

**Your Claim Form Must Be Postmarked On
or Before 9/27/2024**

Kandel v. Dr. Dennis Gross Skincare, LLC
U.S. District Court for the Southern District of New York, Case No. 21-cv-01967-ER

Claim Form

SAVE TIME AND SELECT YOUR PREFERRED PAYMENT METHOD
- Submit online at www.Cpluscollagenlawsuit.com

GENERAL CLAIM FORM INFORMATION

If you purchased any of Dr. Dennis Gross Skincare, LLC's "C+Collagen" Products (the "Class Products") in the United States, for personal or household use and not for resale or distribution between March 10, 2016, and June 28, 2024 (collectively referred to as the "Settlement Class"), you may be eligible to participate in the benefits of the proposed settlement in ***Kandel v. Dr. Dennis Gross Skincare, LLC***. To participate, you must fill this claim form out completely and either (i) mail it to the address given below, or (ii) submit it online through the Settlement website below. This Claim form must be postmarked or electronically **filed no later than September 27, 2024**. If you provide incomplete or inaccurate information, your claim may be denied.

Please read the full notice of this settlement (available at) carefully before filling out this Form.

To be eligible to receive any benefits from the settlement obtained in this class action lawsuit, you must complete or submit your claim form online or by mail:

ONLINE: Visit www.Cpluscollagenlawsuit.com and submit your claim online; or

MAIL: DDG C Plus Collagen Settlement Administrator, P.O. Box 3553, Baton Rouge, LA 70821

Keep a copy of your completed Claim Form for your records. Any documents you submit with your Claim Form cannot be returned. If your claim is rejected for any reason, the Settlement Administrator will notify you of the rejection and the reasons for such rejection.

Part A: Claimant Information

First Name

Middle Initial

Last Name

Suffix

Mailing Address: Street Address/ P.O. Box (include Apartment/Suite/Floor Number)

City

State

Zip Code

Email Address

_____-_____-_____
Contact Phone Number

Claim Form

Part B: Purchase Information

To be eligible for a payment you must not have previously received a refund for your purchase of the Class Product.

To qualify for cash, you must have purchased one or more Class Products.

- a. If you provide a receipt or other proof of purchase for the Class Products, you will receive a cash refund of Fifty Dollars (\$50) per Class Product purchased with a cap of ten (10) Class Products.
- b. If you do not provide a receipt or other proof of purchase for the Class Products, but complete this Claim Form under penalty of perjury, you will receive a cash refund of Fifty Dollars (\$50) per Class Product purchased with a cap of two (2) Class Products.
- c. If the amount in the Net Settlement (net of costs of notice and settlement administration, Settlement Class Counsel's attorneys' fees and litigation expenses and the service awards for Plaintiffs), is either less or more than the amount of the total cash claims submitted by Claimants, the claims of each Claimant will be decreased or increased, respectively, *pro rata*, to ensure the Settlement Fund is exhausted, with no reversion from the Settlement Fund to Defendant. *Pro rata* upward adjustment of cash claims shall be capped at one hundred dollars (\$100) per Class Product. Any amounts remaining in the Net Settlement Fund after checks are issued and cashed or expired shall be disbursed *cy pres*.

Please fill out the chart below identifying the purchase transaction(s) for which you are making a claim:

Total Number of Class Products

Write the **total number** of Class Products you purchased in the United States between March 10, 2016 and June 28, 2024 in the chart below:

Products Purchased	Check all that apply	Quantity of Products	Approximate Date of Purchase (Month and Year)
C+Collagen Serum	<input type="checkbox"/>		
C+Collagen Eye Cream	<input type="checkbox"/>		
C+Collagen Mist	<input type="checkbox"/>		
C+Collagen Deep Cream	<input type="checkbox"/>		
C+Collagen Mask	<input type="checkbox"/>		

Please choose one of the following:

- (a) Check here if you are uploading or mailing Proof of Purchase documentation with this claim form:
If you are submitting this Claim Form by mail, please mail a copy of your receipt(s) memorializing the purchase of the Class Products along with this Claim Form to DDG C Plus Collagen Settlement Administrator, P.O. Box 3553, Baton Rouge, LA 70821.
- (b) Check here if you are making a claim without a Proof of Purchase (limit of two claims without proof of purchase).

***Failure to include Proof of Purchase for claims for which a Proof of Purchase is required will result in the reduction of your claims.**

***Submission of false or fraudulent information will result in the claim being rejected in its entirety.**

Part C: Attestation Under Penalty of Perjury

I declare under penalty of perjury under the laws of the United States of America that I purchased the products listed between March 10, 2016 and June 28, 2024 that all of the information on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review and that I may be required to provide additional information to establish that my claim is valid. I also understand that by submitting this claim, I am releasing all Released Claims, as detailed in the Notice of the Proposed Class Action Settlement.

Signature: _____

Date: _____ / _____ / _____

Claim Form

REMINDER CHECKLIST

Before submitting this Claim Form, please make sure you:

1. Complete all fields in the Claimant Information section of this Claim Form in Part A.
 2. Complete Part B, indicating the number of Class Products you purchased and enclosing your receipt(s).
 3. Sign the Attestation under penalty of perjury in Part C. You must sign the Attestation to be eligible to receive benefits.
 4. Keep a copy of your Claim Form and supporting documentation for your records.
 5. If you desire an acknowledgment of receipt of your Claim Form, please complete the online Claim Form or mail this Claim Form via Certified Mail, Return Receipt Requested.
 6. If you move or your name changes, please email your new address, new name or contact information to info@cpluscollagenlawsuit.com.
- Keep a copy of your Claim Form for your records.**