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Your claim must be  
submitted online or  
postmarked by:  
March 19, 2025

**NON-SENSITIVE SUBCLASS MEMBER CLAIM FORM**

*Reedy, et al. v. Everlywell, Inc.*

Case No. 1:24-CV-02713

United States District Court, Northern District of Illinois

EVERLYWELL-C

**GENERAL INSTRUCTIONS**

If you received a Non-Sensitive Subclass Member Class Notice, the Settlement Administrator identified you as one of the 1,340,000 natural Persons who used the websites, [www.everlywell.com](http://www.everlywell.com) or [www.natalist.com](http://www.natalist.com), to purchase “non-sensitive” test kits and other products not included within the allegedly “sensitive” tests (e.g., tests for sexually transmitted infections). As such, you may submit a claim for Settlement benefits, as outlined below. Please refer to the Long-Form Notice posted on the Settlement Website, [www.EWLabTestSettlement.com](http://www.EWLabTestSettlement.com), for more information on submitting a Claim Form.

**To receive a payment from this Settlement, you MUST submit the Claim Form below, which can also be done electronically at [www.EWLabTestSettlement.com](http://www.EWLabTestSettlement.com) by March 19, 2025.**

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, by U.S. mail to:

*Settlement Administrator – Case #83136*  
c/o Kroll Settlement Administration LLC  
PO Box 225391  
New York, NY 10150-5391

**As a Non-Sensitive Subclass Member, you may submit a claim for the benefit below:**

Non-Sensitive Test Subclass Members may submit a claim for a pro rata cash payment, which may increase or decrease depending on the amount left in the Non-Sensitive Test Settlement Fund and the number of valid claims submitted.

These payments shall be paid from the \$2,360,000 non-reversionary Non-Sensitive Test Settlement Fund after the deduction of (i) 47.2% of the Notice and Settlement Administration Costs (defined below) incurred in the administration of both the Non-Sensitive Test and Sensitive Test Fund, (ii) 47.2% of any attorneys’ fees and costs and Litigation Expenses incurred by Class Counsel, as approved by the Court.

Questions? Go to [www.EWLabTestSettlement.com](http://www.EWLabTestSettlement.com) or call (833) 627-2514

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**I. PAYMENT SELECTION**

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If you would like to elect to receive your pro rata cash payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

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**II. PHI SUBCLASS MEMBER NAME AND CONTACT INFORMATION**

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Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

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**First Name**

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**Last Name**

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**Address 1**

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**Address 2**

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**City**

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**State**

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**Zip Code**

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**Email Address (optional):** \_\_\_\_\_ @ \_\_\_\_\_

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**Telephone Number:** ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_

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**III. PROOF OF INCIDENT NON-SENSITIVE TEST SUBCLASS MEMBERSHIP**

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Check this box to certify that you are a natural person who used the websites [www.everlywell.com](http://www.everlywell.com) or [www.natalist.com](http://www.natalist.com) to purchase “non-sensitive” test kits and other products not included within the allegedly “sensitive” tests (e.g., tests for sexually transmitted infections).

Enter the Class Member ID number provided on your Postcard Notice:

**Class Member ID : 8 3 1 3 6** \_\_\_\_\_

Questions? Go to [www.EWLabTestSettlement.com](http://www.EWLabTestSettlement.com) or call (833) 627-2514

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**IV. PRO RATA CASH PAYMENT**

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Yes, I choose a *pro rata* cash payment, after the deduction of (i) 47.2% of the Notice and Settlement Administration Costs incurred in the administration of the Non-Sensitive Test Fund, (ii) 47.2% of any attorneys' fees and costs and Litigation Expenses and Service Awards approved by the Court; and (iii) all valid claims for Settlement benefits.

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**V. ATTESTATION & SIGNATURE**

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I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

Questions? Go to [www.EWLabTestSettlement.com](http://www.EWLabTestSettlement.com) or call (833) 627-2514