

*Cohen et al. v. eSupplements, LLC d/b/a Nutricost*, No. 23-cv-06387  
(Eastern District of New York)

If you wish to recover in the settlement, please complete, sign, and return this **Settlement Claim Form**.

You must complete and submit a Claim Form by August 7, 2026. You may submit a Claim Form online at [www.CohenMAG.com](http://www.CohenMAG.com) or by completing and submitting this Claim Form.

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Claim ID:	
Pin:	

First Name:		Last Name:	
Address:			
City:		State:	Zip Code:
Current Phone Number (optional)			
Email (optional)			

Payment Election:

Paper Check by Mail

*OR*

PayPal      PayPal Email \_\_\_\_\_

**Certification**

By signing and submitting this Claim Form, I certify and affirm that the information I am providing is true and correct to the best of my knowledge and belief, I am over the age of 18 and I wish to claim my share of the Settlement Fund.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_