83136000000000

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

SENSITIVE TEST 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 Sensitive Subclass Member Class Notice, the Settlement Administrator identified you as a Sensitive Test Subclass Member who used the websites www.everlywell.com or www.natalist.com to purchase allegedly "sensitive" test kits and other products, such as tests for sexually transmitted infections. 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, 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 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 Sensitive Test Subclass Member, you may submit a claim for the benefit below:

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 Sensitive Test Settlement Fund and the number of valid claims submitted.

These payments shall be paid from the \$2,640,000 non-reversionary Sensitive Test Settlement Fund after the deduction of (i) 52.8% of the Notice and Settlement Administration Costs incurred in the administration of both the Sensitive Test and Non-Sensitive Test Fund, (ii) 52.8% of any attorneys' fees and costs and Litigation Expenses incurred by Class Counsel, as approved by the Court.

Questions? Go to www.EWLabTestSettlement.com or call (833) 627-2514

8313600000000

8313600000000

I. PAYMENT SELECTION

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.

electronic payment option.			
II. SENSITIVE TEST SUBCLASS ME	EMBER NAME AND CO	NTACT INFORMA	ΓΙΟΝ
Provide your name and contact information le changes after you submit this Claim Form.	below. You must notify the S	Settlement Administrato	or if your contact information
First Name	Last Name		
Address 1			
Address 2			
City		State	Zip Code
Email Address (optional):		@	
Telephone Number: ()			
III. PROOF OF INCIDENT SENSITIV	VE TEST SUBCLASS M	EMBERSHIP	
Check this box to certify that ywww.natalist.com to purchase all transmitted infections.	•		•
Enter the Class Member ID number provide	ed on your Postcard Notice:		
Class Member ID : 8 3 1 3 6			

Questions? Go to www.EWLabTestSettlement.com or call (833) 627-2514

8313600000000

8313600000000

IV. PRO RATA CASH PAYMENT	
Costs incurred in the administration of both the Sensiti	duction of (i) 52.8% of the Notice and Settlement Administration ive and Non-Sensitive Test Settlement Funds, (ii) 52.8% of any Counsel, and service awards, as approved by the Court; and (iii)
V. ATTESTATION & SIGNATURE I swear and affirm under the laws the United States that the to the best of my recollection, and that this form was executed the states of the	e information I have supplied in this Claim Form is true and correct uted on the date set forth below.
Signature	/
Print Name	