

2024

**PAXIL[®] AND PAXIL CR[™]
NATIONAL CLASS ACTION
SETTLEMENT**

CLAIM FORM INSTRUCTIONS MANUAL

PAXIL® AND PAXIL CR™ NATIONAL CLASS ACTION SETTLEMENT

Claims Bar Deadline is **Tuesday, January 14, 2025.**

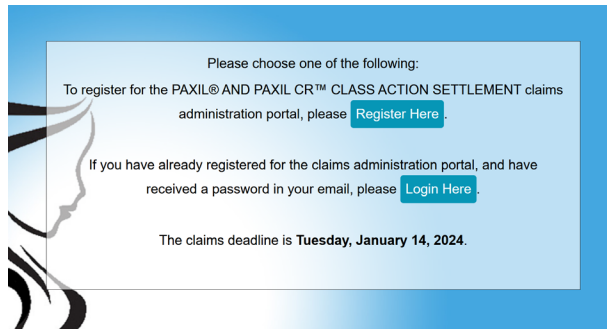
CLAIM FORM INSTRUCTIONS

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HOW TO REGISTER FOR THE PORTAL

- A. Visit <https://portal.paxilbirthdefectsclassaction.ca>.
- B. Click on REGISTER HERE (see below for image);



- C. Complete the Required Fields;

Register

The claims deadline is Tuesday, January 14, 2024.

*** - Required Fields**

Email Address *

Repeat Your Email Address *

Preferred Language ▼

Are you registering for yourself or on behalf of an Eligible Claimant?

▼

Note:

- "Claimant Mother" means the mother of a child who was diagnosed with one or more congenital malformations after being prescribed Paxil® or Paxil CR™ and I used either drug during the pregnancy.
- "Claimant Child" means the child born with one or more congenital malformations to a mother who was prescribed Paxil® or Paxil CR™ for use in pregnancy, and use Paxil® or Paxil CR(tm) during the pregnancy.

Your Information

First Name *

Middle Name

Last Name *

Mobile Phone

Home Phone

Street Number *

Street Name *

Street Suffix (Ave, Rd, St, etc.) *

Street Direction ▼

Unit Number (Unit 101, Suite 1B, etc.)

PO Box

City *

Country ▼ *

Province ▼ *

Postal Code *

- D. Once all required fields are complete, click REGISTER at the bottom of the page;
- E. Immediately after registering, you will be sent an email containing a temporary individual password. Please check your junk/spam folder if you do not receive the email containing a temporary individual password in your inbox. If you still do not see the welcome email in your inbox or junk/spam folder after 1 hour, please click on the FORGOT YOUR PASSWORD button on the login screen. (see below for image)

No account yet? [Register Here](#)

Email

Password

[Login](#)

Forgot your password? [Click Here](#)

WHAT TO EXPECT WHEN YOU LOGIN THE FIRST TIME

The portal is set up to be very easy to follow, with automatic steps. Each time you complete one step, the next step will automatically load. You can see which step you're on, by viewing the progress bar at the top.



- A green circle indicates the step you're currently on.
- A circle with a check mark indicates a completed step.
- A grey circle indicates a step still required to complete.

If you log out of the portal, or if you lose connection with the portal (due to power outage, Internet connection fails, etc.) when you log back into the portal you will automatically be placed at the last step

you left off at. If you have completed all required steps, you will be greeted with the Claim Form landing page.

STEP ONE
UPDATE YOUR PASSWORD

After logging into the portal for the first time, you will be prompted to update your password. You will see a very similar page anytime you select FORGOT YOUR PASSWORD on the login page.



Update Your Password

Please set your preferred password.

New Password:

Type your New Password again:

Preferred password should be at least 10 characters long and contain at least one uppercase letter, number and punctuation/symbol.

STEP TWO
User Profile

After updating your password, you will be prompted to confirm your contact information.

Please verify that you have entered your name and address correctly, as mistakes made could impact a Distribution arriving to you on time, should your Claim Form be deemed Qualified.

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Please confirm and/or update your profile information. This information will be used to deliver your share of the settlement funds.

User Profile

* - Required Fields

Email Address

Your Information

Preferred Language

Are you registering for yourself or on behalf of an Eligible Claimant?

Note:

- * "Claimant Mother" means the mother of a child who was diagnosed with one or more congenital malformations after being prescribed PaxiB or Paxil CR™ and I used either drug during the pregnancy.
- * "Claimant Child" means the child born with one or more congenital malformations to a mother who was prescribed PaxiB or Paxil CR™ for use in pregnancy, and use PaxiB or Paxil CR(tm) during the pregnancy.

First Name

Middle Name

Last Name

Mobile Phone

Home Phone

Street Number

Street Name

Street Suffix (Ave, Rd, St, etc.)

Street Direction

Unit Number (Unit 101, Suite 1B, etc.)

PO Box

City

Country

Province

Postal Code

Confirm / Update

STEP THREE
Claimant Type

This is where you'll enter your date of birth and your SIN




Claimant Type

Note:

“Claimant Mother” means a Class Member who was prescribed Paxil® or Paxil CR™ in Canada and subsequently aborted, delivered, or miscarried children with Qualifying Congenital Malformations after ingesting Paxil® or Paxil CR™ while pregnant, or her estate or legal representative, who files a Claim pursuant to the terms hereof.

“Claimant Child” means a Class Member who was born with a Qualifying Congenital Malformation, or his or her estate or legal representative, who files a Claim pursuant to the terms hereof.

Enter your Birth Date



Enter your SIN

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STEP FOUR

If you've identified as the "Claimant Mother", or the estate or legal representative of the "Claimant Mother", the Step Four will be to provide information on the outcome of your pregnancy/"Claimant Child".

If you've identified as the "Claimant Child", or the estate or legal representative of the "Claimant Child", the Step Four will be to provide information on the "Claimant Mother".



Child's Information

Please enter the information of the child who was diagnosed with one or more congenital malformations after you were prescribed Paxil® or Paxil CR™ and you used either drug during the pregnancy.

Child's First Name	<input type="text" value="CHILD"/>
Child's Middle Name	<input type="text"/>
Child's Last Name	<input type="text" value="CHILD"/>
Child's Date of Birth	<input type="text" value="2004-04-12"/>
Child's Social Insurance Number	<input type="text" value="XXX-XXX-1234"/>
Address	<input type="text" value="123 STREET ST"/>
City	<input type="text" value="CITY"/>
Province	<input type="text" value="Ontario"/>
Postal Code	<input type="text" value="H0H 0H0"/>
Best Contact Number	<input type="text" value="REDACTED"/>
Email	<input type="text" value="email@email.com"/>

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STEP FIVE Prescription Information

Step Five will require you to provide information about the Paxil® or Paxil CR™ prescription, and the congenital malformation(s) for which the Claim is made. Supporting Documentation can be uploaded at the bottom of this page.

For steps on how to upload your supporting documentation, please click [here](#).



Prescription

Provide details of when you were prescribed Paxil® and Paxil CR™, when Paxil® and Paxil CR™ were dispensed and when you ingested Paxil® and Paxil CR™.

Date Started

Date Stopped

Provide the date of the commencement of your last menstrual period prior to the period of pregnancy:

Check this box if the date of the last menstrual period before pregnancy is unknown or cannot be remembered.

Select for the congenital malformation(s) for which the Claim is made:

Malformation	Specific Injuries
<input type="checkbox"/> Cardiac	Structural cardiac congenital malformations, including: <ul style="list-style-type: none">atrial septal defect excluding patent foramen ovaleatrioventricular septal defectcoarctation of the aortatransposition of the great vesselshypoplastic left heart syndromepulmonary atresiapulmonary stenosistetralogy of fallottotal anomalous pulmonary venous returntricuspid atresiatruncus arteriosusventricular septal defect
<input type="checkbox"/> Craniofacial	<ul style="list-style-type: none">cleft lip and/or palatecraniosynostosis
<input type="checkbox"/> Neural tube	<ul style="list-style-type: none">anencephalyspina bifidaencephalocele
<input type="checkbox"/> Abdominal	<ul style="list-style-type: none">gastroschisisomphalocelediaphragmatic hernia
<input type="checkbox"/> Skeletal	<ul style="list-style-type: none">club foot
<input type="checkbox"/> Urinary / genital	<ul style="list-style-type: none">undescended testeshypospadias

Provide details of when you were prescribed Paxil® and Paxil CR™.

Documentation

Accepted Filetypes: Images (*.gif, *.jpeg, *.png), Document (*.doc, *.docx, *.docm), Spreadsheet (*.xls, *.xlsx, *.xlsm, *.xlsx), PDF and Text files

[+ Select Files...](#)

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STEP SIX
Health Provider

Step Six requires you to provide information regarding any physician, hospital or other healthcare professional or institution who treated the "Claimant Child" with regards to their congenital malformation(s).



Health Provider

Provide the name and address for any physician, hospital, or other healthcare professional or institution who treated the child for any condition listed above, with dates of treatment if known:

Provider	Address	Dates of Treatment
	//	//
	//	//
	//	//

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STEP SEVEN
Surgery

Step Seven requires you to provide any information regarding any surgery the Claimant Child may have had as a result of their congenital malformation(s).

If you choose "NO", you will not be required to enter anything further.

If you choose "YES", you will be required to enter the type of surgery, at which facility/hospital and the dates of the surgery.

Password Profile Claimant Prescription Summary Done



Surgery

Has the child had surgery for any of the conditions listed in the previous page?

Yes

If the child has had surgeries please list below the type of surgery, hospital and date.

Type of Surgery	Facility/Hospital	Dates of Surgeries
/	/	/
/	/	/
/	/	/

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STEP EIGHT

Description/Documentation

Step Eight gives you the opportunity to note how the congenital malformation may affect the "Claimant Child" in the future. Supporting documentation will be required to affirm your Claim.

Password Profile Claimant Prescription Description/Documentation Summary Done



Description/Documentation

Describe the likelihood of future medical interventions, if any, arising from the congenital malformation:

*If this does not apply to your claim, you can leave this field blank.
If you complete this field, supporting documentation will be required.*

Describe any vocational impairment, if any, arising from the congenital malformation.

*If this does not apply to your claim, you can leave this field blank.
If you complete this field, supporting documentation will be required.*

Describe the likelihood of potential future complications, if any, arising from the congenital malformation.

*If this does not apply to your claim, you can leave this field blank.
If you complete this field, supporting documentation will be required.*

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STEP NINE

Claim Summary

Step Nine summarizes the information entered in the previous steps. If any information is inaccurate, or if you've forgotten to upload supporting documentation, you will be able to do that from here.

At the bottom, you will be offered three options:

- Back
 - Should you wish to return to a previous page.
- Start Over
 - Should you wish to return to the start and erase all previously entered information.
- Submit Claim
 - If you are ready to submit your Claim.

When you click on Submit Claim, a popup will appear, asking you to electronically sign your Claim Form. Please note that the signature does not need to be perfect. You will need to press Submit, and a second popup window will appear asking you to confirm your signature. You must confirm in order to successfully submit your Claim.

The image displays two sequential screenshots of a web application's signature process. The top screenshot is a white popup window titled "Electronic Signature". It contains the text: "To complete the submission, please draw your signature using your finger, pen or computer's mouse on the area below." Below this text is a large, empty rectangular area with a dashed border. At the bottom of the popup are three buttons: "Cancel", "Clear Signature", and "Submit". The bottom screenshot is another white popup window titled "Please confirm your signature" with an orange header bar. It contains the text: "Please confirm your signature" above a blue, handwritten signature. At the bottom right of the popup are two buttons: "Try Again" (orange) and "Confirm" (green). At the very bottom of the image, there are three buttons: "Cancel", "Clear Signature", and "Submit", which appear to be from the background page.

STEP TEN Confirmation

Upon successful Claim Form submission, the following will display. Should you not receive this message, please contact the Claims Administrator at 1-877-400-1211.



Your Claim Form has been successfully received.

Claims will be reviewed in the order they have arrived. Please do not be alarmed if you do not receive a response to your Claim submission for a few weeks.

If anything is missing from the documents you have uploaded, we will reach out and speak with you about any further documents, should they be required.

Please note that you can log into the portal at anytime to review the status of your Claim. Initially you will see your Claim status as **“Claim Filed”**.

You will know your Claim has been processed once it changes from this initial status. If you view the status **“DEFICIENCY”**, and have not received an email explaining the deficiency from our office, please give us a call at 1-877-400-1211. We are available to discuss your Deficiency status Monday – Friday, from 9:00am to 5:00pm, EST.

[View submitted claim](#)

HOW TO UPLOAD SUPPORTING DOCUMENTATION

Some steps in the Claim Form process require supporting documentation to be uploaded in order to move onto the next step.

- On the steps that require a file to be uploaded, you will see a green **“SELECT FILES”** button.
- Click on **“Select Files”**

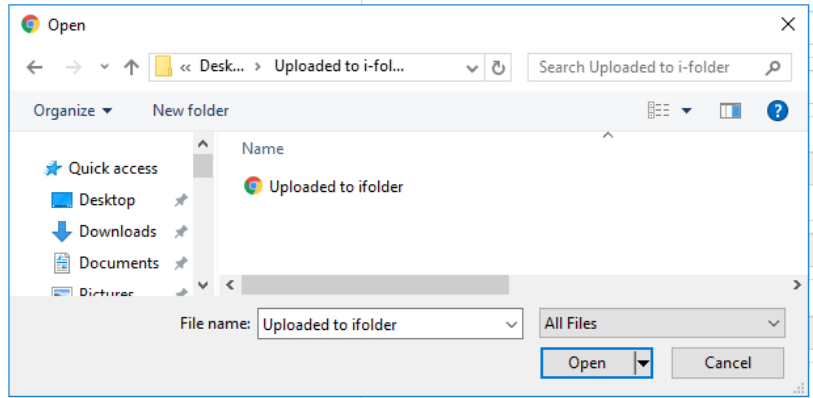
Documentation

Accepted Filetypes: Images (*.gif, *.jpeg, *.png), Document (*.doc, *.docx, *.docm), Spreadsheet (*.xls, *.xlsm, *.xlsx), PDF and Text files

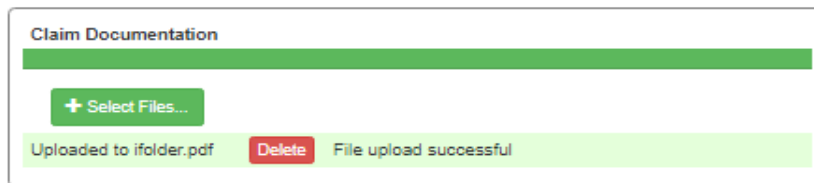
[+ Select Files...](#)

- A browsing window will open, allowing you to select the files you wish to upload, and press **“Open”**

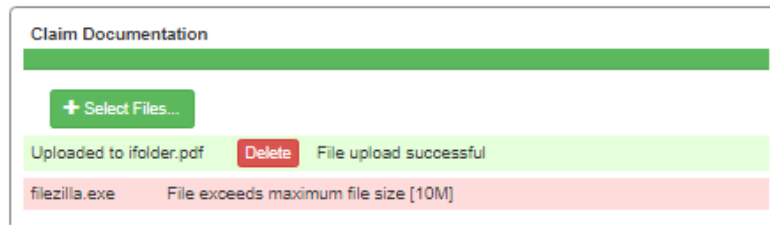
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- Once the files have been successfully uploaded, the bar will turn green.



- If the file type is not an acceptable file type, or the file is too large, the red bar will appear, indicating that the file did not successfully upload



DEFINITIONS

For the purposes of this Settlement Agreement, including its recitals and schedules, the following definitions apply:

“Account” means a special interest bearing trust account under the control of the Claims Administrator at a Schedule 1 chartered Canadian bank into which the Compensation Fund shall be paid by the Defendants and on which the interest accrued will be added to the Compensation Fund.

“Administration Costs” means the costs of giving the *Notice of Certification*, *Notice of Settlement Approval Hearing*, and the *Notice of Settlement Approval* and the amounts invoiced to administer and distribute the Compensation Fund, including the expenses and professional fees of the Notice Provider, Claims Officer, and the Claims Administrator.

“Allegations” means the assertions of fact or law, causes of action, injuries, and damages that were pleaded in the *Amended Amended Statement of Claim*, filed January 9th, 2019.

“Certification Order” means the *Order (Class Certification)* of the Honorable Associate Chief Justice Rooke, pronounced November 17th, 2022 and filed December 19th, 2022.

“Claim” means the claim made by a Claimant in accordance with the procedure in the Distribution Protocol, which is attached hereto as **Schedule “D”**.

“Claimant Child” means a Class Member who was born with a Qualifying Congenital Malformation, or his or her estate or legal representative, who files a Claim pursuant to the terms hereof.

“Claimant Mother” means a Class Member who was prescribed Paxil® or Paxil CR™ in Canada and subsequently aborted, delivered, or miscarried children with Qualifying Congenital Malformations after ingesting Paxil® or Paxil CR™ while pregnant, or her estate or legal representative, who files a Claim pursuant to the terms hereof.

“Claims Administrator” means Trilogy Class Action Services, the person or entity agreed to by the Parties and approved by the Court to assist the Claims Officer with the administration of the claims process in accordance with the Distribution Protocol.

“Claims Deadline” means 90 days from the publication of the *Notice of Settlement Approval*, unless extended as provided for in the *Settlement Approval Order*.

“Claims Officer” means a qualified and independent physician agreed to by the Parties who will determine, *inter alia*: whether a Claimant was born with a Qualifying Congenital Malformation; identify the category in the Distribution Protocol within which each Claim falls; and assign a points value within the range identified in the Distribution Protocol.

“Claims Perfection Deadline” means 90 days after the Claims Deadline.

“Class” means women who were prescribed Paxil® or Paxil CR™ in Canada and subsequently aborted, delivered, or miscarried children with congenital malformations after ingesting Paxil® or Paxil CR™ while pregnant; family members who may make claims under *Family Compensation Legislation* following the death of, or injury in relation to the congenital malformations; children born alive to such women; and provincial and territorial governments who paid health care costs on their behalf.

“Class Counsel” means

- i. Casey R. Churko, practicing through KoT Law Professional Corporation; and
- ii. Clint Docken, K.C., practicing through Clint Docken Professional Corporation.

“Class Counsel Disbursements” means the agreed amount of legitimate and reasonable disbursements incurred by or at the request of Class Counsel and Former Class Counsel between the filing of this Class Proceeding (and no other class action or class proceeding filed anywhere in Canada at any time relating to the prescription or use of Paxil®, Paxil CR™, or paroxetine) and the Effective Date; except that the disbursements that may be claimed by Former Class Counsel shall further be limited to those incurred before April 12th, 2019, being the date that the Plaintiffs served a *Notice of Change of Representation*. The amount of disbursements as agreed to is: \$175,000 for Napoli Shkolnik Canada; and \$175,000 for Merchant Law Group LLP.

“Class Counsel Fees” is CDN \$2,000,000, separate and apart from Lawyers’ Fees, to be paid as follows:

- i. \$850,000, to be paid to KoT Law Professional Corporation;
- ii. \$50,000, to be paid to Clint Docken Professional Corporation; and
- iii. \$1,100,000, to be paid to Former Class Counsel in full and final satisfaction of the undertaking that the Honourable Associate Chief Justice J.D. Rooke referenced at ¶138 of *Singh v Glaxosmithkline Inc.*, 2021 ABQB 316.

“Class Member” means any person, or his/her estate or legal representative, who is a member of the Class and did not deliver an *Opt-Out Form* to the Notice Provider on or before April 8th, 2024.

“Class Period” means the period that runs from January 1st, 1993 to April 8th, 2024.

“Class Proceeding” means the proceeding commenced by Muzaffar Hussain, by his Mother and Litigation Guardian, Fiona Singh, and the said Fiona Singh, in the Court of King’s Bench of Alberta against the Defendants (Court File No. 1201-12838), and that was certified as a class proceeding by the *Certification Order*.

“Compensation Fund” means the Settlement Fund after deducting: Administration Costs incurred before the *Settlement Approval Order* is made; \$525,000 to resolve Health Insurer Claims; the Class Counsel Fees and Class Counsel Disbursements and applicable taxes thereon; and the Honorarium; and after adding the interest while the Settlement Fund is held in the Account. After deductions, the Administration Costs

incurred after the *Settlement Approval Order* and Compensatory Payments will be fully paid from the remainder of the Compensation Fund.

“Compensatory Payments” means the amounts that are allocated to Eligible Claimants out of the Compensation Fund, including the amounts allocated for Lawyers’ Fees.

“Court” means the Court of King’s Bench of Alberta.

“Court Approval Date” means the later of September 24th, 2024 and the date on which the Court approves the Settlement Agreement.

“Damages” means all claims for pain and suffering, loss of guidance, care and companionship, non-pecuniary claims, in trust claims, subrogated claims (in the form of claims of Health Insurers and non-governmental insurers), past and future income loss claims, past and future care claims, aggravated or punitive damages, and special damages.

“Distribution Protocol” means the plan setting out a Class Member’s entitlement to make a Claim under this *Settlement Agreement* and how Compensatory Payments to Eligible Claimants and Lawyers’ Fees shall be determined and distributed, as approved by the Court as part of the Settlement Approval Hearing, a draft of which is attached hereto as **Schedule “D”**.

“Effective Date” means the later of:

- i. 60 days after the Court Approval Date if there is no appeal from the *Settlement Approval Order*; and
- ii. the date on which any appeals from the *Settlement Approval Order* have been quashed or finally disposed of.

“Eligible Claimant” means a Claimant, or his or her estate representative, who has satisfied the Claims Officer that he or she is a Class Member who is eligible for a Compensatory Payment, and, in particular that:

- i. the Claimant Mother or the biological mother of a Claimant Child was prescribed Paxil® or Paxil CR™ for use during her First Trimester of pregnancy;
- ii. the Claimant Mother or the biological mother of a Claimant Child took Paxil® or Paxil CR™ during the Class Period while in her First Trimester of pregnancy who delivered a Claimant Child, born alive, who has been diagnosed with one or more Qualifying Congenital Malformations; and
- iii. there is a medical or other reliable record or affidavit indicating that (1) a physician determined that the Claimant Child had or has one or more Qualifying Congenital Malformations, and (2) the biological mother of the Claimant Child took Paxil® or Paxil CR™ (and not generic paroxetine) during her First Trimester of pregnancy.

Further information with respect to eligibility is contained within the Distribution Protocol.

“First Trimester” means the first 13 weeks of pregnancy calculated from the date of the last menstrual period.

“Former Class Counsel” means E.F. Anthony Merchant, K.C. of Merchant Law Group LLP (being Class Counsel before April 12th, 2019).

“Health Insurers” means all of the provincial and territorial ministries of health or governmental bodies that provide publicly funded plans of health care in Canada.

“Health Insurer Claims” means the entitlement of the Health Insurers to any subrogated or direct claims arising from the provision of health care services to Class Members in relation to the Allegations, and pursuant to legislation that permits the recovery of health care costs or medical expenses from third parties.

“Honorarium” means the amount of CDN \$50,000.

“Lawyers’ Fees” are, subject to section 8.5, up to 35% of Compensatory Payments paid to Eligible Claimants who are represented by Class Counsel or another lawyer of their choosing who has a valid and enforceable retainer agreement with an Eligible Claimant. Lawyers’ Fees paid to lawyers other than Class Counsel shall not exceed 25% where the retainers were executed before the *Notice of Settlement Approval Hearing* is given and 10% where the retainers were executed after. Class Counsel will receive 15% of Compensatory Payments that are made to Eligible Claimants who are unrepresented.

“Notice Provider” means Trilogy Class Action Services, who provided the *Notice of Certification* and the *Notice of Settlement Approval Hearing* and will provide the *Notice of Settlement Approval*.

“Notice of Certification” means the form of notice, approved by the Court on February 8th, 2024 that informed Class Members of certification of the Class Proceeding.

“Notice of Settlement Approval” means the form of notice, agreed to by the Parties and approved by the Court, and to be given within 30 days of the Court Approval Date, that informs Class Members, including Health Insurers, of the approval of this *Settlement Agreement*, the process for making Claims, and the Distribution Protocol, a draft of which is attached hereto as **Schedule “A”**.

“Notice of Settlement Approval Hearing” means the form of notice, approved by the Court as Schedule 1 to the *Order (Settlement Approval Hearing Notice)* pronounced June 5th, 2024 and filed June 10th, 2024, that informed Class Members, including Health Insurers, of the Settlement Approval Hearing.

“Notice Plan for Notice of Settlement Approval” is the means used for giving the *Notice of Settlement Approval*, attached hereto as **Schedule “B”**.

“Opt-Out Form” means the form approved by the Court as Schedule 2 to the *Order (Certification Notice)*, pronounced February 8th, 2024 and filed February 9th, 2024.

“Parties” means the Representative Plaintiff and the Defendants.

“Qualifying Congenital Malformations” as defined include only the following structural congenital malformations (birth defects):

- i. anencephaly;
- ii. spina bifida;
- iii. encephalocele;
- iv. craniosynostosis;
- v. cleft lip;
- vi. cleft palate;
- vii. structural cardiovascular defects;
- viii. diaphragmatic hernia;
- ix. gastroschisis;
- x. omphalocele;
- xi. hypospadias;
- xii. undescended testes; and
- xiii. club foot.

“Released Claims” means any and all claims, demands, actions, suits, causes of action, whether class, individual, or otherwise in nature, whether personal or subrogated, whenever incurred for liabilities of any nature whatsoever, including without limitation claims, demands, actions, suits or causes of action for personal injuries, general damages, special damages, punitive damages, interest, costs, expenses, penalties, and lawyers’ fees, whether such claims, demands, actions, suits or causes of action are known or unknown, suspected or unsuspected, arise in law, under statute or in equity, that the Plaintiffs, the Releasers, Class Members, or any of them, whether directly, indirectly, derivatively, or in any other capacity, ever had, now have, or hereafter can, shall, or may have relating directly or indirectly, to the production, manufacture, design, sale, marketing, advertising, sale, possession, handling, ingestion, exposure, or use of Paxil® or Paxil CR™ as they relate to the conduct of the proceedings or in any other manner whatsoever to the Allegations.

“Releasees” means, jointly and severally, the Defendants, GlaxoSmithKline Inc., GlaxoSmithKline LLC, and GlaxoSmithKline PLC, and their respective present and former parents, subsidiaries, affiliates, officers, directors, employees, insurers, agents, attorneys, servants, representatives, and the successors, predecessors, heirs, executors, administrators, trustees, and assigns of each of the foregoing as well as anyone involved in the distribution, prescription or dispensation of Paxil® or Paxil CR™ to the Class

Member and it is agreed that to the extent that a Releasee is not a Party to the *Settlement Agreement* all such releases are intended third party beneficiaries of the *Settlement Agreement*.

“Releasers” means, jointly and severally, individually and collectively, the Plaintiffs, Class Members (excluding provincial and territorial governments who paid health care costs), and their respective successors, heirs, executors, insurers, benefits providers, administrators, trustees, and assigns.

“Representative Plaintiff” means Fiona Singh.

“Settlement Agreement” means this agreement, as executed by Class Counsel, Former Class Counsel and counsel for the Defendants on behalf of, respectively, the Representative Plaintiff and the Defendants, and by the Health Authorities.

“Settlement Approval Hearing” means the hearing at the Court to approve the dismissal of the Class Proceeding, the settlement, and the terms of this *Settlement Agreement* (including its *Schedules*).

“Settlement Approval Order” means the Order of the Court approving the dismissal of the Action, the settlement, and the terms of this Settlement Agreement, which shall be substantially in the form attached as **Schedule “C”**.

“Settlement Fund” means CDN \$7,500,000, and for greater clarity, will be the maximum amount paid by the Defendants in any and all circumstances, as described herein.

“Trilogy Invoices” means the invoices delivered by Trilogy Class Action Services from time to time for services rendered as the Notice Provider and Claims Administrator in the implementation of this *Settlement Agreement*, including for services already provided respecting the *Notice of Certification* and the *Notice of Settlement Approval Hearing*.