

# Exhibit E

**The DEADLINE  
to submit or mail this  
Claim Form is:  
<<XXX XX, 2024>>**

## ***Fisher-Price Rock ‘N Play Settlement***

*In Re: Fisher-Price Rock ‘N Play Sleeper Marketing, Sales Practices,  
and Products Liability Litigation, MDL No. 1:19-Md-2903  
U.S. District Court Western District Of New York*

For Office Use Only

If you would like to file a Claim for a Settlement Payment in the Fisher-Price Rock ‘N Play Sleeper (“RNPS”) Settlement, please complete and submit this Claim Form in accordance with the instructions below. You may submit a Claim for a Settlement Payment only if you: (1) participated in the April 2019 Recall of the RNPS before <<Initial Notice Date>> and received a voucher or a Fisher-Price toy; (2) currently have an RNPS in your possession; or (3) previously purchased a new RNPS but did not participate in the April 2019 Recall.

To determine whether you are a Class Member eligible to make a claim, or for more information regarding the class action settlement, please first visit **www.FisherPriceRockNPlaySettlement.com**. If you still have questions regarding the claims process, call the Settlement Administrator toll-free at **(833) 522-3524**.

For faster claim processing or the option to select an electronic payment method, you may fill out a Claim Form online at **www.FisherPriceRockNPlaySettlement.com**, or you may complete, sign and mail this Claim Form via first-class mail to:

Fisher-Price Rock ‘N Play Settlement  
c/o Kroll Settlement Administration LLC  
P.O. Box 5324  
New York, NY 10150-5324

Claim Forms submitted by mail will receive any Settlement Payment by physical check.

If you want to submit a claim for more than one (1) RNPS, you must complete and submit a separate Claim Form for each one.

**Claim Forms must be submitted online or postmarked by <<Claim Submission Deadline>>. If you fail to timely and fully complete this Claim Form and submit any required Supporting Documentation and/or Proof of Disablement, your Claim may be denied. If your Claim is denied, you will not receive a Settlement Payment on your Claim. The Settlement Administrator has the right to request verification of eligibility to participate in this Settlement.**

**Important:** Keep a copy of your completed Claim Form, as well as any Supporting Documentation and Declaration(s). Any documents you submit with your Claim Form will not be returned. Do not send original documents.

### **1. Claimant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For more information or to submit a Claim Form online, visit [www.FisherPriceRockNPlaySettlement.com](http://www.FisherPriceRockNPlaySettlement.com)**

Current Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Unique Claimant ID: \_\_\_\_\_

**2. Did you previously return the RNPS as part of the Recall?**

If you returned the hubs to an RNPS as part of the Recall prior to the Initial Notice Date, <<Notice Mailing Date>>, and received a voucher or a Fisher-Price toy, you will be entitled to receive a Settlement Payment of \$10 for each RNPS returned.

**Yes – I previously returned the hub of an RNPS or the RNPS itself as part of the Recall and received a voucher or a Fisher-Price toy.**

If you select ‘Yes’, you **must** provide the Unique Claimant ID that was included on your Direct Notice in section 1 above. You may then skip directly to section 6.

**No – I did not previously return the hub of an RNPS or the RNPS itself as part of the Recall.**

If you select ‘No’, move to the next section.

**3. Do you have the RNPS in your possession?**

If you have your RNPS in your possession, you **must** provide Proof of Disablement with this Claim Form in order to receive a Settlement Payment. Proof of Disablement means photographs showing, in full, all of the following:

- (i) the liner of the RNPS, detached from the frame and cut along the length of the product from head to toe and along the frame, such that it is no longer attached to the frame;
- (ii) the pad removed from the RNPS and cut so it can no longer be attached to the product;
- (iii) your Unique Claimant ID written in permanent marker on the fabric that has been cut. Your Unique Claimant ID can be found on your Direct Notice or, if you did not receive Direct Notice, provided to you when you registered on the Settlement Website, written in permanent marker on the fabric that has been cut; and
- (iv) the date code and SKU stamp on the inside of the hub of the RNPS.

For more information on Proof of Disablement, including written and video step-by-step directions on how to accurately perform and document disablement, please visit [www.FisherPriceRockNPlaySettlement.com](http://www.FisherPriceRockNPlaySettlement.com).

**Yes – I have the RNPS in my possession.**

If you select ‘Yes’, you **must** submit Proof of Disablement with this Claim Form.

Manufacture Code (located on the inside of the hub): \_\_\_\_\_

**No – I do not have the RNPS in my possession.**

If you select ‘No’, did you destroy or discard the Product?

**Yes – I attest that I destroyed or discarded the Product.**

**No – I did not destroy or discard the Product.**

For more information or to submit a Claim Form online, visit [www.FisherPriceRockNPlaySettlement.com](http://www.FisherPriceRockNPlaySettlement.com)

**4. Do you have Proof of Purchase?**

If you have Proof of Purchase, you may be entitled to a higher Settlement Payment than if you do not. Proof of Purchase means a receipt or order confirmation from a retailer, credit card statement, canceled check, or other reasonable or practicable physical evidence as may be accepted by the Settlement Administrator, that shows the date of purchase and the purchase price of the RNPS. The Proof of Purchase must show the date of purchase and the amount paid for the RNPS. Return the requested documentation with this Claim Form and enter the date of purchase from the documentation below.

**Yes – I have Proof of Purchase.**

If you select ‘Yes’, you **must** submit such proof with this Claim Form and enter the information below:

Purchase Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Purchase Price: \$ \_\_\_\_\_

**No – I do not have Proof of Purchase.**

If you select ‘No’, enter the information below:

Product Name/Model: \_\_\_\_\_

**5. If you purchased a Product, did you purchase a new or used Product?**

**The Product was purchased new.**

**The Product was purchased used. I understand I am not eligible for Settlement Payment, unless I have the Product in my possession.**

**I did not purchase the Product but received the Product as a gift.**

**I did not purchase the Product or receive the Product as a gift.**

**6. Affirmation and Signature**

By signing and submitting this Claim Form, I affirm under the penalty of perjury of the laws of the United States that the information I am providing is true and correct to the best of my knowledge and belief, I am over the age of 18, and I wish to claim my share of the Settlement Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_