these Settlements if you are a member of a Settlement Class as defined below.

The consumer Teva Settlement Class is defined as:

All individuals in the United States and its territories and possessions who paid any amount of money for a metformin-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by Teva from July 20, 2015 through June 2, 2020 (the "Class Period").

The consumer Granules and Heritage Settlement Class is defined as:

All individuals in the United States and its territories and possessions who paid any amount of money for a metformin-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by Granules or Heritage from July 20, 2015 through June 2, 2020 (the "Class Period").

Please note, certain consumers are **not included** in the Settlements. Do not file a claim for yourself if you are (or anyone who is) one of the following consumers:

- Persons who purchased metformin-containing drugs for resale (not for personal use);
- Persons who purchased metformin-containing drugs directly from Teva, Granules, Heritage, or their affiliates;
- Judges in this case and any members of their immediate families; and/or
- Persons who excluded themselves from (or opted out of) both Settlements.

If you excluded yourself from both Settlements, you may not file a claim.

- ☐ Check this box and sign the certification in *Section E* to confirm that the claimant in *Section A* is a consumer Class Member and they are not excluded (based on the criteria above). If the claimant is excluded from the Settlement Classes, the Claims Administrator may reject this claim.

Section C: Purchase Information

Please type (or print) in the boxes below the total number of prescriptions and amounts you paid, from July 20, 2015 through June 2, 2020, for metformin-containing drugs (intended for personal or household use).

Total number of prescriptions of generic versions of metformin-containing drugs purchased from July 20, 2015 through June 2, 2020 in the United States:	
Total amount of out-of-pocket payments for the metformin-containing drug purchases identified above:	\$

Section D: Claim Documentation and Disputes about Claim Amounts

You may file a claim by providing the information requested in *Sections A, B, and C* and completing the Certification in *Section E*, below. Please also submit **one or more** of the following documents to support your claim:

- 1) Records from your pharmacy or insurer showing that you purchased generic versions of metformin-containing drugs at least once;
- 2) A note from your doctor (or records) describing the amount of generic versions of metformin-containing drugs you were prescribed;
- 3) An explanation of benefits (“EOB”) from your health plan or insurer describing transactions in generic versions of metformin-containing drugs; and/or
- 4) Other records showing you purchased generic versions of metformin-containing drugs any time from July 20, 2015 through June 2, 2020. These records could include, but are not limited to, receipts, checkbook entries, and credit-card statements.

Note: You must submit documents (or proof) to support your claim. If you do not provide documents now, the Claims Administrator will ask you to provide additional claim documentation after you submit your Claim Form. Please keep all records of your purchases, such as receipts, checkbook entries, credit card statements, and insurance EOBs. Claims may be audited and rejected because of fraud concerns or potentially inaccurate amounts based on expected average purchases.

If the Claims Administrator rejects or reduces your claim and you believe the rejection or reduction is in error, you may contact the Claims Administrator to ask for further review. If the dispute about your claim cannot be resolved by the Claims Administrator and Co-Lead Counsel, you may ask the Court to review your claim.

To ask for Court review, you must send the Claims Administrator a signed written statement that states: (a) the reasons you disagree with your claim being rejected or your claim's payment determination; and (b) specifically that you "request that the Court review the determination regarding this claim." You must include all documents that support your argument(s). The Claims Administrator and Co-Lead Counsel will present the dispute to the Court for review, which may include one or more public filings with the Court describing the dispute and any related arguments. However, all personal medical data and history relating to the dispute will be filed under seal so it stays confidential. Please note, you should ask for Court review only if you disagree with the Claims Administrator's determination regarding your claim.

Section E: Certification

By signing below, I hereby swear and affirm that I have read and am familiar with the Claim Form instructions. I certify that the information I provided in this Claim Form and any documents I attached are true, correct, and complete to the best of my knowledge. I certify I provided all of the information requested above to the extent I have it.

I certify further that I, or the consumer Class Member I represent, am/are a person in the United States and its territories and possessions who paid any amount of money for a metformin-containing drug (intended for personal or household use) that was manufactured, distributed, or sold by Teva, Granules, and/or Heritage from July 20, 2015 through June 2, 2020.

I also certify that I, or the Class Member(s) I represent, did not ask to be excluded ("opt out") from the Settlements with Teva and Granules and Heritage and did not purchase metformin-containing drugs for purposes of resale (not for personal use). In addition, I am not (or the represented Class Member is not) among the persons that are excluded from the Settlement Classes (as listed in *Section B*).

I further certify that I, or the Class Member(s) I represent, have read and are familiar with the releases stated in Paragraph 4 of the Settlements (including terms defined in Section 1 of the Settlements).

The releases in Paragraphs 4.2 and 4.3 of the Teva Settlement and the Granules and Heritage Settlement provide as follows:

4.2 Upon the Effective Date of this Settlement and in consideration of the Settlement Amount, Plaintiffs, each Settlement Class Member, and Released Plaintiffs, on behalf of themselves and their respective past and present parents, subsidiaries, and affiliates, general and limited partners, officers, directors, employees, agents, attorneys, servants, predecessors, successors, heirs, executors, administrators, and representatives (the "Releasing Plaintiffs"), shall be deemed to have, and by operation of the Judgment shall have, fully, finally, and forever released, waived, relinquished and discharged, and shall forever be enjoined from commencing, instituting, prosecuting, or continuing to prosecute any action or other proceeding in any forum whatsoever, including any court of law or equity, arbitration tribunal, or administrative forum, all Plaintiffs' Released Claims against Released Defendants, whether or not such Plaintiff, Settlement Class Member, or Released Plaintiff executes and delivers a Claim Form.

4.3 With respect to any and all Released Claims, the Parties, on behalf of themselves and all other Releasing Parties, stipulate and agree that by operation of the Final Judgment, the Releasing Parties shall hereby expressly waive, release, and forever discharge, upon Final Judgment, any and all provisions, rights, and benefits conferred by Section 1542 of the California Civil Code, which states:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE
CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO**

EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY;

or by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to Section 1542 of the California Civil Code. The Releasing Parties may hereafter discover facts other than or different from those which they know or believe to be true with respect to the Released Claims, but the Releasing Parties hereby expressly waive and fully, finally, and forever settle and release, upon Final Judgment, any known or unknown, suspected or unsuspected, contingent or non-contingent claim that they have agreed to release, whether or not concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts.

To the extent a consumer Class Member authorized me to submit this Claim Form on their behalf, and I am submitting this Claim Form as an authorized agent, and I have been authorized to receive any and all amounts from the Settlements that may be allocated to this consumer Class Member on their behalf, I certify that such authority has been properly vested in me and I will fulfill all duties I may owe the consumer Class Member. If amounts from the Settlements are distributed to me, and a consumer Class Member later claims I did not have the authority to claim and/or receive those amounts on their behalf, I and/or my employer will hold the Class, Co-Lead Counsel, and the Claims Administrator harmless with respect to any claims made by the consumer Class Member.

I hereby submit to the jurisdiction of the United States District Court for the District of New Jersey for all purposes connected with this Claim Form, including resolving disputes related to this Claim Form. I understand that if I provided any false information or representations related to this claim, I may be subject to sanctions, including criminal prosecution. If the Claims Administrator asks for additional supporting documents to supplement this Claim Form and the information in it, I agree to provide them.

I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge, and this Claim Form was signed on _____ 2026.

Signature

Print or Type Name

Mail your completed Claim Form, along any available documents supporting your claim, to the address below, postmarked **no later than August 5, 2026** or submit the information online at the website below by that date:

In re Metformin Marketing and Sales Practices Litigation
c/o A.B. Data, Ltd.
P.O. Box 173012
Milwaukee, WI 53217
Toll-Free Telephone: 1-866-302-6835
Website: www.inremetforminsettlement.com

REMINDER CHECKLIST:

1. Please complete and sign the above Claim Form or complete the online Claim Form. Attach or upload any documents supporting your claim.
2. Keep a copy of your Claim Form and supporting documents for your records.
3. If you would also like a receipt acknowledging your Claim Form was received, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.

If you move and/or your name changes, please send your new address and/or your new name or contact information to the Claims Administrator at info@inremetforminsettlement.com or via U.S. Mail at the address above.