

### CLAIM FORM INSTRUCTIONS

If you purchased a CVS store-brand eye drops product between October 1, 2021, and October 25, 2023, you may complete this Claim Form to be eligible to receive a cash payment under the Settlement. Claim Forms may be completed online at [www.CVSEyeDropSettlement.com](http://www.CVSEyeDropSettlement.com) or submitted by U.S. Mail, postmarked no later than **September 18, 2025**, to the following:<sup>1</sup>

*Claim Form for Settlement*  
*Ruffin v. CVS Pharmacy, Inc., Case No. 7:23-CV-01660-BO-RN*  
*c/o A.B. Data, Ltd.*  
*CVS Settlement Administrator*  
*P.O. Box 173021*  
*Milwaukee, WI 53217*

**The Products covered by this Settlement are listed below.**

Product	NDC No.	CVS SKU
CVS Store Brand Lubricant Eye Drops 15 mL (Single Pack)	76168-702-15	408053
CVS Store Brand Lubricant Eye Drops 15 mL (Twin Pack)	76168-702-30	407896
CVS Store Brand Lubricant Gel Drops 15 mL (Single Pack)	76168-704-15	408104
CVS Store Brand Lubricant Gel Drops 15 mL (Twin Pack)	76168-704-30	408083
CVS Store Brand Multi Action Relief Drops 15 mL	76168-706-15	407963
CVS Store Brand Mild Moderate Lubricating Eye Drops 15 mL	76168-711-15	204153
CVS Store Brand Lubricant Gel Drops 10 mL	76168-712-10	408146
CVS Store Brand Lubricant Eye Drops 10 mL (Single Pack)	76168-714-10	408172
CVS Store Brand Lubricant Eye Drops 10 mL (Twin Pack)	76168-714-20	408138

### CLAIMANT INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

\_\_\_\_\_  
Email Address (email address is optional if your claim is submitted by mail)

**To make a claim, you must also provide proof of valid identification.** To do so, please attach a photograph or scan of a government-issued ID, such as an unexpired driver's license or passport.

<sup>1</sup> These deadlines may change throughout this litigation pursuant to court order. If so, this Notice will be updated on this Settlement Website ([www.CVSEyeDropSettlement.com](http://www.CVSEyeDropSettlement.com)) as well. You are encouraged to check back on the Settlement Website to stay up to date on all court-ordered deadlines.

## CLAIM AND POTENTIAL CASH BENEFIT

For each unit (single container) of CVS store-brand eye drop Product you purchased between October 1, 2021, and October 25, 2023, please provide the name of the Product purchased (as listed on the first page of this Claim Form; other descriptions will not suffice), the month/date of the purchase, and whether you are attaching Proof of Purchase to this Claim Form.

Proof of Purchase can be any receipt, copies of receipts, paid invoice, or other similar types of documentation showing your purchase of the CVS store-brand eye drop Products. **Proof of Purchase is not required for compensation, but it can affect the amount of money you are eligible to receive as compensation under the Settlement.** You will be paid for up to three (3) total units (single containers) of the Products without Proof of Purchase.

**If you believe you purchased the Products through your enrollment in CVS's ExtraCare program,** you may provide your ExtraCare rewards card number or associated phone number on your Claim Form so the Settlement Administrator can reference your ExtraCare records as potential Proof of Purchase.

\_\_\_\_\_  
CVS ExtraCare rewards card number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number for ExtraCare account

Product Name	Purchase Month/Year (MM-YYYY)	Proof of Purchase? (Yes/No)

**NOTE:** The Settlement Administrator may contact you to ask questions about claims and Proof of Purchase. If the Settlement Administrator cannot verify a purchase through your ExtraCare rewards, you may still be eligible to receive compensation for that purchase, but it will be treated as a purchase without Proof of Purchase.

**If additional space is needed, you may attach an additional page listing this information for the additional Products along with your Claim Form.**

<b>Certification</b>
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By submitting this Claim Form, I declare under penalty of perjury that: (i) I purchased one or more CVS store-brand Products (as defined on the first page of this Claim Form), (ii) in the United States, (iii) between October 1, 2021, and October 25, 2023, (iv) and that such purchase(s) was/were not for purposes of resale. This Claim Form may be researched and verified by the Settlement Administrator.

Additional information regarding the Settlement can be found at [www.CVSEyeDropSettlement.com](http://www.CVSEyeDropSettlement.com).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above Claim Form and provide all information requested above, including proof of valid ID.
2. If you have Proof of Purchase, enclose a copy of that documentation with this Claim Form.
3. Keep a copy of your Claim Form and supporting documentation for your records.