

CLAIM FORM

**Grivas v. Metagenics, Inc., Case no. 15-cv-01838-CJC-DFM
United States District Court for the Central District of California**

If you wish to file a claim to receive monetary compensation as described in the Stipulation of Settlement, you must submit this Claim Form to the Settlement Administrator, ILYM Group, Inc. The Claim Form must be completed, signed, and received by ILYM Group, Inc. if filled out and submitted online or e-mailed, by April 26, 2019, or if returned by mail, it must be postmarked by April 26, 2019 for it to be considered timely.

To qualify for monetary compensation, you must attest, under penalty of perjury, to the fact that between November 9, 2011 and the present (“Class Period”) you purchased one or more of the following Metagenics products labelled as “Medical Food:” UltraMeal Plus, UltraMeal Plus 360, UltraglycemX, and Ultra Clear (“Products”) for personal use, and not for the purpose of resale. Additionally, you must not be an officer, director, or employee of Metagenics. You must further attest, under penalty of perjury, to how many Products you purchased during the Class Period. Participating Class Members will be allowed to attest to purchasing up to 5 units or Products *without* providing proof of purchase. Any Participating Class Member claiming to have purchased more than 5 units or Products must provide proof of purchase in the form of a legible receipt or equivalent document(s). **ONLY ONE CLAIM MAY BE MADE PER HOUSEHOLD.**

Claim Forms must be submitted to:

Metagenics Medical Foods Class Action
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781
Email: claims@ilymgroupclassaction.com
Online: www.medicalfoodsettlement.com

Claimant Information: (PLEASE PRINT LEGIBLY)

First Name : _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of Products purchased during the Class Period: _____

Any Participating Class Member claiming to have purchased more than 5 units or Products must provide proof of purchase in the form of a legible receipt or equivalent document(s)

Please read the statement below. You must sign and date the Claim Form acknowledging that you have reviewed and agree with the statement.

I attest under penalty of perjury that between November 9, 2011 and the present, I purchased one or more of the following Metagenics products labelled as “Medical Food:” UltraMeal Plus, UltraMeal Plus 360, UltraglycemX, and Ultra Clear for personal use, and not for the purpose of resale, and am not an officer, director, or employee of Metagenics.

Signature: _____ Dated: _____

If you have questions about this Claim Form visit www.medicalfoodsettlement.com **OR** e-mail the Settlement Administrator at: claims@ilymgroupclassaction.com **OR** write to the Settlement Administrator at:

Metagenics Medical Foods Class Action
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781