

## CLAIM FORM

*Velez, et al. v. Novartis Pharmaceuticals Corp.*  
Civil Action No. 1:04 Civ. 9194 (CM)

**IT IS IMPORTANT THAT YOU READ THE ATTACHED INSTRUCTIONS  
BEFORE YOU BEGIN FILLING OUT THIS CLAIM FORM**

**TO BE VALID, YOUR CLAIM FORM MUST BE POSTMARKED  
ON OR BEFORE DECEMBER 12, 2010**

1. Full Name: \_\_\_\_\_  
  Last  First  Middle
  
2. Current Address: \_\_\_\_\_  
  No.  Street Name  Apt. No.
  
- \_\_\_\_\_
- City  State  Zip Code
  
3. Home Telephone Number: \_\_\_\_\_
  
4. Cellular Telephone Number: \_\_\_\_\_
  
5. E-Mail Address: \_\_\_\_\_
  
6. Social Security Number: \_\_\_\_\_
  
7. Date of Birth: \_\_\_\_\_
  
8. To the best of your recollection, please provide the dates of your employment as an employee with Novartis Pharmaceuticals Corporation, or its predecessor company:  
  
                                \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                                until                                \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                                month/year  month/year
  
9. To the best of your knowledge or recollection, if you are able to do so, please provide the Novartis Pharmaceuticals Corporation Employee Number assigned to you during the dates of your employment with Novartis Pharmaceuticals Corporation, or its predecessor company: *(if you cannot answer this question, it will not in any way be held against you)*

10. Do you believe that, during the period July 15, 2002 to [Preliminary Approval Date], you were discriminated against on account of your gender in seeking a promotion, in the level of pay you received, or on account of pregnancy?

Yes [ ]

No [ ]

11. If you answered “Yes” to Item 10, do you also contend that the gender discrimination you allege in this Claim Form caused you to experience physical and/or emotional pain and suffering?

Yes [ ]

No [ ]

**If you answered “Yes”, please provide an explanation in Items 12 and 13 below and sign the accompanying declaration.**

12. Provide in the lines below or as an attachment to this Claim Form a reasonably detailed explanation of the circumstances giving rise to your contention that the gender discrimination you allege in this Claim Form caused you to experience physical and/or emotional pain and suffering.

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13. Provide in the lines below or as an attachment to this Claim Form a reasonably detailed explanation of the nature of the physical and/or emotional pain and suffering you contend was caused by the gender discrimination alleged in this Claim Form.

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**DECLARATION**

**I, \_\_\_\_\_, DECLARE UNDER PENALTIES OF PERJURY THAT THE INFORMATION AND FACTS I HAVE STATED IN THIS CLAIM FORM ARE TRUE AND CORRECT.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**You MUST complete and SIGN your Claim Form in order for it to be considered.**

**To be valid, your Claim Form must be postmarked on or before DECEMBER 12, 2010. Late Claim Forms will not be considered.**

**Your Completed and Signed Claim Form must be mailed to:**

**Novartis Claims Administrator  
[Address]**

**RETALIATION AGAINST A PERSON FOR  
FILING A CLAIM IS ILLEGAL**

## RIDER TO CLAIM FORM

**YOU DO NOT HAVE TO SUBMIT THIS RIDER TO RECEIVE A MONETARY AWARD FOR COMPENSATORY DAMAGES. YOU NEED TO COMPLETE THIS FORM ONLY IF YOU WANT TO SEEK ADDITIONAL COMPENSATORY DAMAGES BECAUSE THE HARM YOU SUFFERED REQUIRED YOU RECEIVE THE CARE OF A MEDICAL PROFESSIONAL.**

**COMPLETION AND TIMELY SUBMISSION OF THIS RIDER MAY BE USED BY THE CLAIMS ADJUDICATOR ONLY TO DETERMINE THE AMOUNT OF YOUR COMPENSATORY DAMAGES AWARD.**

**NOTE: All medical information will be kept strictly confidential. It will not be disclosed to Novartis Pharmaceuticals Corporation. It will be reviewed only by a Court appointed Claims Adjudicator to make determinations regarding your monetary award.**

1. Did you receive medical treatment from a “Medical Professional” (defined as a physician or clinical psychologist) during the period July 15, 2002 to [Preliminary Approval Date, i.e. July 14, 2010] for the physical and/or emotion pain and suffering you contend was caused by the gender discrimination you allege in the accompanying Claim Form?

Yes [ ]

No [ ]

**If you answered “Yes”, please provide an explanation in Item 2, attach to this Rider the declaration described in Item 3, and sign the accompanying declaration.**

2. Provide in the lines below or as an attachment to this Rider an explanation of the medical treatment you received from a Medical Professional during the period July 15, 2002 to [Preliminary Approval Date, i.e. July 14, 2010] for physical and/or emotion pain and suffering you contend was caused by the gender discrimination you allege in the accompanying Claim Form.

*Relevant information can include the name(s) and address(es) of each Medical Professional you have seen, the number of times you sought treatment, the duration and/or time period of any treatment, any diagnosis, and whether medication or any other treatment regimen was prescribed.*

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3. If you answered “Yes” to Item 1 above, attach to this Rider a declaration executed by the Medical Professional declaring under penalties of perjury (without a notarized requirement) that during the period July 15, 2002 to [Preliminary Approval Date. i.e. July 14, 2010], he or she treated you for physical and/or emotional pain and suffering resulting from gender discrimination you experienced while working in a class-eligible job, and describing the nature of the treatment that you were provided.

**DECLARATION**

**I, \_\_\_\_\_, DECLARE UNDER PENALTIES OF PERJURY THAT THE INFORMATION AND FACTS I HAVE STATED IN THIS RIDER ARE TRUE AND CORRECT.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**You MUST complete and SIGN this Rider in order for it to be considered.**

**To be valid, the Rider must be postmarked on or before DECEMBER 12, 2010.  
Late Riders will not be considered.**

**Your Completed and Signed Rider must be mailed to:**

**Novartis Claims Administrator  
[Address]**

**RETALIATION AGAINST A PERSON FOR  
FILING A CLAIM IS ILLEGAL**



## **CLAIM FORM INSTRUCTIONS**

*Velez, et al. v. Novartis Pharmaceuticals Corp.*

**Read Carefully Before You Complete the Attached Claim Form and Rider.**

1. You do not have to submit this Claim Form to receive a monetary award for backpay from the Class Award for Backpay portion of this settlement, described in the Notice of Class Action Settlement accompanying this Claim Form. This monetary amount will be sent to you automatically.
2. To be eligible to file a claim in this case, you must be a member of the Settlement Class.
3. For purposes of monetary relief, the Settlement Class consists of all women who are currently holding, or have held, a sales-related position of Sales Representatives, Sales Consultants, Senior Sales Consultants, Executive Sales Consultants, Sales Associates, Sales Specialists, Senior Sales Specialists or District Managers I with Novartis Pharmaceuticals Corporation from the start of the class period, July 15, 2002, through [Preliminary Approval Date. i.e. July 14, 2010], excluding individuals who have entered into individual releases as part of individual agreements with Novartis up to the Preliminary Approval Date that not carve out an exception for this Civil Action.
4. To be eligible to receive a monetary award for compensatory damages from the Maximum Class Award for Compensatory Damages portion of this settlement, described in the Notice of Class Action Settlement accompanying this Claim Form (“Eligible Claimant”), you must complete and submit this Claim Form to the Claims Administrator by the above deadline.
5. To qualify as an Eligible Claimant, you must declare under penalties of perjury that you believe that during the period July 15, 2002 to [Preliminary Approval Date, i.e. July 14, 2010] you were discriminated against because of gender in seeking a promotion, in the level of pay received, and/or on account of pregnancy.
6. To qualify as an Eligible Claimant, you must declare under penalties of perjury that you believe that, during the period July 15, 2002 to [Preliminary Approval Date, i.e. July 14, 2010], you suffered physical and/or emotional pain and suffering as a result of being discriminated against on account of your gender in seeking a promotion, in the level of pay you received, or on account of pregnancy.
7. To qualify as an Eligible Claimant, you must provide a reasonably detailed explanation of the circumstances giving rise to your belief that you suffered pain and suffering as a result of being discriminated against on account of your gender in seeking a promotion, in the level of pay you received, or on account of pregnancy as well as an explanation of the nature of the pain and suffering that you believe you experienced.
8. To qualify as an Eligible Claimant, you must satisfy each of the conditions for eligibility set forth in Section Paragraph 10.13 of the Agreement.

9. Each person who wishes to make a claim must submit her own Claim Form.
10. You must answer all applicable questions and fill in all applicable blanks in Items 1 through 13 on your Claim Form to participate in the claims process. Failure to complete that portion of your Claim Form will result in your claim being denied.
11. You must sign the Claim Form. By doing so, you are declaring under penalties of perjury that the information on the form is true and correct.
12. Completion and submission of the attached Rider is not required to receive a monetary award. If you complete the Rider and you also attach the declaration described in Item 3 of the Rider, that information may be used by the Claims Adjudicator to set the amount of your compensatory award. Completion of the attached Rider will allow the Claims Adjudicator to consider whether you should receive compensatory damages in excess of the amount you would receive based on the formula detailed in the Agreement. The Claims Adjudicator may award a total compensatory damages award of no more than \$300,000.
13. If you complete the attached Rider, you must also sign the accompanying declaration. By doing so, you are declaring under penalties of perjury that the information on the Rider is true and correct. In filling out your Claim Form, please print legibly or type.
14. Your Claim Form, including the Rider, if applicable, must be completed in full and must be mailed and postmarked on or before **December 12, 2010** or **your claim will be denied.**
15. A designated representative at Novartis Pharmaceuticals Corporation (who is not part of Field Management or the Human Resources Department) will receive a copy of your Claim Form from the Claims Administrator and will be provided an opportunity to submit a written response. The representative will not reveal your identity or the fact that you are seeking compensatory damages with anyone in Field Management. In sum, the information contained in your Claims Form will be kept confidential by Novartis. In addition, the designated representative will **not** receive a copy of Rider A or any attachment thereto. This means that your claim will not result in an internal Novartis investigation regarding the substance of your claim. If you believe that you or anyone else is being subjected to **ongoing** discrimination, you must report the situation to the Novartis Business Practices Officer (“BPO”), the Employee Relations hotline, the Alertline, your Supervisor, an officer of Novartis Pharmaceuticals Corporation, or a representative of Human Resources, Ethics and Compliance or Legal for investigation and resolution. Novartis will not be able to investigate and resolve any ongoing problem unless you report it through one of these reporting methods.
16. You do not need to nor will you be allowed to submit anything other than the Claim Form, and, if you choose, the Rider and attached declaration. Submission of a Claim Form is sufficient to make a claim for the formula compensatory damage award. Submission of the Rider and attached declaration is sufficient to make a claim for additional compensatory damages. The Claims Adjudicator’s decision on whether to award compensatory damages, and the amount, if any, of compensatory damages to award is final and non-appealable.

17. If you want further information about the settlement or have questions about these instructions or about how to complete the Claim Form, please e-mail Class Counsel at [novartissettlement@swhlegal.com](mailto:novartissettlement@swhlegal.com) or call the Novartis Claims Administrator, at 1-800-[\_\_\_\_]. Do not call the Court, the Clerk of Court, or Novartis Pharmaceuticals Corporation.
18. Filing this Claim Form does not automatically guarantee that you will receive an award of monetary relief as part of the Settlement of the *Velez Action*. Your Claim Form will be subject to review and verification by the Claims Administrator and Claims Adjudicator.
19. It is your responsibility to keep the Claims Administrator advised of any change in your address. If you do not keep the Claims Administrator advised of your current address, any monetary award to which you may be found entitled could be forfeited. Any change of address should be reported along with your complete name and signature, Social Security number, and former address.
20. All communications to the Claims Administrator should be sent to:

**Novartis Claims Administrator**  
**[Address]**

21. You do not need to have an attorney to help you submit a Claim Form. However, you may contact Class Counsel at [novartissettlement@swhlegal.com](mailto:novartissettlement@swhlegal.com) for any assistance or with any questions. In addition, if you wish to consult with your own attorney other than Class Counsel, you may do so at your own expense.
22. Retaliation against a person for filing a claim is illegal and violates the Agreement. If you are a former employee, Novartis cannot and will not inform anyone whether you participate in the settlement in any way or whether you receive compensation as a part of the Settlement. If you are a current employee, Novartis cannot and will not hold against you or otherwise take into consideration whether you participate in the settlement in any way, or whether you receive compensation as a part of the Settlement. As a term of this Agreement, Novartis has limited the individuals who will administer the Settlement.
23. **Field Management will not be involved in nor have access to information about the backpay award process or the compensatory damages claims process.**
24. Claim Forms will be used only to administer the Settlement, and will not be admissible in a court or other legal proceeding for any other purpose.