

Infants' Tylenol Claims Administrator  
P.O. Box 43511  
Providence, RI 02940-3511



**JHE**

*Elkies v. Johnson & Johnson Services, Inc.*

UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

Case No. 2:17-cv-7320-GW(JEMx)

**Must Be Postmarked No Later Than  
April 13, 2020**

## Claim Form

### CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City												State			Zip Code						
Foreign Province										Foreign Postal Code						Foreign Country Name/Abbreviation					

**You can also submit online at [www.InfantsTylenolSettlement.com](http://www.InfantsTylenolSettlement.com).**

Use this Claim Form to claim refunds of a portion of the purchase price of one or more Infants' Tylenol products that you purchased. Only one Claim Form may be submitted per household. Your **Claim Form must be postmarked or submitted online by April 13, 2020**. If mailing, please return this form to:

Infants' Tylenol Claims Administrator  
P.O. Box 43511  
Providence, RI 02940-3511

### PURCHASE INFORMATION

Complete the information below for all of the Infants' Tylenol you purchased in the United States from October 3, 2014 to January 6, 2020 for which you are submitting a claim. You may recover for up to 7 bottles **without** proof of purchase.

I purchased   bottle(s) of 1 oz. Infants' Tylenol in the United States from October 3, 2014 to January 6, 2020

I purchased   bottle(s) of 2 oz. Infants' Tylenol in the United States from October 3, 2014 to January 6, 2020



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**PROOF OF PURCHASE**

To maximize your recovery, you should provide proof of purchases for any of your qualifying Infants' Tylenol purchases. Proof of purchase is **not required** to make a claim. **Your recovery will be limited to the greater of (i) 7 bottles or (ii) the number of bottles for which you provide proof of purchase.** In addition, claims accompanied by proof of purchase have priority to get more money in the event there is excess money in the Claim Fund.

Proof of purchase may be in the form of a receipt, rewards, card records or other documents indicating the product purchased, product size, date of purchase and quantity purchased.

**Please select one of the following:**

- I am not submitting any proofs of purchase.
- I am submitting proofs of purchase for   1 oz. bottles and   2 oz. bottles.

**AFFIRMATION**

I understand that the decision of the Claims Administrator is final and binding on me and on Defendant.

The information on this Claim Form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

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

**CLAIM FORMS MUST BE RETURNED BY APRIL 13, 2020.  
QUESTIONS? VISIT WWW.INFANTSTYLENOLSETTLEMENT.COM  
OR CALL 1-866-458-2108.**

