

MIRALEX SETTLEMENT CLAIM FORM

NAME OF CLAIMANT _____

NAME OF PARENT OR GUARDIAN
(IF CLAIM IS BEING COMPLETED
ON BEHALF OF A MINOR OR
PERSON UNDER DISABILITY) _____

ADDRESS
(If you change your address, please advise the Claims Administrator in writing) _____

PHONE NUMBER BUSINESS _____
HOME _____

EMAIL ADDRESS _____

PART I: POINT ALLOCATION

Note: Unless your answer to either question 1 or 2 is four ounces or more, you are not eligible for any benefits. The number of ounces claimed may be subject to audit confirmation from the sales records available from Miralex, and adjusted as required by the Claims Administrator.

Miralex was sold in ½ ounce and 4 ounce jars.

Amount of Cream Applied

1. Total number of ounces of Miralex Cream applied to your body that were purchased **after** January 1, 1999 (attach receipts or other proof of purchase if available) _____
2. Total number of ounces of Miralex Cream applied to your body that were purchased **before** January 1, 1999 (attach receipts or other proof of purchase if available) _____

Note: Unless your answer to question 1 above is four ounces or more, you will not receive any additional points under this Part, and you need not complete the balance of this Part.

Age

3. The claimant was under 3 years old when they applied the Miralex Cream (mark X if correct) _____
4. I was over 60 years old when I applied the Miralex Cream (mark X if correct) _____

Side Effects

5. I suffered skin thinning as a result of Miralex (mark X if correct) _____
6. I suffered stretch marks as a result of Miralex (mark X if correct) _____
7. I suffered easy bruising as a result of Miralex (mark X if correct) _____
8. I suffered persistent acne or redness as a result of Miralex (mark X if correct) _____

9. I suffered a flare up of my condition as a result of Miralex (mark X if correct) _____
- 9(a) If you suffered a flare up, how many months (insert 1-12) did the flare up last?
(round up to the nearest month, to a maximum of 12) _____

PART II: MEDICAL DOCTOR'S STATEMENT

Note: Unless your answer to question 1 above is four ounces or more, you will not receive any additional points for securing a statement from your doctor, and you need not have this section completed.

However, if your answer to question 1 is four ounces or more, your point score for the side effects described in questions 5-9 will be doubled if your medical doctor is able to verify your claim by completing this section. Completion of this part is optional.

I have reviewed the claimant's answers to Part I. I observed the side effects claimed in Part I. To the best of my knowledge, the duration of any flare-up is accurately stated.

I agree that, assuming the Miralex Cream contained clobetasol propionate, the use of Miralex cream likely contributed to the onset of these side effects.

Signature of Medical Doctor: _____

Name of Medical Doctor: _____

Address of Medical Doctor: _____

Phone Number of Medical Doctor: _____

PART III: ELIGIBILITY STATEMENT

YOU ARE NOT ELIGIBLE TO RECEIVE ANY COMPENSATION UNLESS YOU ARE ABLE TO SWEAR TO THE FOLLOWING STATEMENT BEFORE A LAWYER OR NOTARY PUBLIC.

THIS PORTION OF THE FORM MUST BE COMPLETED BEFORE A LAWYER OR NOTARY PUBLIC.

I solemnly declare that:

- 1. I applied 4 ounces or more of Miralex Cream to my body.
- 2. I suffered a worsening of my skin condition during or following my use of Miralex Cream which:
 - a. was not solely attributable to some other cause; and
 - b. which was in excess of that which I would normally expect given the prior course of my skin condition.
- 3. My answers to Part I are true and correct,

and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Declared before me at _____, this _____ day of _____, 2002.

Signature of Claimant

Commissioner for taking affidavits

Once the form is completed and sworn before a lawyer or notary public, send it to:

Miralex Settlement Program
Arthur Andersen LLP
Suite 2000, 401 West Georgia Street,
Vancouver, B.C.
Attn: Jerry Zuk

In order to be eligible for payment, your form must reach this address by August 30, 2002.

GUIDE TO COMPLETION OF THE MIRALEX CLAIM FORM

PART I. POINT ALLOCATION

Question 1

This question relates to the amount of cream applied that was purchased after January 1, 1999. Claimants will receive 1 point for every four ounces applied, rounded down to the nearest multiple of 4.

For example, someone who applied 4 ounces will receive one point, someone who applied 5, 6 or 7 ounces will receive 1 point, and someone who applied 8 ounces will receive 2 points. The maximum number of points possible is 12.

Please note that the number of units claimed may be subject to audit from Miralex's own sales records. The Claims Administrator's determination of the number of ounces used is final. Therefore it is important that you attach receipts or other records proving how much you purchased if possible.

Question 2

Claimants will receive 1 point if they applied more than 4 ounces of Miralex Cream purchased before January 1, 1999.

If you only applied Miralex Cream purchased before January 1, 1999, the maximum number of points you will be allocated in total is 1.

Question 3

Claimants who were less than 3 years old will receive 1 additional point given their increased propensity to suffer side effects, and the fact that steroids should generally not be prescribed to this age group.

Question 4

Claimants who were older than 60 years old will receive 1 additional point given their increased propensity to suffer side effects, and the fact that steroids should generally not be prescribed to this age group.

Question 5

Skin thinning is sometimes referred to as "skin atrophy". The skin may feel thinner. Blood vessels may become visible. The skin may be tender and not heal as well. Each person able to mark an "X" to this question confirming that they suffered this side effect will receive 1 point.

Question 6

Stretch marks are sometimes referred to as "striae". Each person able to mark an "X" to this question confirming that they suffered this side effect will receive 1 point.

Question 7

Easy bruising is sometimes referred to as "purpura". This is an increased tendency to bruise from no trauma or minor trauma. Each person able to mark an "X" to this question confirming that they suffered this side effect will receive 1 point.

Question 8

This question asks about new persistent acne or redness beyond the claimant's usual condition that resulted from the use of Miralex. The redness is sometimes referred to as rosacea. Each person able to mark an "X" to this question confirming that they suffered this side effect will receive 1 point.

Question 9

Users of steroid creams may have a "flare up" of their condition beyond that which class members suffered previously. "Flare" is increased symptoms arising following the use of the Miralex, such as increased redness, burning or itching greater than they had before using Miralex, or in new locations than previously.

If the claimant suffered a flare up, they should mark an X to question 9, and then insert in answer to question 9(a) the number of months their condition remained worse than it had been before they started using Miralex, rounded up to the nearest month. For example, if the flare only lasted 2 weeks, the claimant should put in 1 month. If the flare lasted 5.5 months, the claimant should put in 6 months. The maximum number of months that can be claimed is 12.

The number of points will be determined by dividing the number of months in half. The points will be rounded up to the nearest point. For example, if a person answers 1 month, they will receive 1 point (1/2 point is rounded up to 1 point). If a person answers 12 months, they will receive 6 points. You do not need to do this calculation however. You just need to put in the number of months the flare-up lasted.

PART II: MEDICAL DOCTOR'S STATEMENT

If you answered 4 ounces or more to Question 1, and suffered a side effect set out in Questions 5-9, you are eligible to have your side effect point score doubled for these questions if you obtain a medical doctor's statement verifying the side effect. Completion of this Part is optional.

PART III: ELIGIBILITY STATEMENT

Once you have completed Parts I and II, it is necessary to complete Part III in order to be eligible for payment.

In Part III, the person swear that their statements are true. It is an offence to swear a false statement.

The form must be sworn in front of a lawyer or a notary public. If the person can attend at the offices of the class lawyers Hanson Wirsig Matheos, 302 - 15225 104 Ave, Surrey B.C. V3R 6Y8, Phone 604-583-2000, or Branch MacMaster, 1210-777 Hornby Street, Vancouver B.C., V6E 3G2, Phone 604-654-2966, the class lawyers will swear the document for free. Otherwise, it is possible that you will be charged a fee for this service. This fee is not recoverable from the settlement.

COMMONLY ASKED QUESTIONS

To whom should I send the completed form?

Once the form is completed and sworn before a lawyer or notary public, send it to:

Miralex Settlement Program
Arthur Andersen LLP
Suite 2000, 401 West Georgia Street,
Vancouver, B.C.
Attn: Jerry Zuk

In order to be eligible for payment, your form must reach this address by **August 30, 2002**.

When will I receive my cheque?

You will only receive a cheque if you have properly completed the form and are determined to be eligible for payment by the Claims Administrator. The Claims Administrator's determination of your eligibility and point score are final. The Claims Administrator will begin distributing cheques some time after September 1, 2002.

How much will I receive?

The funds available for distribution will be divided on a "per point" basis. The amount available per point will depend on the number and type of claims made.

If you have any other questions, please contact Nancy Boyles at:

Hanson Wirsig Matheos
302 - 15225 104 Ave
Surrey B.C. V3R 6Y8
Phone 604-583-2000
email: hwm.injurylaw@telus.net