

CLAIM FORM

If you returned to Griffin Hospital to undergo a free blood test, as offered by Griffin Hospital in its letter dated on or about May 16, 2014, you do not need to and should not fill out and return this Claim Form. If you underwent a blood test in response to receiving a letter on or about May 16, 2014 but did so at a location other than Griffin Hospital, please submit this Claim Form and include a copy of your blood test results or explain why you were unable to receive a copy of your results in the appropriate section below. If you are submitting this Claim Form on behalf of someone else because the person who received a letter on or about May 16, 2014 from Griffin Hospital is deceased or incapacitated, please fill in relevant sections and provide a copy of the relevant document evidencing your legal authority to act on behalf of the individual listed.

This Claim Form must be signed in front a Notary Public, Commissioner of the Superior Court or other competent authority to administer oaths. You may be able to find a Notary Public at your bank, city or town office building, or by contacting Class Counsel at 203-325-4491. By signing this Claim Form you are doing so under penalty of perjury and you subject yourself to the jurisdiction of the Connecticut Superior Court, the Complex Litigation Docket of Waterbury, relating to any misrepresentations made herein.

AFFIDAVIT IN SUPPORT OF CLAIM FORM

I, the undersigned, of lawful age and sound mind, being duly sworn, hereby swear, affirm and attest, under oath and penalty of perjury, as follows,

1. My legal name is _____;
2. My mailing address is _____;
3. [If you are submitting this Claim Form on behalf of someone other than yourself, please complete this Section. If you are submitting this Claim Form on your own behalf, please skip to No. 4]

I am submitting this Claim Form on behalf of _____ [insert name of individual or estate on whose behalf this Claim Form is being submitted], and I am legally authorized to act on behalf of the aforementioned individual or their estate. Attached is a copy of a legal document evidencing my legal authority to act on behalf of the aforementioned individual or their estate [attach copy of such document to this Claim Form];

4. I [or the aforementioned individual] received a notice from Griffin Hospital dated on or about May 16, 2014, informing me [them] that multi-dose insulin pens may have been misused at Griffin Hospital;
5. As a result of receiving the aforementioned notice from Griffin Hospital, I [they] had a blood test for the Hepatitis B virus (HBV), Hepatitis C virus (HCV) and/or human immunodeficiency virus (HIV);
6. The blood test that I [they] obtained was done within six (6) months of the letter that I [they] received from Griffin Hospital;
7. Attached is a copy of the results of the blood test that I [they] had in response to receiving the letter [if attaching blood test results skip No. 8]. I agree and consent to the Settlement Administrator for this class action settlement receiving, reviewing and retaining a copy of these blood test results for the purpose of administering this class action settlement;

8. [If you were unable to receive the aforementioned blood test results, please complete this Section]

I was unable to obtain a copy of the results from the aforementioned blood test(s) but I made reasonable efforts to obtain the results:

[Provide brief explanation of efforts made to obtain results and reason why you were not able to obtain a copy of the results]: _____

_____.

9. Under penalty of perjury, I hereby declare and affirm that the above-mentioned information is, to the best of my knowledge and ability, true and accurate.

Affiant's Signature: _____

Name:

Date:

State of _____

County of _____

On _____, 2023, before me, _____, personally appeared _____, who makes this statement and Affidavit upon oath and affirmation of belief and personal knowledge that the foregoing matters, facts and things set forth are true and correct to the best of his/her knowledge:

SWORN to and subscribed before me, this ___ day of _____, 2023.

NOTARY PUBLIC /
COMMISSIONER OF THE
SUPERIOR COURT

My Commission Expires: _____.