# JONES V. NUTEK RECALLED BABY WIPES SETTLEMENT
# CLAIM FORM
# CATEGORY 2 OR CATEGORY 3

## CATEGORY 2 OR CATEGORY 3 CLAIMS – INJURY CLAIM

**IMPORTANT:** Use this Form only if you qualify for a Category 2 or Category 3 claim. You can only file a claim for either Category 2 or Category 3, but not both. If the Settlement Administrator denies your Category 3 claim, you will automatically be considered for a Category 2 claim. Please read the detailed descriptions of Category 2 and Category 3 claim qualifications in the enclosed Notice or on the settlement website at http://jonesvnutekclasssettlement.com before completing this form. **DO NOT complete this Form if you already filed a claim online. Please read this Claim Form in its entirety before completing it.**

1. You may submit your claim online if you received a settlement notice in the mail with a unique ID number. If you did not receive a settlement notice, you must submit your claim by mail and you must include a receipt showing your purchase and/or return of the Recalled Baby Wipes, along with the documentation required to support your Injury claim.
2. You must provide the Class Member's information in Section 1, answer all of the questions Section2, complete either Section 2 (Category 2 Claim) **OR** Section 3 (Category 3 Claim), and sign the Claim Form in Section 5. Complete Section 6 only if you are represented by your own Attorney.
3. Any person who purchased or otherwise acquired Recalled Baby Wipes between October 25, 2013 and October 25, 2014 for or on behalf of themselves or a third party or a minor child over whom they have custody and control as a caregiver, parent or guardian **AND** who suffered a bodily injury or Qualifying Symptoms can file a Category 2 or 3 Claim, depending on the severity of the injuries and economic losses. You should determine which Category of Claim you are submitting before you complete this Form. Detailed information about the Claim Categories can be found on the settlement website at http://jonesvnutekclasssettlement.com.
4. "Recalled Baby Wipes" means the baby wipes manufactured by Nutek that were sold in the United States and subject to the Recall including, but not limited to, those under the brand names Cuties, Diapers.com, Fred's, Kidgets, Member's Mark, Simply Right, Sunny Smiles, Tender Touch, and Well Beginnings, as well as feminine wipes manufactured under the Femtex brand.
5. "Qualifying Symptom(s)" means any one or more of the following symptoms or conditions, including any associated emotional distress or mental anguish, caused by *Burkholderia cepacia* from the use of, or exposure to, the Recalled Baby Wipes: (a) skin infections or irritation including dermatitis, folliculitis, rash, abscess, or boil caused by *Burkholderia cepacia*; (b) bacterial genitourinary tract infections caused by *Burkholderia cepacia*; (c) recovery of *Burkholderia cepacia* from any location on a Settlement Class Member's body where he or she experienced an infection from the use of, or exposure to, the Recalled Baby Wipes; or (d) pneumonia or bacteremia in persons with a primary or secondary immunodeficiency disorder or who have a chronic lung disease such as cystic fibrosis, bronchiectasis or chronic granulomatous disease where the condition is caused by *Burkholderia cepacia*. Category 3 claimants must have experienced a Qualifying Symptom.
6. Return your completed and signed Claim Form, along with the required documentation, postmarked by **January 29, 2018.**

   Recalled Baby Wipes Settlement
   c/o Dahl Administration
   PO Box 3614
   Minneapolis, MN 55403-0614

7. QUESTIONS? Visit the settlement website at http://jonesvnutekclasssettlement.com or call 1-888-218-0349.

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## SECTION 1: CLASS MEMBER IDENTIFICATION

The Class Member listed below received a Notice by mail or email. O YES O NO

If YES, the eight digit Claimant ID Number from that Notice is:

If NO, you will need to provide proof of purchase of the Recalled Baby Wipes with your Claim, along with required other documentation.

**FIRST NAME OF SETTLEMENT CLASS MEMBER** **MIDDLE INITIAL**

**LAST NAME OF SETTLEMENT CLASS MEMBER**

**MAILING ADDRESS**

**CITY** **STATE** **ZIP CODE**

**DAYTIME PHONE NUMBER** **MOBILE/HOME PHONE NUMBER**

**EMAIL ADDRESS**

____ ____/ ____ ____/ ____ ____

**DATE OF BIRTH OF CLASS MEMBER (INJURED PARTY)**

**FIRST NAME OF PARENT OR GUARDIAN (IF CLASS MEMBER IS A MINOR)** **MIDDLE INITIAL**

**LAST NAME OF PARENT OR GUARDIAN (IF CLASS MEMBER IS A MINOR)**

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## SECTION 2: PRODUCT PURCHASE

1. I purchased or otherwise acquired Recalled Baby Wipes on the following approximate date(s):

   (To qualify, you must have purchased or acquired Recalled Baby Wipes on or between October 25, 2013 and October 25, 2014. Attach a separate sheet if you have more than two purchases.)

   ____ ____/ ____ ____ / ____ ____ ____ ____/ ____ ____ / ____ ____

   Purchased Date 1 Purchased Date 2

2. I purchased Recalled Baby Wipes at the following retailer (check all that apply):

   O Sam's Club O Family Dollar O Walgreens O Fred's O Other. If other, please list:

   _____

3. List the city(s) and state(s) of the retailer(s) from which your purchased Recalled Baby Wipes:

   _____

4. The Recalled Baby Wipes were used during the following time period (date range):

   From: ____ ____/ ____ ____ / ____ ____ To: ____ ____/ ____ ____ / ____ ____

5. The Recalled Baby Wipes I purchased were sold under the following brand (check all that apply):

   O Cuties O Diapers.com O Fred's O Kidgets O Member's Mark O Simply Right
   O Sunny Smiles O Tender Touch O Well Beginnings O Femtex O Other

If other, please list: _____

I returned the Recalled Baby Wipes due to the recall. O YES O NO

7. If YES, please provide the following information:

   a. Approximate date the Recalled Baby Wipes were returned: ____ ____/ ____ ____ / ____ ____

   b. Retailer Recalled Baby Wipes were returned to: _____

   c. City and State of Retailer: _____

   d. Number of units returned: _____

8. DOCUMENTATION OF CLAIM:

   I provided a Claimant ID number in Section 1: O YES O NO

   If YES, proceed to Section 3 or 4.

   If NO, you must provide proof of purchase in the form of receipts and, if you answered YES in question 7 above, you must provide proof of your return of product.

   Documentation included: O YES O NO

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## SECTION 3: CATEGORY 2 – NON-QUALIFIED BODILY INJURY CLAIM

**Claims Category 2 Description**: Any person who suffered bodily injury or Qualifying Symptoms (described in item 5 on page 1) of a *de minimis* nature (meaning minor or insignificant) as a result of their use of the Recalled Baby Wipes may file a Claim under Claims Category 2 to potentially receive a payment of up to $15.00. If this description fits you or a minor child over whom you have custody and control as a caregiver, parent or guardian, complete this section.

If you or a minor child over whom you have custody and control as a caregiver, parent or guardian suffered more than a minor bodily injury of Qualifying Symptoms, **skip to Section 4**.

1. I or my minor child over whom I have custody and control as a caregiver, parent or guardian suffered a bodily injury or Qualifying Symptoms of a minor nature as a result of the use of the Recalled Baby Wipes. O YES O NO

2. You must provide a detailed statement of injury fully describing the injuries related to the use of Recalled Baby Wipes, including the approximate date symptoms appeared; the type of injury(ies) sustained; the duration of each injury; and whether a medical provider was contacted and the diagnosis, if any. You may, but you do not need to, provide documentation of the minor injury.

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**If you answered Yes to Question 1 in this section and filled out your statement, skip to Section 5.**

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## SECTION 4: CATEGORY 3 – QUALIFIED MEDICAL REIMBURSEMENT CLAIM

**There are two types of Category 3 Claims. Complete this Section if you or your child meet either of the following descriptions AND if you have incurred out-of-pocket costs associated with these injuries.**

Category 3(A) – Transitory Qualifying Symptoms
Transitory Qualifying Symptoms are those that (a) did not result in admission to a hospital, or (b) resulted in a hospital admittance lasting less than 24 hours but the symptom or condition lasted less than 15 days.

Category 3(B) – Non-Transitory or Lasting Qualifying Symptoms
Non-Transitory or Lasting Qualifying Symptoms are those that have an enduring, persisting, long-term or lasting physical effect, injury or condition that required or requires hospitalization for over 24 hours and the symptom or condition does not subside after 15 days after exposure to the Recalled Baby Wipes.

**YOU MUST PROVIDE DOCUMENTATION OF MEDICAL EXPENSES INCURRED TO HAVE A VALID CATEGORY 3 CLAIM.**

**DESCRIPTION AND DOCUMENTATION OF INJURY:**

1. Did you or a minor child over whom you have custody and control as a caregiver, parent or guardian suffer more than a minor injury as a result of use of the Recalled Baby Wipes? *(see item 5 on page 1 for a list of Qualifying Symptoms)* — O YES O NO

   **If YES**, continue completing this Section.

   ***If NO**: if you answered "no" because no injury was suffered, you should complete a Category 1 Claim Form. If you answered "no" because the injury suffered was minor, complete Section 3 (above) of this Claim Form.*

2. Did you or a minor child over whom you have custody and control as a caregiver, parent or guardian receive medical treatment, which could include admission to a hospital, for injuries caused by *Bulkerholderia cepacia* and suffered as a result of the use of the Recalled Baby Wipes? — O YES O NO

3. Were you or a minor child over whom you have custody and control as a caregiver, parent or guardian admitted to a hospital for treatment for these injuries?

   O YES, for 24 hours or less O YES, for more than 24 hours O NO, not admitted

4. How long did the Qualifying Symptoms last?

   O Less than 15 days O 15 days or more

**DESCRIPTION AND DOCUMENTATION OF MEDICAL EXPENSES:**

1. I incurred out-of-pocket expenses as a result of bodily injury from Qualifying Symptoms caused by *Bulkerholderia cepacia* and suffered by me or a minor child over whom I have custody and control as a caregiver, parent or guardian child as a result of the use of the Recalled Baby Wipes. — O YES O NO

   If YES, please list the total amount of out-of-pocket expenses incurred: $_____

2. I have attached proof of my out-of-pocket expenses as a result of the bodily injury of Qualifying Symptoms caused by *Bulkerholderia cepacia* and suffered by me or a minor child over whom I have custody and control as a caregiver, parent or guardian as a result of the use of the Recalled Baby Wipes. — O YES O NO

   If NO, you must have documented out-of-pocket expenses to have a valid Category 3 Claim. *If you cannot provide documentation of out-of-pocket expenses, complete Section 3 (above) of this Claim Form for a Category 2 Claim.*

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**STATEMENT OF INJURY:**

Provide a detailed statement of injury fully describing your or your child's injuries related to the use of Recalled Baby Wipes, including the approximate date symptoms appeared; the type of injury(ies) sustained; the duration of each injury; and detail information about medical treatment received, including hospital admissions, if any.

*You should provide copies of any documentary support you have, which may medical records, test results, photographs, physician's notes, physician's affidavit or any other documentation that provides evidence to the Claims Administrator of the likelihood of a Qualifying Symptom. Your information will be kept confidential and will only be used for purposes of administering the Settlement.*

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**PLEASE SIGN YOUR FORM IN SECTION 5 ON THE NEXT PAGE.**

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## SECTION 5: DECLARATION

I declare, under penalty of perjury, under the laws of the United States, that the information provided in the Claim Form is true and correct and that any documentation I have provided is a valid copy of my original receipt(s), medical records or other injury proof, and out-of-pocket expenses.

PRINT NAME

SIGNATURE

DATE

RELATIONSHIP
(IF NOT CLASS MEMBER)

## SECTION 4: ATTORNEY NAME AND CONTACT INFORMATION (IF REPRESENTED)

I am represented by my own attorney (if yes, please list your attorney's name and contact information below.) O YES O NO

**NAME OF ATTORNEY**

**ATTORNEY FIRM**

**MAILING ADDRESS OF ATTORNEY**

**CITY** **STATE** **ZIP CODE**

**PHONE NUMBER OF ATTORNEY**

**EMAIL ADDRESS OF ATTORNEY**

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