

# **Exhibit A**

**Claim Form**

***Lowe v. CVS Pharmacy, Inc., No. 1:14-cv-03687 (N.D. Ill.)***

(This claim form should only be used if a claim is being mailed in and is not being filed online at [www.XXXXXXXXXXXXXXXXXX.com](http://www.XXXXXXXXXXXXXXXXXX.com). If you received a notice through the mail, you do not need to file a claim because a check will automatically be mailed to you.)

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**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Current E-mail (if available): \_\_\_\_\_

**APPLICABLE PHONE NUMBER**

Phone Number to Which You Received a Call: \_\_\_\_\_

(Your phone number must be listed in our records as one of the phone numbers that was called as part of MinuteClinic's 2013 flu shot reminder campaign and included as part of the Settlement. If you were called on more than one phone number, or are not certain which of your phone numbers was called, you may submit each of them separately.)

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**CERTIFICATION**

By signing below, I certify that I was the subscriber or user of the above phone number when CVS made at least one unattended message call to it in 2013 that offered MinuteClinic flu shots and a CVS Pharmacy retail coupon, and that at the time, either: (1) the telephone number was assigned to a cellular telephone service, or (2) I was an Illinois resident.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

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Please submit your completed claim form, postmarked no later than [date] to:  
MinuteClinic TCPA Settlement, c/o [Claims Administrator], P.O. Box XXXXX, [City, State ZIP]