

Dental Supplies Class Action  
c/o Settlement Administrator  
PO Box 510  
Philadelphia, PA 19105-0510

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## Legal Notice about a Class Action Lawsuit

IF YOU PURCHASED DENTAL SUPPLIES  
AND/OR EQUIPMENT FROM  
HENRY SCHEIN, PATTERSON,  
BENCO, OR BURKHART,  
AN \$80 MILLION CLASS ACTION  
SETTLEMENT MAY AFFECT YOU

<<Barcode>>

Class Member ID: <<Refnum>>

<<Company>>

<<FirstName>> <<LastName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

[BARCODE AREA]

## **If you purchased dental supplies or equipment from Henry Schein, Patterson, Benco, or Burkhart, an \$80 million class action settlement may affect you.**

An \$80 million cash Settlement has been reached in a lawsuit known as In re Dental Supplies Antitrust Litigation, No 16-cv-00696 (E.D.N.Y.), against Henry Schein, Inc. (“Schein”), Patterson Companies, Inc. (“Patterson”), and Benco Dental Supply Company (“Benco”) (collectively, “Defendants”). The lawsuit alleges that the Defendants agreed not to compete on prices for Dental Products. The Defendants deny these claims, insist they did nothing wrong, and a judge has not decided who is right.

**Who’s Included?** The Settlement is for a “Class” that includes anyone in the U.S. who purchased Dental Products directly from Defendants or Burkhart during the Class Period: August 31, 2008 to March 31, 2016.

**What does the Settlement provide?** The Defendants will pay \$80 million into a “Settlement Fund.” The settlement proceeds, net of all court-approved fees and costs, will be allocated pro rata, based on relative purchase amounts. For more information on payouts, please consult paragraphs 25-30 of the November 12, 2018, Declaration of Eric L. Cramer and/or the Plan of Allocation (when it is available) on the settlement website. Class Counsel will be asking the Court to approve a fee of up to 1/3 of the Settlement amount, plus reimbursement of costs, and service awards for the named plaintiffs. That Fee Application will be available on the

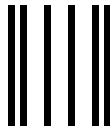
settlement website on or before March 24, 2019.

**How can I receive benefits?** If the Settlement is approved, you will receive a Claim form in the mail (it will also be available on the Settlement website). You must file a claim by September 19, 2019 in order to receive a payment.

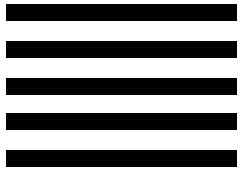
**How can I exclude myself or object?** If you want to sue the Defendants yourself, you must exclude yourself from the Settlement by April 18, 2019 in which case you will not receive a payment from the Settlement. If you do not exclude yourself, you may file an objection to the Settlement or any aspect of it by April 18, 2019.

**More complete information, including the Settlement Agreement and release of claims, instructions on filing a claim (when a claim form becomes available), Excluding, and Objecting is available on the settlement website, [www.DentalSuppliesAntitrustClassAction.com](http://www.DentalSuppliesAntitrustClassAction.com) or you may call toll free 1-844-367-8807.**

**When will the Court decide?** A Fairness Hearing will be held on May 22, 2019 at 10:00 a.m. at the U.S.D.C. for the Eastern District of NY, 225 Cadman Plaza E, Brooklyn, NY 11201 in Courtroom 8D S to consider whether to approve the Settlement and Fee Application. You may, at your own expense appear at the Hearing, but you don’t have to.



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**Class Member ID: <<310350000000>>**

## **Dental Supplies Antitrust Settlement**

I am identifying below all the business names (including DBAs) and addresses under which I may have purchased dental supplies or equipment. I understand that after receiving this information, the claims administrator will subsequently send me a form that includes information relating to all of my qualifying dental purchases during the Class Period. Upon receipt of that form, I will be afforded the opportunity to accept those figures as my claim amount or, alternatively, to provide my own supporting documentation to substantiate a different qualifying amount.

If you need additional space, you may use the case website ([DentalSuppliesAntitrustClassAction.com](http://DentalSuppliesAntitrustClassAction.com)), or mail additional pages to the Settlement Administrator. In any mailing, please be sure to include your Class Member ID.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Contact Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (You may be contacted if further information is required.)

\_\_\_\_\_  
Additional Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City ST Zip

\_\_\_\_\_  
Additional Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City ST Zip