

Must be Postmarked
By
September 15, 2009

In re TriCor Indirect Purchaser Antitrust Litigation
C.A. No. 05-360 (SLR)
U.S. District Court for the District of Delaware

For Official Use Only

THIRD-PARTY PAYOR CLAIM FORM

The information you provide will be kept confidential and will be used only for administering this Proposed Settlement. Mail the completed Claim Form to TriCor Indirect Purchasers Antitrust Litigation, c/o Rust Consulting, Inc. P.O. Box 24797, West Palm Beach, FL 33416, postmarked on or before September 15, 2009. If you have any questions, please call the Claims Administrator at **1-877-567-3014**.

A TPP Class Member or an authorized agent can complete this Claim Form. If both a Class Member and its authorized agent submit a Claim Form, the Claims Administrator will only consider the Class Member's Claim Form. The Claims Administrator may request supporting documentation. The claim may be rejected if any requested documentation is not provided.

If one or more Class Members has authorized you to submit a Claim Form on its behalf, you must provide the information requested in Section B in addition to the other information requested by this Claim Form. You may submit a separate Claim Form for each Class Member that has duly authorized you to do so, OR you may submit one Claim Form for all such Class Members that have authorized you to do so, as long as you provide the information required (as indicated below) for each Class Member on whose behalf you are submitting the form.

If you are submitting Claim Forms both on your own behalf as a Class Member AND on behalf of one or more Class Members that have authorized you to do so, you should submit one Claim Form for yourself and another Claim Form or Forms for the other Class Member(s). **Do not submit a Claim Form on behalf of any Class Member without obtaining and providing specific prior authorization from that Class Member.**

SECTION A - CLAIMANT IDENTIFICATION

Please indicate whether you are claiming on your own behalf as a Class Member or as the authorized agent of one or more Class Members by placing an "X" in the appropriate space below. If you wish to make a claim as a Class Member *and also* as the authorized agent of other Class Members, please complete one Claim Form for your claim as a Class Member and a separate Claim Form for those Class Members for whom you are authorized to submit a claim:

I am the Class Member

I am filing as the authorized agent of a Class Member**

** As Authorized Agent, please check how your relationship with the Class Member is best described:

Third Party Administrator (other than a Pharmacy Benefits Manager)

Pharmacy Benefits Manager

Other (Explain):



* T R C T *



* 1 - 4 *

SECTION B - CLASS MEMBER OR AGENT INFORMATION

Class Member's/Authorized Agent's Name:

Street Address:

Floor/Suite:

City:

State:

Zip Code:

Area Code – Telephone Number:

Area Code – Fax Number:

Class Member's/Authorized Agent's Tax Identification Number:

If you file as a Class Member, list other names by which you have been known or other Federal Employer Identification Numbers ("FEINs") you have used from April 9, 2002 through May 8, 2009.

If you are filing as the Class Member, check the term below that best describes your company/entity:

Health Insurance Company/HMO

Self-Insured Employee Health Plan

Self-Insured Union Health & Welfare Fund

Other (Explain):

SECTION C - CLAIM BY AUTHORIZED AGENT

Please list the Federal Employer Identification Number and the name of every Class Member for whom you have been duly authorized to submit this Claim Form (attach additional sheets to this Proof of Claim as necessary). Alternatively, you may submit the requested list of Class Member names and FEINs in an acceptable electronic format. Please contact the Claims Administrator to determine what formats are acceptable.

SECTION D - TOTAL AMOUNT OF TRICOR REIMBURSEMENTS

For all Class Members identified in Section C and on whose behalf you are submitting a claim, state the total and final amount paid or reimbursed for TriCor with a date of service or date of fill from April 9, 2002 to May 8, 2009, net of co-pays, deductibles and co-insurance. If you are claiming more than \$300,000, you will need to provide additional claims data and information as provided in Section F below.

Total Amount Paid: \$

Claimant certifies that the figures are true and accurate and are based upon actual records maintained by or otherwise available to the claimant.

SECTION E - JURISDICTION OF THE COURT AND CERTIFICATION

Please duplicate this section and submit it for each TPP Class Member on whose behalf you are submitting a claim.

By signing below, I hereby swear and affirm that: (1) I have authority to submit this Claim Form either directly or on behalf of the Class Member or as its Authorized Agent, and, in turn, have been given the authority to submit this Claim Form by each Class Member identified in this Claim Form and in any attachments to it, and to receive on behalf of each such Class Member any and all amounts that may be allocated from the TPP Settlement Pool to such Class Member; (2) Each entity on whose behalf I have submitted a claim is a TPP Class Member, (3) the information contained in this Claim Form and any attachments hereto is true and accurate, based on records maintained by or otherwise available to me; (4) I, the Authorized Agent (if any), and the Class Member on whose behalf this Claim Form is submitted, hereby submit to the jurisdiction of the United States District Court for the District of Delaware (the "Court") for all purposes associated with this Claim Form and the Proposed Settlement, including resolution of disputes relating to this Claim Form; (5) that I have read and agree to the Release quoted in Section H below; and (6) in the event that amounts from the TPP Settlement Pool are distributed to the Authorized Agent of a Class Member, and the Class Member later claims that the Authorized Agent did not have the authority to claim and receive such amounts on its behalf, the Authorized Agent, I and/or my employer will hold the Class, Counsel for the Class, Defendants, Counsel for Defendants, and the Claims Administrator harmless with respect to any claims made by said Class Member.

Signature:

Position:

Print Name:

Month/Day/Year:

The following additional information is to be provided by the Individual that signs and certifies this Claim Form: I am filing this Claim Form as the authorized employee of the following Class Member or Authorized Agent for Class Member:

Name of Individual's Employer:

Business Address:

Floor/Suite:

City:

State:

Zip Code:

Area Code – Telephone Number:

Area Code – Fax Number:

E-mail Address:

Mail the completed Claim Form to TriCor Indirect Purchasers Antitrust Litigation, c/o Rust Consulting, Inc., P.O. Box 24797, West Palm Beach, FL 33416, postmarked on or before September 15, 2009.



SECTION F - CLAIM DOCUMENTATION INSTRUCTIONS

If you are claiming more than \$300,000, you will need to provide additional claims data and information. Please provide data and information with your Claim Form sufficient to show your purchases of TriCor during the period April 9, 2002 to May 8, 2009, net of co-pays, deductibles, and/or co-insurance. It is mandatory that you provide the data indicated for categories 4, 12, 13, 14, and 17 below. The information called for by all other categories may be produced if you can do so using your reasonable best efforts. If you are producing the information called for by categories **other than** categories 4, 12, 13, 14, and 17, your data must be transmitted in encrypted form (see Section G – Instructions for Encryption of Data). Pursuant to the order of the Court, this information must be kept confidential by the Claims Administrator and shall be used for the sole purpose of determining settlement payment amounts to consumer co-payers.

Pursuant to the order of the Court, TPPs who provide this information will fall within the safe harbor of the Health Insurance Portability and Accountability Act (“HIPAA”) for court-ordered production of personal health information, 45 C.F.R. § 164.512(e)(1)(i), and TPPs shall have no liability under HIPAA or any state confidentiality statute, regulation, or other requirement, for supplying such member information to the Claims Administrator. Further, TPPs will not be deemed to be guarantors for the completeness or accuracy of the data they provide. TPPs shall not be liable in any way to any party, class member, member, or any other person or entity for any claim related to the completeness or accuracy of any data provided, or for any other liability of any kind.

The requested categories of information are set forth below. For your convenience, a mock spreadsheet is attached to this Claim Form.

1. **Patient First Name - The first name of the patient.**
Mary
2. **Patient Middle Name – The middle name, if any, of the patient.**
Jane
3. **Patient Last Name - The last name of the patient.**
Doe
4. **Patient Social Security Number or unique patient identification number or code) (REQUIRED)**
999-99-9999
5. **Patient Date of Birth - The date of birth of the patient. Formatted mm/dd/yyyy**
01/01/1900
6. **Patient Address: Street Number- The street number of the patient.**
100
7. **Patient Address: Street 1 - The street name for the home residence of the patient.**
Fake Street
8. **Patient Address: Street 2 – Any additional identifier of the street location for the home residence of the patient, such as apartment number.**
Apt. #3
9. **Patient City - The city of residence of the patient.**
Springfield
10. **Patient State – The two character abbreviation of the current state of residence of the patient.**
NY
11. **Patient Zip Code – The zip code of the patient.**
10003
12. **NDC Code (a list of NDC Codes is included with this Claim Form) (REQUIRED)**
00000-0000
13. **Fill Date (REQUIRED)**
01/01/2004
14. **Amount Billed (not including dispensing fee) (REQUIRED)**
100.00
15. **Amount paid by patient: co-payment.**
20.00
16. **Amount paid by patient: co-insurance.**
20.00
17. **Amount Paid by TPP. (REQUIRED)**
80.00

SECTION G - INSTRUCTIONS FOR ENCRYPTION OF DATA

OPTION 1: Secure Website Upload

- a) Open your browser and navigate to www.TriCorSettlement.com
 - Supported Browsers include:
 - o Internet Explorer 6/7/8
 - o Firefox 3+
 - o Opera 9+
- b) Select the link for "Upload Claim File"
- c) Complete the fields for FEIN, Contact Name, Contact Email, Contact Phone and the text from the "Security Image"
- d) Click on the Browse button, select your spreadsheet and press OK
Press the Submit button
- e) You will receive an email to the Contact Email when the upload starts
- f) When the upload has completed, print two copies of the confirmation page with your confirmation number, one to include with the Claim form and one for your records. This information will also be sent to the Contact Email address
- g) Mail your completed Claim Form along with the printed confirmation page to TriCor Indirect Purchasers Antitrust Litigation, c/o Rust Consulting, Inc. P.O. Box 24797, West Palm Beach, FL 33416, postmarked on or before September 15, 2009

OPTION 2: Encrypted File on DVD

- NOTE: For all files above 1 gigabyte Option 2 is recommended.
 - a) Open your browser and navigate to www.TriCorSettlement.com
 - b) Select the link for "Send Encrypted DVD"
 - c) Complete the fields for FEIN, Contact Name, Contact Email and Contact Phone
 - d) Download the public key from the link called "Tricor Public PGP Key"
 - e) Download the PDF file called "Detailed PGP File Submission Instructions"
 - f) Complete the steps in the Detailed PGP File Submission Instructions
 - g) Attach the private key generated in step f to an email and send to data@TriCorSettlement.com with your contact information
 - h) Mail your completed Claim Form along with the DVD to the Claims Administrator via Registered US Mail to TriCor Indirect Purchasers Antitrust Litigation, c/o Rust Consulting, Inc. P.O. Box 24797, West Palm Beach, FL 33416, postmarked on or before September 15, 2009

OTHER INFORMATION

- Finally, each TPP Class Member shall provide a list of all self-funded healthcare plans ("SFP's") or other entities for which it is authorized to make a claim, including the identity of each entity on whose behalf the TPP Class Member is authorized to act by name and by the Federal Employer Identification Number assigned to such entity by the United States Internal Revenue Service.
- If you are able, please provide units for each transaction.
- If you are not producing encrypted information, if possible, please provide the electronic data in either Microsoft Excel format or ASCII flat file pipe delimited "I" or fixed-width format.

Please contact the Claims Administrator at 1-877-567-3014 with any questions about the required claims data.

TRICOR NDCs

NDC Number	Strength	NDC Number	Strength	NDC Number	Strength
00074-6123	145MG	68543-0006	160MG	54868-5224	48MG
00074-4013	160MG	63924-0048	48MG	26053-0140	48MG
00074-4009	54MG	63924-0145	145MG	26053-0141	145MG
00074-6122	48MG	63924-0006	160MG	58016-0044	145MG
54569-5750	145MG	49999-*855	145MG	58016-0874	160MG
17856-6123	145MG	51129-3079	48MG	67544-1033	145MG
12280-0328	145MG	51129-3078	145MG	68071-0800	145MG
66336-0371	54MG	55289-0973	145MG	12280-0051	160MG
68543-0048	48MG	54868-5203	145MG	49999-0885	145MG
68543-0001	145MG	54868-4597	160MG	63629-1514	160MG
68543-0004	54MG				

SECTION H - THE RELEASE PROVIDED IN THE STIPULATION OF SETTLEMENT

13. Releases.

(a) Upon the Settlement's becoming final in accord with paragraph 6 herein, Defendants and, in their capacities as such, their past, present and future parents, subsidiaries, divisions, affiliates, stockholders, owners, officers, directors, insurers, general or limited partners, employees, agents, attorneys and any of their legal representatives (and the predecessors, heirs, executors, administrators, successors and assigns of each of the foregoing) (the "Released Parties") are and shall be released and forever discharged from all manner of claims, demands, actions, suits, causes of action, damages, and liabilities, of any nature whatsoever (collectively "Claims") (whether such Claims arise or are incurred before, during or after the date hereof), including costs, expenses, penalties and attorneys' fees, known or unknown, suspected or unsuspected, in law or equity, that Class Plaintiffs or any member or members of the Class who has (have) not timely excluded itself (themselves) from the Class (including any past, present or future officers, directors, insurers, general or limited partners, divisions, stockholders, owners, agents, attorneys, employees, legal representatives, trustees, parents, associates, affiliates, subsidiaries, partners, heirs, executors, administrators, purchasers, predecessors, successors and assigns, acting in their capacity as such), whether or not they object to the Settlement and whether or not they make a claim upon or participate in the Settlement Fund, ever had, now has, or hereafter can, shall or may have, directly, representatively, derivatively or in any other capacity, to the extent that such Claims (i) were asserted or could have been asserted in the Actions or (ii) arise out of or relate to any conduct

(A) alleged in the Actions, or

(B) alleged in any other complaint filed in any current or previous action currently or previously related, consolidated or coordinated, or subject to a previous or pending request for relating, consolidation or coordination with the Actions (the "Related Actions"), including *State of Florida v. Abbott*, C.A. No. 08-155-SLR (D. Del.), or

(C) relating to any alleged change in formulation, withdrawal, substitution or introduction of, or impairment of competition relating to, any fenofibrate pharmaceutical product (including any TriCor® product or any generic equivalent thereof), or

(D) relating to any alleged improper obtaining or enforcement of any patent relating to any fenofibrate pharmaceutical product (including any TriCor® product or any generic equivalent thereof), including the alleged improper bringing, maintaining, defending or otherwise participating in litigation concerning any such patent, provided only that such conduct occurred or allegedly occurred prior to the date hereof -- except as expressly provided for in Paragraph 14 herein (the "Released Claims"). Class Plaintiffs and each member of the Class hereby covenant and agree that each shall not sue or otherwise seek to establish or impose liability against any Released Party based, in whole or in part, on any of the Released Claims.

(b) In addition, each Class member hereby expressly waives and releases, upon the Settlement Agreement becoming final, any and all provisions, rights, or benefits conferred by §1542 of the California Civil Code, which reads:

Section 1542. General Release--Claims Extinguished. A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

or by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable or equivalent to §1542 of the California Civil Code. Each Class member may hereafter discover facts other than or different from those which he, she or it knows or believes to be true with respect to the claims which are the subject matter of this Paragraph 13, but each Class member hereby expressly waives and fully, finally and forever settles and releases, upon this Settlement Agreement's becoming final, any known or unknown, suspected or unsuspected, contingent or non-contingent Claim that would otherwise fall within the definition of Released Claims, whether or not concealed or hidden, without regard to the subsequent discovery or existence of such different or additional facts. For the avoidance of doubt, each Class member also hereby expressly waives and fully, finally and forever settles and releases any and all Claims it may have against any Released Party under §17200, *et seq.*, of the California Business and Professions Code or any similar, comparable or equivalent provision of the law of any other state or territory of the United States or other jurisdiction, which Claims are hereby expressly incorporated into the definition of Released Claims.

(c) The Parties recognize that governmental authorities have already and may in the future institute administrative proceedings or legal actions, relating to conduct described in paragraph 13(a)(ii)(A)-(D) against Released Parties in a *parens patriae* function (e.g., on behalf of citizens by the governmental authority). The Parties recognize the pending litigation styled *State of Florida v. Abbott*, C.A. No. 08-155-SLR (D. Del.) is one such *parens patriae* action. Without limitation on Claims that constitute Released Claims, Class Plaintiffs specifically confirm that they intend to release any and all Claims that Class members have or may have, directly, representatively, derivatively or in any other capacity (including, to the fullest extent that Class Plaintiffs can do so under a court-approved class settlement, *parens patriae* claims that have been or may be asserted on their behalf) that (i) were asserted or could have been asserted in the Actions or (ii) relate to conduct described in paragraph 13(a)(ii)(A)-(D).