Skin360 BIPA Settlement Administrator
P.O. Box 3116
Baton Rouge, LA 70821

Your Claim Form Must Be Submitted By November 25, 2026

MELZER V. JOHNSON & JOHNSON CONSUMER INC. CLASS ACTION SETTLEMENT

Melzer, et al. v. Johnson & Johnson Consumer Inc., Case No. 3:22-CV-03149-MAS-RLS
United States District Court for the District of New Jersey

CLAIM FORM

TO RECEIVE A PAYMENT FROM THIS SETTLEMENT, YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY NOVEMBER 25, 2026.

* This Settlement is open only to all persons who, while in Illinois, performed a Skin360® skin assessment using any version of Skin360®, including Neutrogena® Skin360® or NeoStrata® Skin360®, and any Skin360® collaborations with other entities (collectively "Skin360®"), whether via mobile application or web application, between December 9, 2019 and May 5, 2023.

IMPORTANT NOTE: You must fully complete and submit this Claim Form by November 25, 2026 to receive payment. To complete this Claim Form, truthfully provide the requested information in Steps 1 and 2; select a payment method in Step 3; sign the certification in Step 4; and submit the Claim Form using one of the methods stated in Step 5 (you can submit this Claim Form online at www.skin360bipasettlement.com or by U.S. Mail).

Each Class Member is entitled to submit only one claim. Duplicate claims will be rejected. If you timely submit a valid Claim Form, you will be entitled to receive a payment representing a *pro rata* share of the Net Settlement Fund (the actual cash amount an individual will receive will depend on the number of valid claims submitted) as set forth in Section V.10 of the Settlement Agreement available at www.skin360bipasettlement.com.

It is important that all of the information you provide in this Claim Form is true, accurate, and complete. You may be required to provide documentation to the Settlement Administrator supporting the answers you have provided. Submitting false information will render your Claim Form invalid. Please note that all information provided on the Claim Form will not be used for any purpose other than for this Settlement.

If your Claim Form is rejected for any reason, you will be notified and given an opportunity to address any deficiencies. The Settlement Administrator's decisions regarding Claim Forms are final and cannot be appealed.

STEP 1 - CLAIMANT INFORMATION

Please provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

Class Member's First Name _____ Class Member's Last Name _____

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number) _____

City _____ State _____ Zip Code _____

Contact Telephone Number ___ - ___ - _____ Contact Email Address _____

Settlement Claim ID (If Available) _____

STEP 2 - CLASS MEMBER DETAILS

Remember that you are only eligible to file a Claim Form under the Settlement if at any time during the class period (between December 9, 2019 and May 5, 2023):

(a) You were in Illinois;
(b) You performed a Skin360® skin assessment, whether via mobile application or web application.

If you fit this description, you may submit a Claim Form.

A. In the spaces below, please provide the requested information regarding the use of Skin360:

_____ / _____ / _____ Through _____ / _____ / _____
Dates of use for Skin360®

B. If you are no longer an Illinois resident, please provide information regarding your time in Illinois during the class period (between December 9, 2019 and May 5, 2023):

_____ / _____ / _____ Through _____ / _____ / _____
Dates in Illinois while using Skin360®

☐ I am including documentation to support my time in Illinois with this claim submission.

Note: Please note that the Settlement Administrator may request that you provide additional documentation in order to verify your Claim. Such documentation could include: proof of identity documentation (such as government-issued identification documents, utility bills, etc.) or proof you were in Illinois at the time you used Skin360® (such as a travel documents, statements demonstration other purchases in Illinois, etc.).

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STEP 3 - SELECT PAYMENT METHOD

Select the appropriate box indicating how you would like to receive your payment and provide the requested information:

☐ **Venmo**

Venmo Account Email Address or Phone Number

☐ **Zelle**

Zelle Account Email Address or Phone Number

☐ **PayPal**

PayPal Account Email Address

☐ **Prepaid Digital MasterCard**

Current Email Address

☐ **Check:** If you prefer to receive your payment via check, please provide your mailing address (if different from the address provided in Step 1).

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

City | State | Zip Code

STEP 4 - CERTIFICATION AND SIGNATURE

I _____, affirm that:
(Full Name)

I am an adult of 18 years or older and a member of the Settlement Class. I further affirm under penalty of perjury that I used Skin360® within the state of Illinois between December 9, 2019 and May 5, 2023, and that this is the only Claim Form that I have submitted and/or will submit in connection with this Settlement. I understand that this Claim Form will be reviewed for authenticity and completeness.

Signature of Claimant | Date

STEP 5 - METHODS OF SUBMISSION

Please submit the completed Claim Form through one of the following methods:

1. Online by visiting www.skin360bipasettlement.com and completing an online Claim Form no later than **November 25, 2026;**

OR

2. By mailing via U.S. Mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than **November 25, 2026**, and addressed to:

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Baton Rouge, LA 70821