

**Your claim must be
submitted online or
postmarked by:
August 9, 2024**

**In Re: Philips Recalled CPAP, Bi-Level PAP, and Mechanical
Ventilator Products Litigation**

Case No. 21-mc-1230-JFC, MDL No. 3014
United States District Court for the Western District of Pennsylvania

DEVICE REPLACEMENT AWARD CLAIM FORM

DEVICE REPLACEMENT AWARD CLAIM FORM

If you are a User who used your own money to purchase, lease, or rent a comparable replacement CPAP, BiPAP or ventilator to replace your Philips Respironics Recalled Device on or after June 14, 2021 and before September 7, 2023, you can receive a Device Replacement Award if you complete this Claim Form and Declaration, provide all required documentation, and return all of the paperwork to the Settlement Administrator by no later than **August 9, 2024**. The Class Notice and Settlement website describe the criteria you must meet to be eligible for a Device Replacement Award. To obtain more information regarding the Settlement, please visit the Settlement website at www.RespironicsCPAP-ELSettlement.com, or call toll-free 1-855-912-3432.

Failure to submit all required documentation will result in the denial of your claim. You will also need to sign and return the attached sworn Declaration with your Claim Form.

Only one Replacement Device (and associated Device Replacement Award) is available for each Philips Respironics Recalled Device that you replaced using your own money.

You are eligible for a Device Replacement Award only if:

- You were using a Philips Respironics Recalled Device as of June 14, 2021 (*i.e.*, if you had previously been using a Philips Respironics Recalled Device, but had stopped using it prior to June 14, 2021, you are *not* eligible for a Device Replacement Award);
- You paid out of pocket (in whole or in part) to buy, lease, or rent a comparable CPAP, BiPAP, ventilator or similar device to replace your Philips Respironics Recalled Device *on or after* June 14, 2021 and *before* September 7, 2023;
- At the time you purchased, leased, rented or otherwise paid out of pocket for the Replacement Device, you had *not* received a repaired, refurbished, remanufactured, and/or new replacement device from Philips Respironics pursuant to a Philips Respironics Recall Program (“Remanufactured Device”);
- You return the Recalled Device to Philips Respironics if you still have it (a pre-paid return label is available on the Settlement website); and
- You return to Philip Respironics any Remanufactured Device you received from Philips Respironics, if you received one (a pre-paid return label is available on the Settlement website).

You can submit your Claim Form and documentation electronically on the Settlement website at www.RespironicsCPAP-ELSettlement.com, by email to info@RespironicsCPAP-ELSettlement.com, or by mail to the Settlement Administrator at: Respironics CPAP Settlement, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. If you are the User’s guardian, estate, administrator, or

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other legal representative, or you are acting pursuant to a power of attorney for a User, and you are submitting this claim for a Device Replacement Award on behalf of that User, you must also supply the Settlement Administrator with written proof that you have legal authority to act in a representative capacity for the User.

Claim Forms must be submitted electronically or postmarked by August 9, 2024. Untimely or incomplete Claim Forms are invalid and will not result in a payment.

SECTION A: NAME AND CONTACT INFORMATION

First Name

Last Name

Claim ID (if available):

Claim IDs were included on the top of emailed or mailed notices

Philips Registration Number (if available):

Current Mailing Address, Line 1: Street Address/P.O. Box

Current Mailing Address, Line 2:

City:

State:

Zip Code:

Telephone Number:

Email Address:

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SECTION B: PAYMENT SELECTION

Please select **one** of the following payment options:

- ☐ **Zelle**- Enter your Zelle email address or phone number: _____
- ☐ **Virtual Mastercard**- Payment will be emailed to the email address provided above
- ☐ **Physical Check** - Payment will be mailed to the address provided above

SECTION C: DEVICE INFORMATION

In the chart below, please identify the Replacement Device that you purchased, leased, rented or otherwise paid out of pocket for *on or after* June 14, 2021 and *before* September 7, 2023 to replace your Philips Respironics Recalled Device. If you replaced two (or more) Philips Respironics Recalled Devices with two (or more) Replacement Devices, please complete separate charts and separate declarations for each replacement.

1.	The manufacturer and model of the Replacement Device.	
2.	The date you purchased, leased, rented, or otherwise paid out of pocket for the Replacement Device. (MM/DD/YYYY)	___/___/____
3.	<p>The amount actually incurred and paid by you out-of-pocket to purchase, lease, or rent the Replacement Device.</p> <p>Do not include any amounts paid by insurance or another third-party payer on your behalf.</p> <p>You must submit sufficient documentation of (1) your out-of-pocket expense(s) and (2) the date(s) you incurred those out-of-pocket expense(s). Sufficient documentation can include a combination of the following, so long as all required information is provided:</p> <p>Invoice, lease, or rental agreement for the Replacement Device</p> <p>Credit card statement showing payment and payment date(s)</p>	

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	Bank account statement showing payment and payment date(s)	
4.	<p>Identification of the Philips Respironics Recalled Device that you replaced.</p> <ul style="list-style-type: none"> • If you have the Serial Number, you must include it. • If you do not have the Serial Number, you must include the model of the Philips Respironics Recalled Device. 	
5.	Did you receive a Remanufactured Device from Philips Respironics as part of its Recall Program? <i>[If yes, continue to question 6. If no, skip to question 9.]</i>	<p>Check one:</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
6.	Identify date of receipt of the Philips Respironics Remanufactured Device, if known. (MM/DD/YYYY)	<p>___/___/____</p>
7.	Do you still possess the Philips Respironics Remanufactured Device? <i>[If yes, you must return it to Philips Respironics to be eligible for a Device Replacement Award. A prepaid return label is available on the Settlement website.]</i>	<p>Check one:</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
8.	If you do not still possess the Philips Respironics Remanufactured Device, did you previously return it to Philips Respironics? <i>[If the Remanufactured Device is not returned to Philips Respironics, you are not eligible for a Device Replacement Award.]</i>	<p>Check one:</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
9.	Do you still possess your Philips Respironics Recalled Device? <i>[If yes, you must return it to Philips Respironics to be eligible for a Device Replacement Award. A prepaid return label is available on the Settlement website.]</i>	<p>Check one:</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
10.	If applicable and if known, identify approximate date of return of your Philips Respironics Recalled Device to Philips Respironics. (MM/DD/YYYY)	<p>___/___/____</p>

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SECTION D: SWORN DECLARATION FOR DEVICE REPLACEMENT AWARD

I _____ [*fill in your name*] declare
the following under penalty of perjury:

1. I am over the age of eighteen.
2. I was using a Philips Respironics Recalled Device as of June 14, 2021.
3. I used the Replacement Device that is identified in the Claim Form as a replacement for my Philips Respironics Recalled Device.
4. I ☐ have / ☐ do not have my Philips Respironics Recalled Device. [*check the correct answer*]
5. I ☐ have / ☐ have not returned my Philips Respironics Recalled Device to Philips Respironics. [*check the correct answer*]
6. I ☐ did / ☐ did not receive a Remanufactured Device from Philips Respironics pursuant to its Recall Program. [*check the correct answer*]
7. (*Answer No. 7 only if you received a Remanufactured Device from Philips Respironics*)
I ☐ have / ☐ have not returned the Remanufactured Device to Philips Respironics in reasonable working condition. [*check the correct answer*]

SECTION E: CERTIFICATION STATEMENT

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature Date

First Name Last Name