

GUIDANT DEFIBRILLATORS CLASS ACTION SETTLEMENT

1 EXTRAORDINARY INJURY FUND CLAIM FORM (FORM "F") - ATTACHED

2 INSTRUCTIONS FOR SUBMITTING FORMS / DOCUMENTS

CLAIMS BAR DEADLINE:

- The Claims Bar Deadline is December 4, 2014.
- The Settlement Administrator must receive all required forms and supporting documents (the "Claim Package") by the Claims Bar Deadline.

PREPARING THE CLAIM PACKAGE:

- Please note that each Claim requires submission of particular forms and supporting documents prior to the December 4, 2014 Claims Bar Deadline.
- A Claimant Declaration is required for compensation from the Explant Fund.
 - Complete the (Form "C") Claimant Declaration if the Claimant is one of the 224 Eligible Claimants (as described in section 4.3 of the Settlement Agreement), *or*
 - Complete the (Form "D") Claimant Declaration *and* the (Form "E") Physician's Declaration if the Claimant is NOT one of the 224 Eligible Claimants.
- An Extraordinary Injury Claim Form is required if seeking additional compensation from the Extraordinary Injury Fund for serious injuries, out-of-pocket expenses and/or loss of income as a result of the premature explant.
 - **Complete the (Form "F") Extraordinary Injury Claim Form if the Claim includes a request for compensation from the Extraordinary Injury Fund.**

SUBMITTING THE CLAIM PACKAGE:

If you have access to the online claim, submit the Claim Package via direct file upload and/or fax2file. Detailed instructions for direct file upload and fax2file are provided in the Document Management section of the online claim.

If you do not have access to the online claim, submit the Claim Package:

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|----|------------------------|--|
| | by (toll-free) fax to | 800.606.3492 |
| or | by prepaid mail to | Marsh Canada, Settlement Administrator
Guidant Class Action
PO Box 428, Station A
Toronto, Ontario M5W 1C2 |
| or | by prepaid courier to: | Marsh Canada, Settlement Administrator
Guidant Class Action
161 Bay Street, Suite 1400
Toronto, Ontario M5J 2S4 |

If you do not submit a completed Claim Package by December 4, 2014, you will not receive any part of the settlement funds.

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CLAIMANT NAME (at the time of the explant)	First	Middle	Last
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1. I have delivered a Claimant Declaration seeking compensation from the Explant Fund.
2. I also claim additional compensation from the Extraordinary Injury Fund because as a result of the premature explant of my Guidant defibrillator, I suffered serious injury, out-of-pocket expenses and/or loss of income as particularized below. (Please complete all applicable sections.)

A. MEDICAL INFORMATION

3. I was hospitalized for _____ days in order to have the defibrillator explanted.
4. I required further hospitalization as a result of the explant I did not require further hospitalization as a result of the explant
5. I have had the following problems as a result of the explant. (Please describe in detail, including the medical treatment received. If you need more space to describe the problems, please attach a separate page.)

- (a) _____
- (b) _____
- (c) _____

6. I enclose the following medical records:
 - hospital discharge sheet(s); OR
 - statement from my treating doctor.

B. OUT-OF-POCKET EXPENSES

7. Out-of-pocket expenses include, but are not limited to, medical and drug expenses (not reimbursed by a provincial program), parking fees, cost of care, which must be confirmed by receipts, credit card statements or other documentation attached to this form.
 - I am claiming the following out-of-pocket expenses:

Description of Expenses	Amount Claimed	Description of Confirming Document Attached

FORM “F”
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If this declaration is being made by a parent or guardian on behalf of a minor, a person under disability or who is deceased:	
Name of Minor, Person Under Disability or Deceased:	
Signature of Parent or Guardian:	
Date:	
Mailing Address:	
Contact Information (at least one of these must be provided):	
Phone – Line 1: (including Area Code)	Phone – Line 2: (including Area Code)
Email Address:	

If this Declaration is being made by a Parent or Guardian on behalf of a minor, the following additional information is required:

Minor’s Date of Birth:	Month	Day	Year