

Thompson v. 1-800 Contacts, Inc., Vision Direct, Inc., Walgreens Boots Alliance, Inc., Walgreen Co., Arlington Contact Lens Service, Inc., National Vision, Inc., Luxottica of America, Inc. (f/k/a Luxottica Retail North America, Inc.), No. 2:16-cv-01183 (D. Utah)
www.onlinecontactlenssettlement.com

CLAIM FORM

You must complete this Claim Form to be considered to receive a payment from the Settlements in *Thompson v. 1-800 Contacts, Inc., Vision Direct, Inc., Walgreens Boots Alliance, Inc., Walgreen Co., Arlington Contact Lens Service, Inc., National Vision, Inc., Luxottica of America, Inc. (f/k/a Luxottica Retail North America, Inc.)*, No. 2:16-cv-01183 (D. Utah). Your claim must be submitted by **December 4, 2020**.

Section 1: Class Member Information

Name (First and Last): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone Number: (_____) _____ - _____

Email Address: _____

Section 2: Purchase Information

Defendant Company Name(s):	Relevant Period:	Total Dollar Amount Of Contact Lenses Purchased Online During The Relevant Period:
National Vision, Inc. and Arlington Contact Lens Service, Inc.	March 10, 2010 to September 19, 2017	
Luxottica of America Inc., a/k/a LensCrafters, Target Optical and Contacts Direct	December 23, 2013 to July 5, 2019	
Vision Direct, Inc., Walgreens Boots Alliance, Inc., and Walgreen Co.	January 1, 2004 to September 12, 2019	
1-800 Contacts, Inc.	January 1, 2004 to September 12, 2019	

The Total Dollar Amount of Contact Lens Purchased represents the total amount paid for the contact lens purchased online (i.e., through defendants’ website(s) or mobile application), including shipping, handling, and taxes.

At the time of disbursement, you will receive an email at the email address provided above with instructions about how to obtain your settlement payment electronically via Paypal, Venmo or ACH/Direct Deposit. If you prefer a paper check instead, you must contact the Settlement Administrator by calling toll-free at 1-888-506-0436.

Certification

By signing and submitting this Claim Form, I certify and affirm under penalty of perjury under the laws of the United States of America, that: (i) I have personal knowledge of all of the information I provided in this Claim Form and that such information is true and correct to the best of my knowledge; (ii) I am a member of a Settlement Class and did not request to be excluded from the Settlement Classes; (iii) I submit to the jurisdiction of the United States District Court for the District of Utah with respect to this claim; and (iv) I agree to furnish additional information and/or documentation regarding this claim that the Settlement Administrator, Co-Lead Class Counsel, or the Court may require.

Signature: _____ **Date:** _____

Print Name: _____

Completed Claim Forms can be submitted via the Settlement Website, www.OnlineContactLensSettlement.com by **December 4, 2020**, or mailed to the Settlement Administrator at the address below, by **December 4, 2020**:

Thompson v. 1-800 Contacts, Inc.
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606