

PONDIMIN LITIGATION SETTLEMENT CLAIM FORM PACKET

This packet contains the following:

1. **Instructions for Claimants** (these provide information on how to file a Claim).
2. **Claim Form** (a form that you will need to fill out to file a Claim).
3. **Echocardiogram Report Form** (a form that your doctor will need to fill out for you and you will file as a part of your Claim).
4. **Medical Direction & Authorization Form** (a form that you will need to sign so that the Claims Administrator will be able to get your medical records if needed).
5. **Medical Conditions List** (this lists the medical conditions that qualify for Settlement benefits).
6. **Claims Administration Procedures** (these tell you how your Claim will be administered).

A copy of the Pondimin Settlement Agreement is available on www.pondiminsettlement.com or upon request to the Claims Administrator, Crawford Adjusters Canada, at 1-866-281-1103. Other settlement documents and Court orders are also available on the website or upon request to the Claims Administrator.

INSTRUCTIONS FOR CLAIMANTS

These Instructions provide basis guidelines for submitting claims under the Pondimin Litigation Settlement. For more detailed information, see the other materials in the Claim Form Packet.

I. WHO IS ELIGIBLE TO FILE A CLAIM?

Three types of Class Members can file a claim seeking benefits:

- a. Pondimin Recipients - Canadian residents who ingested Pondimin that was prescribed in Canada between January 1, 1992 to September 15, 1997.
- b. Representative Claimants - an estate trustee or litigation administrator of a deceased Pondimin Recipient, or a Pondimin Recipient's legal representative, heir or beneficiary.
- c. Infant Claimants - Children who are under age 18 at the time of their parent Pondimin Recipient's diagnosis of or initial treatment for a Matrix-Level Condition.

"Matrix" refers to a grid of ratio values. Each claim involving a Pondimin Recipient with a "Matrix-Level Condition" (a set of severe heart conditions described in the Medical Conditions List) will be assigned a specific ratio value on the applicable Matrix. The ratio value will be based upon the Pondimin Recipient's medical condition, medical history and other factors. When benefits become payable, each ratio value will be converted into a monetary value, which will equal the amount of each benefit.

II. IMPORTANT WARNINGS TO ALL CLAIMANTS

You must be aware of several key issues in order to pursue a claim:

1. **Address Changes.** You are responsible for keeping the Claims Administrator informed of your current mailing address. If your address changes, or your lawyer's address changes, you must notify the Claims Administrator in writing of the correct address or you will lose your rights to any Claim or Settlement benefit. The Claims Administrator will not make efforts to locate you or your lawyer if mail is returned as undeliverable or if mail is not forwarded to you.
2. **Deadlines are Critical.** To avoid losing or waiving your rights, all necessary documents must be postmarked or deposited with a courier on or before the deadlines set forth in Section IV below. If your submission is not postmarked

on or delivered to a courier on or before the applicable deadline, it will be late and not considered. You must obtain, complete and submit the required documents to the Claims Administrator on time. ***If you miss a deadline, your Claim will be denied and you will no longer be eligible for any payment from the Settlement.*** Obtaining all of the necessary documents and completing the Claim Form and Echocardiogram Report Form take time. Act now. Do not wait until the last few days before the applicable deadline.

- 3. Postage and Delivery Charges.** You are responsible for affixing proper postage to claims, correspondence or anything else you send to the Claims Administrator, or for paying any applicable courier delivery charges if you choose to use a courier. If you do not affix proper postage to these items, you may miss a deadline and lose or waive your rights under the Settlement.

III. GENERAL INSTRUCTIONS

Representative Claimants. If you are a Representative Claimant or Infant Claimant, your claim will depend upon the medical condition of the Pondimin Recipient from whom your claim is derived. You must submit appropriate documents and information relating to the Pondimin Recipient in support of your claim, in addition to the information you provide about yourself.

Infant Claimants. An Infant Claimant whose parent qualifies for benefits from either the Current or Ongoing Matrix Benefit Fund may make a claim to the same Fund as the parent. The Infant Claimant will qualify for benefits based upon the Matrix position of the parent, but the Infant Claimant's benefit amount will be smaller.

The Settlement Agreement. These Instructions to Claimants summarize the provisions of the Pondimin Settlement Agreement. In the case of a contradiction between these instructions and the Settlement Agreement, the Settlement Agreement shall prevail. If you need assistance or advice regarding these Instructions, the operation of the settlement, or the Forms, you may contact the Claims Administrator or Class Counsel for assistance at no charge to you. If you need assistance in preparing your own individual claim, you may wish to speak to your doctor, and/or to retain legal counsel at your own expense. Use these addresses and telephone numbers to contact the following:

Claims Administrator:

Crawford Class Action Services
3-505, 133 Weber St. N.
Waterloo ON N2J 3G9
Canada
Telephone: 1-866-281-1103

Class Counsel:

Siskind, Cromarty, Ivey & Dowler LLP
680 Waterloo Street
London, ON
N6A 3V8
Telephone: 1-800-461-6166, extension 2385

If you live in British Columbia or Quebec, you may also contact the following lawyers;

B.C. Counsel for the Class:

Camp Fiorante Matthews
4th Floor, Randall Building
555 West Georgia Street
Vancouver, B.C.
V6B 1Z6
Telephone: (604) 689-7555

Quebec Counsel for the Class:

Borgia, Desmeules, S.E.N.C.
Les Promenades du Vieux-Quebec
43 Rue Buade, Bureau 320
Quebec, QC
G1R 4A2
Telephone: (418) 694-2009

IV. PROCEDURES AND DEADLINES FOR FILING A CLAIM

To be considered eligible to receive benefits pursuant to the Settlement Agreement YOU MUST SEND to the Claims Administrator the documents and information set forth in Sections VI, VII and VIII below.

YOU MUST SEND YOUR INFORMATION TO THE CLAIMS ADMINISTRATOR ON OR BEFORE THE FOLLOWING DEADLINES:

For a claim to the Diagnosed Condition Fund:	January 14, 2002
For a claim to the Current Matrix Benefit Fund:	July 15, 2002
For a claim to the Ongoing Matrix Benefit Fund:	July 14, 2016

In light of these deadlines, you should immediately obtain Product Identification Documentation [see pages 5-6] from the Pondimin Recipient's doctor or pharmacist to determine whether Pondimin was prescribed. You should also immediately begin to complete the necessary Claim Form, Echocardiogram Report Form and Medical Direction & Authorization Forms and gather all required documents.

Specific instructions regarding the information and documentation needed to submit a claim for compensation from the Diagnosed Condition Fund, the Current Matrix Benefit Fund and/or the Ongoing Matrix Benefit Fund are detailed in Parts IV, V, VI and VII of these Instructions.

V. IMPORTANT DEFINITIONS

To properly file your claim, you must be aware of the following definitions:

Certified Cardiologist, Certified Cardiac Surgeon, Certified Pathologist, Certified Neurologist or Certified Neurosurgeon: means a Fellow of the Royal College of Physicians and Surgeons of Canada in Cardiology, Cardiac Surgery, General Pathology, Neurology or Neurosurgery respectively.

Claims Administration Procedures: means the document titled "Claims Administration Procedures" attached as Exhibit "F" to the Settlement Agreement and also contained in the Claim Form Packet.

Medical Conditions List: means the document titled "Medical Conditions List" attached as Exhibit "E" to the Settlement Agreement and also contained in the Claim Form Packet.

Product Identification Documentation: Product Identification Documentation includes the following:

- (a) pharmacy prescription dispensing records (for example, prescription printouts or pharmacy records) including the medication name, quantity, frequency, dosage and number of refills prescribed, prescribing physician's name, assigned prescription number, original fill date and each subsequent refill date stating that the Pondimin Recipient was prescribed Pondimin and the total period of time that Pondimin, Ponderal, and/or Redux were taken. *Note* that if the Pondimin Recipient took Ponderal and/or Redux along with Pondimin, the benefit amount for all claims relating to that Pondimin Recipient will be one half of what would otherwise have been received if the Pondimin Recipient had been prescribed Pondimin only.

- (b) a copy of the medical records showing the prescription and/or dispensing of Pondimin to the Pondimin Recipient. The records must identify the person who took the drugs, the diet drug name, the date(s) prescribed, the dosage, and duration for which the drug was prescribed or dispensed; or
- (c) if (a) and (b) are not available, a written statement signed by the prescribing physician stating that the Pondimin Recipient was prescribed Pondimin and the duration of such prescription.

This statement cannot be based upon Unacceptable Product Identification Documentation as outlined below. In addition, you must provide a sworn affidavit of your own stating:

- § the steps you took to obtain Product Identification Documentation as outlined in paragraphs (a) and (b) above, and
- § the responses, if any, to those steps.

- (d) if you are unable to provide Product Identification Documentation as outlined in paragraphs (a), (b), and (c) above, you may submit to the Claims Administrator such other objective verification of the identification of the use and duration of usage of Pondimin as may be acceptable to the Claims Administrator. Such objective verification cannot rest upon Unacceptable Product Identification Documentation as outlined below. If you submit such other objective verification, you must also submit a sworn affidavit of your own stating:

- § the steps you took to obtain Product Identification Documentation as outlined in paragraphs (a) and (b) above, and
- § the responses, if any, to those steps.

Unacceptable Product Identification Documentation: You will not establish that the Pondimin Recipient was prescribed Pondimin, and your claim will be rejected, if you fail to submit the required Product Identification Documentation described above, and instead submit Unacceptable Product Identification Documentation, such as:

- (a) statements from medical personnel describing their typical or general practices during a given time period, or a statement from you or any other person that seeks to verify Pondimin usage or duration based upon recollection;
- (b) records or statements which refer to “fen-phen”, “fenfluramine”, “diet drugs”, or other terminology which does not specifically identify Pondimin as the drug prescribed.

Note that additional terms are defined in Section 2 of the Pondimin Settlement

Agreement.

VI. TO CLAIM BENEFITS FROM THE DIAGNOSED CONDITION FUND

Compensation through the Diagnosed Condition Fund is for Pondimin Recipients who have been diagnosed with modest and generally asymptomatic levels of heart valve regurgitation (leakage) or their Representative Claimants. Infant Claimants may not make claims to this Fund. The specific levels of heart valve regurgitation required for eligibility for benefits from the Diagnosed Condition Fund are listed under Part I of the Medical Conditions List, and will be understood by your cardiologist or family physician.

If you choose to make a claim from the Diagnosed Condition Fund, you could receive up to \$2,000 if there were 1-60 days of Pondimin use. If there were 61 days or more of Pondimin use, then you could receive up to \$4,000 from the Diagnosed Condition Fund. If the Pondimin Recipient took Ponderal and/or Redux along with Pondimin, the benefit amount for all claims relating to that Pondimin Recipient will be one half of what would otherwise have been received if the Pondimin Recipient had been prescribed Pondimin only.

The amount of money paid for each qualifying Diagnosed Condition Fund claim will also be determined in part by the total number of persons qualifying for benefits from the Fund.

To make a Diagnosed Condition Fund claim, you must submit to the Claims Administrator, by January 14, 2002:

- (1) A properly completed and executed Claim Form;
- (2) Product Identification Documentation;
- (3) Proof of Pondimin Usage Documents;
- (4) Supporting Medical Documentation [see pages 9-10 of these Instructions, and also Section 4 of the Claims Administration Procedures];
- (5) A properly completed and executed Medical Direction & Authorization Form;
- (6) A properly completed and executed Echocardiogram Report Form;
- (7) A copy of the valid echocardiogram tape (copied at normal speed Super VHS with 1 patient per tape) or disk (with 1 patient per disk) upon which you rely in support of your claim;
- (8) If applicable, Documentation relating to Representative Claimants (for example, a copy of the document giving you authority to act on behalf of the Pondimin Recipient); and
- (9) All other necessary documents required according to these Instructions, the Claim Form, the Echocardiogram Report Form, the Medical Conditions List, and the Claims Administration Procedures.

VII. TO CLAIM BENEFITS FROM THE CURRENT MATRIX BENEFIT FUND

Compensation through the Current Matrix Benefit Fund is for claims relating to Pondimin Recipients who have been diagnosed with conditions more severe than those which are eligible for compensation through the Diagnosed Condition Fund. Pondimin Recipients, Representative Claimants and Infant Claimants are eligible to make claims to this Fund. The conditions qualifying for benefits are specified in the Medical Conditions List.

The compensation provided by the Current Matrix Benefit Fund varies based on the existence of certain heart conditions, the severity of the condition, the Pondimin Recipient's age at the time of diagnosis, the duration of Pondimin use, whether Ponderal and/or Redux were also used along with Pondimin, the presence of other factors which may have caused the Pondimin Recipient's heart condition, and if applicable, the Infant Claimant's age at the time of the Pondimin Recipient's diagnosis or initial treatment. The compensation paid for a Current Matrix Benefit Fund claim will also be determined in part by the total number of persons qualifying for benefits from the Fund.

If you are a Claimant, and you received or were eligible to receive compensation from the Diagnosed Condition Fund, you may make a claim against the Current Matrix Benefit Fund if the Pondimin Recipient's condition worsens and falls within one of the levels of severity described in the Medical Conditions List. In that case, the Current Matrix Benefits Fund Payment will be reduced by the amount of the previous Diagnosed Condition Fund Payment. **Your claim for benefits from the Current Matrix Benefit Fund must be made by July 15, 2002.**

If the Pondimin Recipient's condition worsens after July 15, 2002, you may be eligible to make a claim to the Ongoing Matrix Benefit Fund, as described in Part VII of these Instructions.

Matrix Levels and Categories

In order to complete the Claim Form, you must determine, and indicate in Section 7 of the Claim Form, the Matrix category and level for which you are submitting your claim. Your Certified Cardiologist or Certified Cardiac Surgeon will be able to assist you in preparing this claim.

Matrix Category: Review Part III of the Medical Conditions List, with your cardiologist and/or lawyer if necessary, to determine whether you wish to submit your claim under Matrix Category "A" or Matrix Category "B". Identify the Matrix Category under which you wish to submit your claim in Section 7.03 of the Claim Form.

Matrix Level: Review Part II of the Medical Conditions List to determine the

Matrix Level under which you wish to submit your claim. Identify the Matrix Level in Section 7.02 of the Claim Form.

To make a Current Matrix Benefit Fund Claim, you must submit to the Claims Administrator, by July 12, 2002:

- (1) A properly completed and executed Claim Form;
- (2) Proof of Pondimin Usage Documents;
- (3) Product Identification Documentation;
- (4) A properly completed and executed Medical Direction & Authorization Form;
- (5) A properly completed and executed Echocardiogram Report Form;
- (6) A copy of the valid echocardiogram tape (copied at normal speed Super VHS with 1 patient per tape) or disk (with 1 patient per disk) upon which you rely in support of your claim;
- (7) If applicable, Supporting Documentation for Infant Claimants (for example, the birth certificate or other relevant document(s) showing that the Infant Claimant is the child of the Pondimin Recipient from whom the claim is derived);
- (8) If applicable, Documentation relating to Representative Claimants (for example, a copy of the document giving you authority to act on behalf of the Pondimin Recipient);
- (9) All other necessary documents required according to these Instructions, the Claim Form, the Echocardiogram Report Form, the Medical Conditions List, and the Claims Administration Procedures; and
- (10) Supporting Medical Documentation relating to the Pondimin Recipient from whom the claim is derived, which must consist of:
 - i. Copies of medical records from the Pondimin Recipient's family physician or general practitioner dating from two years before the first prescription of Pondimin, Ponderal or Redux;
 - ii. Copies of all hospital reports of the Pondimin Recipient's admitting history and physical examination, operative reports, pathology reports (if applicable), cardiac catheterization reports, and discharge summaries which relate to the condition that forms the basis of your claim;
 - iii. An Echocardiogram Report Form and a copy of the videotape (made at normal speed Super VHS tape - one patient per tape) or disk (one patient per disk) of the Echocardiogram results which, in whole or in part, form the basis for your claim;
 - iv. A declaration under penalty of perjury from you that, to the best of your knowledge, such condition was not present before Pondimin

usage;

- v. A declaration under penalty of perjury from a Certified Cardiologist or Certified Cardiac Surgeon setting forth an opinion to a reasonable degree of medical certainty that:
 - (a) The Pondimin Recipient has the condition which qualifies you for a particular Matrix payment, including, where applicable, that the causation requirements applicable to conditions (b)(5) and (c) of Matrix-Level V, either are or are not present;
 - (b) to the best of such physician's knowledge after reasonable inquiry, such condition which qualifies you for a particular Matrix payment was not present before the Pondimin Recipient's usage of Pondimin, Ponderal or Redux; and
 - (c) all the conditions set forth in the Medical Conditions List, which determine whether Matrix A or Matrix B is applicable, either are present or are not present;
- vi. A declaration under penalty of perjury from a Certified Cardiologist, Certified Cardiac Surgeon, Certified Neurologist or Certified Neurosurgeon with regard to the functional outcome which the Pondimin Recipient has had six months after a stroke, if applicable;
- vii. A declaration under penalty of perjury from a Certified Cardiologist, Certified Cardiac Surgeon or Certified Pathologist regarding the existence of the pathological criteria for Endocardial Fibrosis, if applicable;
- viii. Any other documentation which the Claims Administrator is otherwise authorized to request under the Settlement Agreement; and
- ix. If not previously submitted, a certification from a Qualified Physician on the Claim Form that the Pondimin Recipient meets the criteria for having FDA Positive valvular regurgitation, as defined in the Settlement Agreement.

You shall obtain and bear the cost of obtaining Supporting Medical Documentation.

If you are unable to obtain the documentation described above through the exercise of reasonable efforts, the Claims Administrator shall have the right to consider other supporting documentation including but not limited to declarations of other Qualified Physician(s) under penalty of perjury setting forth opinion(s) to

a reasonable degree of medical certainty to support the claim that the Pondimin Recipient's condition entitles you to a Matrix benefit.

VIII. TO CLAIM BENEFITS FROM THE ONGOING MATRIX BENEFIT FUND

If you are a Claimant and you have already received or were eligible to receive a payment from the Diagnosed Condition Fund or the Current Matrix Benefit Fund, and the Pondimin Recipient's condition worsens, you may receive further compensation from the Ongoing Matrix Benefit fund if the Pondimin Recipient's condition falls within one of the levels of disease severity as described in the Medical Conditions List.

If the Pondimin Recipient's condition does fall within the required levels of disease severity, you will be eligible to submit a claim for benefits from the Ongoing Matrix Benefit Fund if you timely asserted a claim to the Diagnosed Condition Fund or the Current Matrix Benefit Fund relating to the same heart valve with respect to which the claim for benefits from the Ongoing Matrix Benefit Fund is based. Alternatively, you may be entitled to benefits if you can demonstrate that you would have been eligible for benefits from the Diagnosed Condition Fund or the Current Matrix Benefit Fund relating to the same heart valve with respect to which the claim for benefits from the Ongoing Matrix Benefit Fund was based, had such a claim been timely asserted.

The compensation provided by the Current Matrix Benefit Fund varies based on the existence of certain heart conditions, the severity of the condition, the Pondimin Recipient's age at the time of diagnosis, the duration of Pondimin use, whether Ponderal and/or Redux were also used along with Pondimin, the presence of other factors which may have caused the Pondimin Recipient's heart condition, and if applicable, the Infant Claimant's age at the time of the Pondimin Recipient's diagnosis or initial treatment. The compensation paid for a Current Matrix Benefit Fund claim will also be determined in part by the total number of persons qualifying for benefits from the Fund.

To make an Ongoing Matrix Benefit Fund Claim, you must submit to the Claims Administrator, by July 14, 2016:

- (1) A properly completed and executed Claim Form;
- (2) Proof of Pondimin Usage Documents;
- (3) Product Identification Documentation, as described in Part IV of these Instructions;
- (4) Supporting Medical Documentation, as described in Part VI of these Instructions;
- (5) A properly completed and executed Medical Direction & Authorization Form;
- (6) A properly completed and executed Echocardiogram Report Form;

- (7) A copy of the valid echocardiogram tape (copied at normal speed Super VHS with 1 patient per tape) or disk (with 1 patient per disk) upon which you rely in support of your claim;
- (8) If applicable, Supporting Documentation for Infant Claimants (for example, the birth certificate or other relevant document(s) showing that the Infant Claimant is the child of the Pondimin Recipient from whom the claim is derived);
- (9) If applicable, Documentation relating to Representative Claimants Claimants (for example, a copy of the document giving you authority to act on behalf of the Pondimin Recipient); and
- (10) All other necessary documents required according to these Instructions, the Claim Form, the Echocardiogram Report Form, the Medical Conditions List, and the Claims Administration Procedures.

ALL REQUIRED FORMS AND DOCUMENTATION MUST BE SUBMITTED BY THE ABOVE-LISTED DEADLINES TO THE CLAIMS ADMINISTRATOR AT

Crawford Class Action Services
3-505, 133 Weber St. N.
Waterloo ON N2J 3G9
Canada
Telephone: 1-866-281-1103