

CONFIDENTIAL CLAIM FORM
BELLIFEMINE, ET AL. v. SANOFI-AVENTIS U.S. LLC

**Your Claim Form must be returned POSTMARKED by no later than January 14, 2011.
Enclosed is a self-addressed stamped envelope for returning a Claim Form.**

As a class member in the above referenced case, in addition to your monetary award for back pay, which you already should have received, you may be eligible to receive an ADDITIONAL MONETARY AWARD for emotional distress from the claims process of this settlement. In order to receive an additional monetary award, you must complete and submit timely answers to the questions which apply to you in this Claim Form, describing any gender discrimination you experienced at sanofi-aventis related to (i) promotions and compensation, (ii) harassment, (iii) retaliation, and (iv) emotional distress.

NOTE: Claims based on facts occurring before May 12, 2005 or after August 6, 2010 are not eligible for any monetary award from the claims process of this settlement.

If your address is different from that printed on the label above or if you did not receive this Claim Form in the mail, please complete your accurate and complete address information below.

Full Name: _____
First/Middle Initial/Last Name

Address: _____
Street Address, including any apartment or box number

City, State Zip Code

Telephone: _____

CLAIM FORM INSTRUCTIONS

All information contained in this Claim Form will be kept strictly confidential. Answers will only be reviewed by the Independent Claim Expert, approved by the Court, to make determinations regarding your monetary award from the claims process of this settlement.

The Independent Claim Expert will allocate points to each eligible Class Member who submits a Claim Form. You will receive points based upon the information you provide in your answers about gender discrimination, harassment and retaliation you experienced at sanofi-aventis. If you provide detailed information and supporting documentation for your answers about gender discrimination, harassment and retaliation, you may receive additional points. Claimants will also be eligible to receive additional points for information provided about emotional harm suffered as a result of the discrimination.

Your answers and documentation will not be disclosed to sanofi-aventis. You will not be subject to any retaliation for your completion of these questions.

Answer Sections A through D to the extent that they apply to you. Fill in only what applies to you. The monetary award that you receive will be determined based on a combination of your answers to these questions, your supporting documentation, and your work history at sanofi-aventis. Your answers to Section E are required for you to participate in the claims process.

Make sure to ***sign and date*** your Claim Form. You may use additional sheets of paper to answer any question on the Claim Form. If you do so, please be sure to put your name, social security number, and the question number on each additional sheet of paper you include with your Claim Form.

IMPORTANT: In order to be eligible to receive a settlement award from the Claim Form Discrimination Survey Component of the Settlement through this claims process, you must return this Claim Form postmarked on or before January 14, 2011, to:

**CLAIMS ADMINISTRATOR
BELLIFEMINE V. SANOFI-AVENTIS DISCRIMINATION LITIGATION
P.O. BOX 60074
PHILADELPHIA, PA 19102-0074
(215) 665-1124 or (800) 644-7835
www.heffler.com/sanofi**

If you need assistance in completing your Claim Form, you can get free help by contacting Class Counsel: Sanford Wittels & Heisler, LLP, 1350 Avenue of the Americas, Suite 3100, New York, New York 10019, Tel: (646) 723-2947, Fax: (646) 723-2948, www.swhlegal.com.

SECTION C

RETALIATION

**CLASS MEMBERS WHO BELIEVE SANOFI-AVENTIS RETALIATED AGAINST THEM FOR OPPOSING
GENDER DISCRIMINATION, PLEASE ANSWER QUESTIONS 4-5.**

4. At any time from May 12, 2005 through August 6, 2010, did you ever oppose or object to gender discrimination at sanofi-aventis?

If “Yes, please explain. Relevant information can include: any complaint, opposition, report or refusal to participate in gender discrimination; any testimony or participation in any investigation, proceeding, or hearing, whether in connection with this lawsuit or any other complaint of gender discrimination; any lawsuit, complaint or charge filed with any government agency (e.g., Equal Employment Opportunity Commission) alleging gender discrimination, whether in connection with this lawsuit or any other complaint of gender discrimination.

You may, but are not required to, provide supporting documentation. If you cannot provide all relevant information on this page, please append any additional information that you deem relevant to your claim form.

SECTION E

SWORN AFFIRMATION AND SIGNATURE

I, _____, **DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION AND FACTS I HAVE STATED IN THIS CLAIM FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

I understand that I must keep the Claims Administrator informed of my current address and of any change in my home address. If I do not do so, I understand that I may not receive any award that I might otherwise be entitled to receive.

I further agree and promise that I have not communicated or disclosed, and will not hereafter communicate or disclose in the future, the sum of any payment made to me under the Settlement Agreement as a result of my submission of this claim form to any persons other than members of my immediate family, my present attorneys, accountants and/or tax or financial consultants, state and federal tax authorities or other persons as may be required by law provided, however, that any such person or entity to whom disclosure is made shall be instructed in advance by me that the information is strictly confidential pursuant to the Settlement Agreement. For all other purposes, I shall indicate only that this lawsuit has been "resolved."

Executed this _____ day of _____, 201__

Signature of Claimant

Typed or Printed Name of Claimant

Social Security Number of Claimant

**WHEN YOU HAVE COMPLETED THIS CLAIM FORM,
PUT IT IN THE SELF-ADDRESSED STAMPED ENVELOPE PROVIDED,
AND MAIL IT BY NO LATER THAN JANUARY 14, 2011 TO:**

**CLAIMS ADMINISTRATOR
BELLIFEMINE V. SANOFI-AVENTIS DISCRIMINATION LITIGATION
P.O. BOX 60074
PHILADELPHIA, PA 19102-0074
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Claims Administrator
Bellifemine v. sanofi-aventis Discrimination Litigation
P.O. Box 60074
Philadelphia, Pa 19102-0074

FIRST CLASS MAIL

PLEASE FORWARD—IMPORTANT LEGAL NOTICE