

# OPT OUT FORM

## American Medical Systems WOMEN'S PELVIC MESH DEVICE LITIGATION

This is an **opt out form**. You should only fill out this form if:

1. You were first implanted with an AMS SUI Transvaginal Mesh Device or AMS POP Transvaginal Mesh Device on or after May 29, 2015 or you were only implanted with an Additional AMS SUI and POP Mesh Device; AND
2. You want to be excluded from the class actions regarding AMS's Mesh Devices, which include alleged injuries by women implanted with mesh devices used to treat Stress Urinary Incontinence ("SUI") and mesh devices used to treat Pelvic Organ Prolapse ("POP").

Opting Out means that you do not want to be included in the class actions. If you opt out, you will not be entitled to any compensation that might otherwise be available to you under the settlement, but you will be able to commence your own lawsuit or continue any lawsuit you may have already filed. If you have any questions, contact class counsel at (800) 461-6166 x2367 or, to speak to a French-speaking representative, (800) 461-6166 x2409.

**This form must be submitted no later than September 11, 2019.**

You may submit this form one of three ways:

- By email to [amsmeshclassactions@siskinds.com](mailto:amsmeshclassactions@siskinds.com): To submit the form by email, fill it out and scan it and send the attachment to [amsmeshclassactions@siskinds.com](mailto:amsmeshclassactions@siskinds.com)
- By fax to: (519) 660-7859
- By mail to:

AMS Mesh Opt Out  
c/o Siskinds LLP  
680 Waterloo Street  
P.O. Box 2520  
London, ON, N6A 3V8

For Residents of Québec:

Residents of Québec must also send the written election to Opt Out by pre-paid mail or courier to the Québec Court for the District of Québec at:

Greffé de la Cour supérieure du Québec  
300, boulevard Jean-Lesage  
Québec (Québec) G1K 8K6

If you do not submit this form in time, you will not be able to opt out. **If you have an AMS SUI Transvaginal Mesh Device or an AMS POP Transvaginal Mesh Device implanted before May 29, 2015, your deadline for opting out has already passed and you may not opt out again.**

**If you already opted out, you may not now opt back in.**

In the case of email and fax submissions, the form will be deemed to have been submitted when received. In the case of mail submissions, the form will be deemed to have been submitted when postmarked.

**For more information about the AMS Women's Pelvic Mesh Devices Class Actions, see the "Long Form Notice" available at [www.amsmeshclassactions.ca](http://www.amsmeshclassactions.ca).**

**Class Counsel are:****SISKINDS LLP**

680 Waterloo Street  
P.O. Box 2520  
London, ON, N6A 3V8

Elizabeth deBoer  
Charles Wright  
Rachel Pardy

(800) 461-6166 x2367  
(519) 672-2121 x2367

elizabeth.deboer@siskinds.com  
charles.wright@siskinds.com  
rachel.pardy@siskinds.com

**ROCHON GENOVA LLP**

121 Richmond St. West  
Suite 900  
Toronto, ON, M5H 2K1

Joel Rochon  
Suzanne Chioldo

(416) 363-1867 x234

schiodo@rochongenova.com

**SISKINDS, DESMEULES sencrl**

Les Promenades du Vieux-Québec  
43, rue Buade, bur. 320  
Québec, QC, G1R 4A2

Erika Provencher

(418) 694-2009

recours@siskindsdesmeules.com

**Personal Information**

Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of a Class Member, please provide the following information about the Class Member.

Name used by the person with the mesh implant:

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Last Name	First Name	Middle Initial	Health Card Number	Date of Birth
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Current or last known residence address used by the person with the mesh implant:

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Street Address

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City	Province/Territory	Postal Code
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(   ) Daytime Phone Number	(   ) Evening Phone Number	E-mail Address
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**Mesh Information**

Please provide particulars of the mesh(es) in question. If you do not know or are uncertain of the answer, please so indicate.

Indication(s) for treatment:

- Stress urinary incontinence
- Pelvic organ prolapse

Identity of mesh manufacturer: \_\_\_\_\_

Model of mesh: \_\_\_\_\_

Date of implant surgery: \_\_\_\_\_

Location/facility where mesh was implanted \_\_\_\_\_

Treating physician(s) \_\_\_\_\_

If you have records indicating the type of manufacturer and model of the mesh check this box and attach copies: [ ]

If more than one mesh device was implanted, provide details:

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If you suffer from complications you believe are related to the mesh, please describe:

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If you have had revision surgery under general anaesthesia or another surgery under general anaesthesia to correct an issue with the mesh, please provide for each such surgery (1) the date and location, (2) the treating physician(s), (3) a description of the surgery:

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### **Legal Representative Information (if applicable)**

If you are filing this Opt-Out Form as the legal representative of a Class Member or a Class Member's estate, please provide the following information about ***yourself*** and attach a copy of your court approval or other authorization to represent the Class Member identified in "Personal Information" above.

Last Name	First Name	Middle Initial
<hr/>		
Street Address		
<hr/>		
City	Province/Territory	Postal Code
<hr/>		
(   ) Daytime Phone Number	(   ) Evening Phone Number	E-mail Address
<hr/>		
Relationship to Class Member		

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor). Date of birth of the minor: \_\_\_\_\_

a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);

a deceased person: Certificate of Appointment as Estate Trustee. Date of death: \_\_\_\_\_

**Lawyer Information (if applicable)**

If you or the Class Member have hired a lawyer in connection with a claim arising from the Class Member's AMS Women's Pelvic Mesh Device, in any way, please provide the following information about the lawyer:

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Last Name	First Name	Middle Initial
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Street Address
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City	Province/Territory	Postal Code
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(      ) Office Phone Number	(      ) Fax Number	E-mail Address
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Law Society Number
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*If a claim has been filed:*

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Date of Issuance	Court File No	Jurisdiction of Filing
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## Acceptance and Acknowledgement

**I have read the foregoing and reviewed and understand the Long Form Notice.**

I hereby opt out of any certified class action related to AMS Women's Pelvic Mesh Devices.

### I understand that by opting out:

- I will not be a member of the class and will never be eligible to receive any compensation through the class action opted out of.
- All family members who might otherwise be Class Members by virtue of a personal relationship with me are deemed to have opted out as well.
- I will not be entitled to participate in the designated class action

**By signing this form, I acknowledge that I have reviewed and understand the Long Form Notice**

Date \_\_\_\_\_ Signature (Class Member or Executor, Administrator, or Personal Representative)

To be effective as an election to opt out, this Form must be completed, signed and sent, as outlined above, **no later than September 11, 2019**.

The consequences of returning this Opt-Out Form are explained in the Long Form Notice. If you have questions about using or completing this Form, contact your lawyer or Class Counsel at (800) 461-6166 x2367 or, to speak to a French-speaking representative, (800) 461-6166 x2409.

**PURSUANT TO THE SETTLEMENT AGREEMENT, WE HAVE AN OBLIGATION TO PROVIDE YOUR NAME TO COUNSEL FOR THE DEFENDANTS, OTHERWISE THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL**