

## CLASS ACTION CLAIM FORM AND INSTRUCTIONS

POSSIBLE HEPATITIS A EXPOSURE ALLEGED TO ORIGINATE AT THE NEW HAWAII SEA RESTAURANT LOCATED AT 1475 WILLIAMSBRIDGE ROAD, BRONX, NEW YORK, FROM SEPTEMBER 7, 2013 TO SEPTEMBER 19, 2013, AND AS REFERENCED IN *TESHIEDA A. WILLIAMS* vs. *WILLIAMSBRIDGE RESTAURANT INC. d/b/a NEW HAWAII SEA RESTAURANT*, CASE NUMBER 24232/2013E (SUPREME COURT OF NEW YORK, COUNTY OF BRONX).

This Claim Form is for all persons who (1) consumed food or drink between September 7, 2013 and September 19, 2013 (the “Class Period”) at a restaurant owned by Defendant Williamsbridge Restaurant, Inc. d/b/a the New Hawaii Sea Restaurant, located at 1475 Williamsbridge Road in the Bronx, NY (the “Restaurant”), or were exposed to someone who had done so, and (2) subsequently obtained a blood test and immune globulin (“IG”) or Hepatitis A virus (“HAV”) vaccination shot within thirty days after eating at the Restaurant. Excluded are persons who developed HAV infections after consuming food or drink at the Restaurant during the Class Period.

**IMPORTANT** – to be valid, this Claim Form **MUST** be mailed so that it is received by the Claims Administrator on or before **DECEMBER 16, 2016**.

**Please read all of the following instructions carefully before filling out your Claim Form.**

1. Please review the Notice of Settlement (the “Notice”). If you do not have the Notice, you may obtain a copy at [www.NewHawaiiHepA.com](http://www.NewHawaiiHepA.com), by calling **1-800-742-3845**, or by writing to the Claims Administrator, **THE NOTICE COMPANY**, at the mailing address below.
2. Complete and sign the Claim Form.
3. Fill out a SEPARATE claim form for EACH person who obtained an IG shot or Hepatitis A vaccination. The parent or guardian of a minor child who obtained a shot should fill out a separate claim form on behalf of each minor child.
4. You must submit your Claim Form by mail to:

**THE NOTICE COMPANY  
NEW HAWAII HEPATITIS CLASS ACTION  
PO BOX 778  
HINGHAM, MA 02043**

5. If you desire an acknowledgement of receipt of your Claim Form, send it by Certified Mail, Return Receipt Requested. However, you are not required to send your Claim Form by Certified Mail.
6. Once your Claim Form is received, the Settlement Administrator will review the Claim Form for compliance.
7. Keep a copy of your completed Claim Form for your records. If your claim is rejected, the Settlement Administrator will notify you by U.S. Mail or e-mail of the rejection and the reasons for such rejection.

**CLASS ACTION CLAIM FORM, CLAIMANT INFORMATION**

\_\_\_\_\_  
Claimant Name

\_\_\_\_\_  
Social Security No. (Last 4 digits only)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-mail address (if available)

\_\_\_\_\_  
Phone

**TREATMENT INFORMATION**

Name of Hospital, Health Department, or Private Medical Facility Where Shot Was Obtained:  
\_\_\_\_\_

Address of Facility Identified Above (Street, City, State, and Zip Code):  
\_\_\_\_\_

I understand that in order to qualify for payment under this Settlement, I must sign and date the following certification under penalty of perjury. I certify under penalty of perjury that during the period between September 7, 2013, and September 19, 2013, I consumed food or drink at the New Hawaii Sea Restaurant, or was exposed to other persons who had done so, and that I obtained an IG shot or Hepatitis-A vaccination at the health care facility identified above on \_\_\_\_\_, 2013, and that I am a member of the settlement class.

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Date**

**Check the box if you are signing as the parent or guardian of the claimant.**

**THIS FORM WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS PROVIDED, SIGNED BY THE CLAIMANT (OR CLAIMANT'S PARENT OR GUARDIAN IF APPLICABLE) AND RETURNED SO THAT IT IS RECEIVED NO LATER THAN DECEMBER 16, 2016 TO THE ADDRESS BELOW:**

**THE NOTICE COMPANY  
NEW HAWAII HEPATITIS CLASS ACTION  
PO BOX 778  
HINGHAM, MA 02043**