

SCHEDULE "D": OPT OUT FORM

**OPT OUT FORM
FLUOROQUINOLONE CLASS ACTION – CIPRO® AND AVELOX®**

Complete and return this Opt Out Form by no later than September 24, 2024, ONLY IF YOU DO NOT WISH TO PARTICIPATE IN THE FLUOROQUINOLONE CLASS ACTION AS IT RELATES TO CIPRO® AND AVELOX®.

For the purposes of this Opt Out Form, the following definitions apply:

"Settlement" means the settlement made as between the Plaintiff and Bayer Inc. pursuant to the Bayer Settlement Agreement in relation to Cipro and Avelox, a copy of which is available at: www.garchaandcompany.ca

"Fluoroquinolone Class Action" means the following action: *Lloyd Achtymichuk v. Bayer Inc., Janssen Inc., Janssen Pharmaceuticals, Inc., and Janssen Research & Development, LLC*, in the Vancouver Registry of the Supreme Court of British Columbia under Court File No. S167919.

"Cipro" means all formulations of Cipro® branded (*i.e.*, not generic) ciprofloxacin distributed or licensed in Canada by Bayer Inc.

"Avelox" means all formulations of Avelox® branded (*i.e.*, not generic) moxifloxacin distributed or licensed in Canada by Bayer Inc.

Consequences of Opting Out

By completing and returning this Opt Out Form as set out below, you are choosing:

- 1) **not** to take part in the Settlement,
- 2) **not** to participate in any way in the Class Action, AND
- 3) **not** to participate in any benefits arising from the Settlement or the Class Action.

If you complete this Opt Out Form you will not be bound by the Settlement or the release in the Settlement, but you will also not be entitled to share in any of the proceeds that may become available to Class Members as part of the Settlement.

In order to be effective, this form must be fully completed and sent to Class Counsel at the address set out below and must be received or postmarked no later than September 24, 2024. Opt Out Forms received or postmarked after September 24, 2024 will not be accepted. For more information on the Bayer Settlement Agreement and the Fluoroquinolone Class Action, please visit www.garchaandcompany.ca

Your name: _____ (required)

Your address: _____ (required)

Province in which you purchased, ingested, used, or acquired Cipro and/or Avelox:

_____ (required)

Your telephone number: () ____-____ (required)

Your email address: _____ (optional)

Brief statement of reason(s) for Opting Out:

