

CLAIMANT QUESTIONNAIRE

1. What is your full legal name? _____
2. Did you apply for employment as a Primary Care Sales Representative with Lilly USA in the Lilly Diabetes and Obesity Business Unit f/k/a the Diabetes Business Unit at least one time during the time period January 1, 2017 through June 30, 2020?

____ Yes ____ No

3. Were you denied employment as a Primary Care Sales Representative with Lilly USA in the Lilly Diabetes and Obesity Business Unit f/k/a the Diabetes Business Unit at least one time during the time period January 1, 2017 through June 30, 2020?

____ Yes ____ No

4. What is your date of birth? ____/____/____

5. At the time(s) you sought employment with Lilly, were you employed?

____ Yes ____ No

6. What is the best way to contact you?

Address: Phone Number: (____) ____ - ____

E-mail Address: _____

I swear and affirm that the foregoing answers are true to the best of my recollection:

Signature

Date

Please return this form to:

EEOC v Lilly USA, LLC

c/o CPT Group, Inc.

50 Corporate Park

Irvine, CA 92606

Email: EEOCLillySettlement@cptgroup.com

Fax: (949) 419-3446