

Exhibit F

Schreiber et al. v. Mayo Foundation for Medical Education and Research,
Case No. 2:22-cv-00188-HYJ-RSK (W.D. Mich.)

CLAIM FORM FOR UNIDENTIFIED CLASS MEMBERS

This Claim Form may be submitted online at www.healthletterpppsettlement.com or completed and mailed to the address below. Submit your completed Claim Form online or mail it so it is postmarked no later than **[DATE]**. If you received a Notice by mail, you do NOT need to submit a Claim Form, and your Cash Award will be sent to you by check at the address identified on the Notice once the Settlement is finally approved. If your address has changed, please submit a change of address form online at www.healthletterpppsettlement.com to ensure your check is mailed to your current address.

I. CLAIMANT INFORMATION (all fields required)

The Settlement Administrator will use this information for communications and payments. If this information changes before settlement payments are issued, contact the Settlement Administrator at the address below.

First Name M.I. Last Name
[Grid for name information]

Current Mailing Address, Line 1: Street Address/P.O. Box
[Grid for address line 1]

Current Mailing Address, Line 2:
[Grid for address line 2]

City: State: Zip Code:
[Grids for city, state, and zip code]

Preferred Telephone Number
[Grid for telephone number]

Preferred Email address
[Grid for email address]

II. CLAIM INFORMATION

Mailing address at which you received your subscription between June 16, 2016 and July 30, 2016:

Mailing Address, Line 1: Street Address/P.O. Box
[Grid for mailing address line 1]

Mailing Address, Line 2:
[Grid for mailing address line 2]

City: State: Zip Code:
[Grids for city, state, and zip code]

III. PREFERRED PAYMENT METHOD

- Check
- PayPal (Associated Email Address: _____)
- Venmo (Associated Email Address: _____)

IV. SIGNATURE: Sign and date the Claim Form below.

Signed: _____ Date: _____

Submit this Claim Form online or mail it to the address below postmarked no later than [DATE].

Mayo Clinic Health Letter Class Action Settlement Administrator
c/o XXXXX Legal Administration
[address]