

- All treatment records from Claimant's oncologist(s) from date of diagnosis to the present. [Do we need "all" treatment records - why?]
- Records from any other provider reflecting treatment for Claimant's cancer and any records that establish whether Claimant's cancer is in remission. All diagnosis and treatment plan records must be highlighted and clearly delineated.

1. ROUNDUP PRODUCT USER

Please complete the information requested below:

If the Claimant is deceased, incapacitated, or a minor, this section should be completed with the information pertaining to the deceased, incapacitated or minor Claimant. In that case, the individual completing this Claim Form on behalf of a deceased, incapacitated, or minor Claimant should enter his/her personal information and contact information where indicated below.

Roundup Product User Name	Last ROACH	First JEFF	Middle P
Social Security Number	<div>365</div> <div>72</div> <div>6879</div>		Date of Birth 6 / 27 / 43 (Month/Day/Year)
Address	Street/P.O. Box 43 RIVER OAKS RD		Apt./Suite
	City BUFFALO	State NY	Zip 14420
User's Contact Information		Phone 585 773 1434	<input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home
		Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
		Email ROACHY@NOWHERE.COM	
Citizenship	Are you a currently a U.S. citizen (Yes / No)? YES		
	If No, are you currently a Legal Resident of the United States (Yes / No)? NO		

2. PERSONAL REPRESENTATIVE INFORMATION (MINOR, DECEASED, OR INCAPACITATED CLAIMANTS)

Is the Claim being brought by a Representative on behalf of the Roundup Product User?

YES ☐ NO ☒

If Yes, complete Section 2.