

CLAIMS ADMINISTRATION PROTOCOL AND AWARD SCHEDULE
Quebec Depuy ASR Hip Implant Class Action

I. INTRODUCTION

1. On August 24, 2010, artificial hip implants referred to as the ASR XL Acetabular Hip System and ASR Hip Resurfacing System (“**ASR Implant**” or “**ASR Implants**”) were subject to a worldwide recall (the “**Recall**”);
2. On May 13, 2014, the Quebec Superior Court (the “**Court**”) authorized the institution of a class action bearing Court number 500-06-000550-109 against Depuy Orthopaedics Inc. and Johnson & Johnson Inc. (the “**Defendants**”) on behalf of the following individuals who received ASR Implants subject to the Recall (the “**Class**”):

All natural persons who, between July 2003 and August 24, 2010 (the “**Period**”), were surgically implanted with an ASR XL Acetabular Hip System or an ASR Hip Resurfacing System (“**ASR Implant System**” or “**ASR Implant Systems**”), designed, manufactured, sold or distributed by the Defendants, which system was recalled by the Defendants on August 24, 2010, and who were either: (i) Québec residents at the time of receipt of the ASR Implant System or any revision thereof; or (ii) Québec residents at the time of the Defendants’ recall of the ASR Implant System; or (iii) Recipients of the ASR Implant System or any revision thereof in Québec, who were Canadian residents at that time, and who now reside outside of Canada. All individuals who make claims against the Defendants in the context of class actions elsewhere in Canada will be excluded from the Québec ASR Class.

3. The Defendants have agreed to pay a lump sum of \$20 Million to settle the claims of all members of the Class (the “**Settlement**”). The Settlement is subject to the approval of the Court;
4. Court approval is also requested for the payment of all legal fees, expert costs, disbursements, administration and notice costs and applicable taxes. The remainder of the Settlement amount (the “**Settlement Fund**”) will be distributed to the members of the Class who submit valid proofs of claim, according to the claims procedure set forth below;
5. Pursuant to the Settlement, Class Counsel is solely responsible for establishing a claims administration protocol and award schedule to distribute the Settlement Fund to the Class, without any involvement of the Defendants (the “**Claims Administration Protocol and Award Schedule**”);

6. The Claims Administration Protocol and Award Schedule will govern the claims made by members of the Class pursuant to the Settlement, subject to approval of the Court;

II. CLAIM FORMS

7. Class Counsel has engaged Collectiva to serve as Claims Administrator (the “**Claims Administrator**”), subject to the approval of the Court;
8. In order to benefit from the Settlement, members of the Class must submit valid claims to the Claims Administrator by completing and signing the Claim Form enclosed as Annex A, and providing supporting documents and medical records, as set forth below. If the member of the Class has passed away, the Estate of the deceased member of the Class may submit a claim;
9. If the Settlement is approved, Class members must submit their Claim Form to the Claims Administrator no later than **May 24, 2019** (the “**Claims Deadline**”). **Any Claim Form postmarked after the Claims Deadline will be rejected;**
10. Claim Forms will be available on the website of the Claims Administrator (**www.collectiva.ca**), on the website of Class Counsel (**www.kklex.com**), or you may contact the Claims Administrator at 514-287-1000 or toll-free at 1-800-287-8587 or Class Counsel at 514-878-2861 or toll-free at 1-844-999-2861 to receive a Claim Form by mail;
11. The Claim Form and supporting documentation must be sent to the Claims Administrator before the Claims Deadline by email, by telecopier/facsimile or by mail (confirming the date of transmission) to the Claims Administrator, to the following coordinates:

COLLECTIVA
1176 Bishop Street, Suite 208
Montreal, Quebec, H3G 2E3
Telecopier/Facsimile: 514-287-1617
Email: depuyasr@collectiva.ca

III. ELIGIBILITY

12. Only a member of the Class whose claim has been approved by the Claims Administrator will be eligible to receive compensation out of the Settlement Fund (“**Approved Claimant**”);
13. In order to be an Approved Claimant, the claimant must have received at least one ASR Implant subject to the Recall, during hip replacement surgery that took place between July 2003 and August 24, 2010 (“**Initial ASR Surgery**”);

14. The ASR Implants subject to the Recall are identified by labels or stickers indicating Product codes / Lot codes (the “Labels”):

Product Code Listing:

DePuy ASR™ Acetabular Shells:

9998-03-944	9998-04-146	9998-04-348	9998-04-550
9998-04-652	9998-04-754	9998-04-956	9998-05-158
9998-05-360	9998-05-562	9998-05-764	9998-05-966
9998-06-168	9998-06-370		

DePuy ASR™ 300 Spiked Acetabular Shells:

9998-30-744	9998-30-746	9998-30-748	9998-30-750
9998-30-752	9998-30-754	9998-30-756	9998-30-758
9998-30-760	9998-30-762	9998-30-764	9998-30-766
9998-30-768	9998-30-770		

DePuy ASR™ Articular Surface Replacement Heads

9998-03-239	9998-03-441	9998-03-643	9998-03-845
9998-03-946	9998-04-047	9998-04-249	9998-04-451
9998-04-653	9998-04-855	9998-05-057	9998-05-359
9998-05-561	9998-05-763		

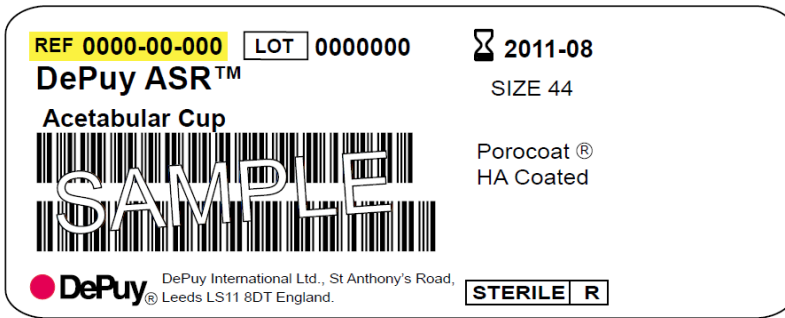
DePuy ASR™ XL Monoblock MoM System Sleeve Adaptors

9998-00-102	9998-00-105	9998-00-108	9998-00-200
9998-00-203	9998-00-206	9998-00-209	9998-00-300
9998-00-303	9998-00-313		

DePuy ASR™ XL Monoblock MoM Heads

9998-90-139	9998-90-141	9998-90-143	9998-90-145
9998-90-146	9998-90-147	9998-90-149	9998-90-151
9998-90-153	9998-90-155	9998-90-157	9998-90-159
9998-90-161	9998-90-163		

15. The medical records associated with a claimant’s Initial ASR Surgery should contain the Labels;
16. The image below is an *example* of a Label that normally appears in a patient’s medical records;



17. If the Labels are not included in a claimant’s medical records, the claimant must obtain and provide to the Claims Administrator a signed declaration from the surgeon who performed the Initial ASR Surgery confirming that the claimant received an ASR Implant subject to the Recall;

18. If you do not know what type of hip implant you received during hip replacement surgery, you should immediately contact your orthopaedic surgeon;

IV. COMPENSATION CATEGORIES

19. The amount of compensation that an Approved Claimant may receive will depend on a number of factors, as set forth below;

A) Revision Surgery Compensation

20. An Approved Claimant who has undergone one or more medically necessary operations to replace the cup or any component of an ASR Implant (“**Revision Surgery**”) will be eligible for compensation associated with Revision Surgery (“**Revision Surgery Compensation**”) provided that:

- (a) The Revision Surgery took place within eleven (11) years following Initial ASR Surgery, or was scheduled to take place within that timeframe, but took place thereafter due to waiting lists or surgeon availability;
- (b) The Revision Surgery was not necessitated by any of the following exclusions (the “**Exclusions**”) :
 - i) a diagnosed infection;
 - ii) a trauma (such as a car accident, sports injury, a fall, etc.);
 - iii) a fracture of the femoral neck within two (2) months of Initial ASR Surgery in which an ASR Resurfacing Hip Implant System was implanted;

21. An Approved Claimant who required a Revision Surgery not necessitated by an Exclusion within eleven (11) years of Initial ASR Surgery, but was precluded from undergoing Revision Surgery for a medical reason (such as a heart condition, cancer or pregnancy, for example) shall be entitled to Revision Surgery Compensation (“**Medically Precluded Revision Surgery Claimant**”);

22. An Approved Claimant eligible for Revision Surgery Compensation (“**Approved Revision Surgery Claimant**”) will be placed into one of three categories of compensation (“**Compensation Categories**”);

23. The Compensation Categories are based upon the number of Revision Surgeries the claimant has undergone, the number of operations the claimant has undergone to replace the implant inserted during Revision Surgery (“**Re-Revision Surgery**”), and/or the occurrence of any extraordinary medical complication (“**Extraordinary Medical Complication**”);

24. An Extraordinary Medical Complication shall mean the following events taking place within eleven (11) years of Initial ASR Surgery:
- (a) a stroke associated with and taking place within one (1) week of Revision Surgery or Re-Revision Surgery;
 - (b) a heart attack associated with and taking place within one (1) week of Revision Surgery or Re-Revision Surgery;
 - (c) a pulmonary embolism associated with and taking place within one (1) month of Revision Surgery and/or Re-Revision Surgery;
 - (d) death associated with and taking place within one (1) month of Revision Surgery or Re-Revision Surgery;
 - (e) a femoral nerve palsy associated with Revision Surgery and/or Re-Revision Surgery which has not resolved within three (3) months thereof;
 - (f) a foot drop associated with Revision Surgery and/or Re-Revision Surgery;
 - (g) a luxation/dislocation requiring a closed reduction medical procedure after Revision Surgery or Re-Revision Surgery; or
 - (h) a letter/declaration of invalidity from the claimant's treating physician stating that the claimant is or was not able to return to work for a period greater than one (1) year as a result of medical problems associated with Revision Surgery or Re-Revision Surgery;

No other event shall constitute an Extraordinary Medical Complication;

25. There are three (3) Revision Surgery Compensation Categories, namely Category 1, Category 2 and Category 3;
26. An Approved Revision Surgery Claimant will receive Category 1 Compensation if, within eleven (11) years of Initial ASR Surgery, the claimant:
- (a) undergoes one (1) Revision Surgery which was not necessitated by an Exclusion, and has not suffered any Extraordinary Medical Complication; or
 - (b) is a Medically Precluded Revision Surgery Claimant;
- ("Category 1 Revision Surgery Claimants");**

27. An Approved Revision Surgery Claimant will receive Category 2 Compensation if, within eleven (11) years of Initial ASR Surgery, the claimant:
- (a) undergoes one (1) Revision Surgery not necessitated by an Exclusion, and suffers an Extraordinary Medical Complication; or
 - (b) undergoes one (1) Revision Surgery on both hips (“**Bilateral Revision Surgery**”), neither of which was necessitated by an Exclusion; or
 - (c) undergoes one (1) Revision Surgery not necessitated by an Exclusion, and one (1) Re-Revision Surgery not necessitated by trauma;

(“Category 2 Revision Surgery Claimants”);

28. An Approved Revision Surgery Claimant will receive Category 3 Compensation if, within eleven (11) years of Initial ASR Surgery, the claimant:
- (a) undergoes one (1) Revision Surgery not necessitated by an Exclusion, undergoes one (1) Re-Revision Surgery not necessitated by trauma, and suffers an Extraordinary Medical Complication; or
 - (b) undergoes one (1) Revision Surgery not necessitated by an Exclusion, and two (2) or more Re-Revision Surgeries not necessitated by trauma;
 - (c) undergoes Bilateral Revision Surgery, neither of which was necessitated by an Exclusion, and either undergoes one (1) or more Re-Revision Surgeries not necessitated by trauma or suffers an Extraordinary Medical Complication;

(“Category 3 Revision Surgery Claimants”);

Scenario	Compensation Category
1 Revision Surgery	Cat 1
1 Revision Surgery + Extraordinary Medical Complication	Cat 2
1 Revision Surgery + 1 Re-Revision Surgery	Cat 2
Bilateral Revision Surgery	Cat 2
1 Revision Surgery + 1 Re-Revision Surgery + Extraordinary Medical Complication	Cat 3
1 Revision Surgery + 2 or more Re-Revision Surgeries	Cat 3
Bilateral Revision Surgery + Extraordinary Medical Complication	Cat 3
Bilateral Revision Surgery + 1 or more Re-Revision Surgeries	Cat 3

**All surgeries and medical complications must have occurred within 11 years of the Initial ASR Surgery

29. Category 2 Revision Surgery Claimants will receive 30% more compensation than Category 1 Revision Surgery Claimants;
30. Category 3 Revision Surgery Claimants will receive 60% more than Category 1 Revision Surgery Claimants;
31. For example, and for purposes of illustration only, if Category 1 Revision Surgery Claimants receive total compensation of \$100,000.00, then Category 2 Revision Surgery Claimants will receive total compensation of \$130,000.00 and Category 3 Revision Surgery Claimants will receive total compensation of \$160,000.00;
32. The last possible date when a member of the Class might have received an ASR Implant during Initial ASR Surgery was August 24, 2010. As a result, in order to be eligible for Revision Surgery Compensation, the member of the Class must undergo Revision Surgery on or before August 24, 2021 (i.e. eleven (11) years later) (the “**Final Revision Surgery Date**”);
33. The total amount of compensation that an Approved Revision Surgery Claimant will receive can only be known with certainty after the Final Revision Surgery Date, as it is only at that time that it will be known for certain how many Approved Revision Surgery Claimants there are;
34. As a result, the compensation owed to an Approved Revision Surgery Claimant will be paid out in three (3) separate distributions over time (“**Distributions**”), namely:
 - (a) **Distribution 1** – Within sixty (60) days of the approval of their claim by the Claims Administrator, each Approved Revision Surgery Claimant will receive an initial Distribution of \$20,000.00;
 - (b) **Distribution 2** – Within sixty (60) days following the Claims Period, namely, July 23, 2019, each Approved Revision Surgery Claimant will receive a second Distribution, at which time at least 50% of the remaining Settlement Fund will be distributed. The amount that each Approved Revision Surgery Claimant will receive will depend upon the number of Approved Claimants, as well as the number of Approved Claimants within each of the Compensation Categories;
 - (c) **Distribution 3** – Within sixty (60) days following the Final Revision Surgery Date, namely, October 25, 2021, each Approved Revision Surgery Claimant will receive a third and final Distribution from the Settlement Fund, the amount of which will depend upon the number of Approved Claimants, as well as the number of Approved Claimants within each of the Compensation Categories;

35. In order to ensure that each and every Approved Revision Surgery Claimant receives fair compensation, the maximum amount that any Category 3 Revision Surgery Claimant may receive in total is \$225,000.00. Please note that this amount may be less, as the amount of compensation depends upon the number of Approved Claimants, as well as the number of Approved Claimants within each of the Compensation Categories, which cannot be known at this time;

B) Unrevised Claimant Compensation

36. A Class member who received an ASR Implant, and who does not undergo Revision Surgery within eleven (11) years of Initial ASR Surgery, or whose Revision Surgery was necessitated by any of the Exclusions, is an unrevised claimant (“**Approved Unrevised Claimant**”);
37. An Approved Unrevised Claimant is eligible to receive compensation of \$2,500.00 (“**Unrevised Claimant Compensation**”);
38. A claimant who underwent Initial ASR Surgery and received an ASR Implant on both hips, and who underwent Revision Surgery not necessitated by an Exclusion within eleven (11) years of an Initial ASR Surgery on only one hip, is eligible for Revision Surgery Compensation only, and will not receive Unrevised Claimant Compensation in addition;
39. An Approved Unrevised Claimant who received an ASR Implant in both hips (right and left) and who did not undergo Revision Surgery on either hip will only receive one (1) Unrevised Claimant Compensation payment of \$2,500.00;
40. An Approved Claimant who underwent Initial ASR Surgery at least eleven (11) years before submitting a Claim Form, and who has not undergone Revision Surgery, will receive Unrevised Claimant Compensation within sixty (60) days of approval of his or her claim by the Claims Administrator;
41. An Approved Claimant whose Initial ASR Surgery took place **less** than eleven (11) years before submitting his or her Claim Form (for example, a claimant who underwent Initial ASR Surgery in 2009 or 2010), is not necessarily an Unrevised Claimant, as he or she may still undergo Revision Surgery within eleven (11) years of Initial ASR Surgery. Such a claimant must elect one (1) of the following two (2) options:
- (a) The claimant may elect to receive Unrevised Claimant Compensation of \$2,500.00; **OR**
 - (b) The claimant may elect to renounce the right to receive Unrevised Claimant Compensation of \$2,500.00, and instead remain eligible for Revision Surgery Compensation if he or she undergoes a medically necessary Revision Surgery not necessitated by an Exclusion within eleven (11) years

of Initial ASR Surgery (“**Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation**”);

42. Each such claimant **MUST** indicate on his or her Claim Form which of the above two (2) options he or she has chosen;
43. An Approved Claimant who elects to receive Unrevised Claimant Compensation of \$2,500.00 will **not** receive Revision Surgery Compensation even if he or she undergoes Revision Surgery within eleven (11) years of Initial ASR Surgery after submitting his or her Claim;
44. An Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation will remain eligible for Revision Surgery Compensation, however he or she will not receive any compensation if he or she ends up not undergoing Revision Surgery within eleven (11) years of Initial ASR Surgery;
45. It is therefore strongly recommended that claimants whose Initial ASR Surgery took place less than eleven (11) years before submitting their Claim Form consult their orthopedic surgeon in order to find out whether the surgeon believes that the claimant will need to undergo medically necessary Revision Surgery within eleven (11) years of Initial ASR Surgery before electing whether to receive \$2,500.00 of Unrevised Claimant Compensation or electing to remain eligible for Revision Surgery Compensation instead. **Neither Class Counsel, nor the Claims Administrator will be able to assist Class Members in making this medical decision;**
46. An Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation who ends up undergoing Revision Surgery within eleven (11) years of Initial ASR Surgery prior to the Final Revision Surgery Date **MUST** immediately notify the Claims Administrator and Class Counsel in writing, and **MUST** provide the Medical Records and documentation set forth in Sections 48 and following. Failure to notify the Claims Administrator and Class Counsel prior to the Final Revision Surgery Date (i.e. August 24, 2021) will entail that the claimant will **not** receive any compensation;
47. Within sixty (60) days of receipt of the Medical Records and documentation by an Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation evidencing that he or she underwent Revision Surgery, the Claims Administrator shall inform the claimant whether he or she is a Category 1 Revision Surgery Claimant, a Category 2 Revision Surgery Claimant or a Category 3 Revision Surgery Claimant, or whether the Revision Surgery was necessitated by any of the Exclusions. The Claims Administrator shall distribute to the Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation approved as a Revision Surgery Claimant compensation equivalent to what other Approved Revision Surgery Claimants in the same Compensation Category received;

V. DOCUMENTS TO BE SUBMITTED WITH THE CLAIM FORM

48. A claimant who wishes to be eligible for Revision Surgery Compensation must provide the following medical records (the “**Medical Records**”) to the Claims Administrator with his or her Claim Form within the Claims Deadline:
- (a) The operative report of the Initial ASR Surgery; and,
 - (b) The Labels (i.e. ASR Lot Code / Product Code stickers associated with the artificial hip implant the claimant received during each Initial ASR Surgery); and,
 - (c) The operative report of any and all Revision Surgeries; and,
 - (d) The hospitalization summary sheets from the time of the Initial ASR Surgery and from the time of any and all Revision Surgeries;
49. A Medically Precluded Revision Surgery Claimant who wishes to be eligible for Revision Surgery Compensation must, in addition, also provide the Claims Administrator with:
- (a) Medical records stating that a Revision Surgery was required within eleven (11) years of Initial ASR Surgery; and,
 - (b) Medical records that the claimant was precluded from undergoing Revision Surgery that would otherwise have been indicated for a medical reason;
50. A claimant who has undergone Re-Revision Surgery not necessitated by trauma (i.e. such as a car accident, sports injury, a fall, etc.) and/or who claims to have suffered an Extraordinary Medical Complication must also provide the Claims Administrator with:
- (a) The operative report(s) of any and all Re-Revision Surgeries;
 - (b) Hospitalization summary sheets associated with any and all Re-Revision Surgeries and/or Extraordinary Medical Complications; and/or if applicable,
 - (c) a letter/declaration that the claimant must obtain from a treating physician stating that the claimant is or was not able to return to work for a period greater than one (1) year as a result of medical problems associated with Revision Surgery or Re-Revision Surgery within eleven (11) years of Initial ASR Surgery;

51. In order to be eligible to receive Unrevised Claimant Compensation and in order to be an Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation, a claimant must submit a Claim Form within the Claims Deadline, as well as the following supporting documentation:
 - (a) The operative report of the Initial ASR Surgery; and,
 - (b) The Labels (i.e. ASR Lot Code / Product Code stickers associated with the artificial hip implant the claimant received during each Initial ASR Surgery);
52. A claimant who has already provided Class Counsel with his or her Medical Records should contact Class Counsel in order to obtain the Medical Records to submit with his or her Claim Form, rather than obtaining them again;
53. A claimant who has not provided his or her Medical Records to Class Counsel should complete and sign the medical authorization form enclosed as Annex B, and bring/send the medical authorization form to the hospital(s) where he or she underwent Initial ASR Surgery, Revision Surgery, Re-Revision Surgery and/or was treated for an Extraordinary Medical Complication, in order to obtain his or her Medical Records;
54. If the claim is submitted by the Estate of a deceased member of the Class, in addition to providing the Medical Records and documentation set forth above, the following documentation must also be submitted with the Claim Form:
 - (a) A copy of the deceased Class member's death certificate; and,
 - (b) A copy of the Will search from both the Quebec Bar and the Chambre des notaires du Québec; and,
 - (c) A formal document confirming that the person submitting the claim has the status to represent the Estate of the deceased Class member (in the case of a testamentary succession, for example, the Notarial will, or any other form of will with a copy of the probate proceedings);

VI. THE CLAIMS ADMINISTRATOR'S DECISION AND APPEAL PROCESS

55. Within thirty (30) days of receipt of a claimant's Claim Form, Medical Records and any additional documentation, if any, the Claims Administrator will notify the claimant whether the claimant's claim is incomplete, in which case the claimant will have thirty (30) days to complete the claim;

56. Within sixty (60) days of receipt of a claimant's Claim Form, Medical Records and any additional documentation, if any, the Claims Administrator will inform the claimant in writing whether the claim has been rejected or whether the claim has been approved (the "**Claims Administrator's Decision**");
57. The Claims Administrator shall be entitled to consult with Dr. Pascal-André Vendittoli (the "**Medical Consultant**") if the Claims Administrator needs assistance understanding the Medical Records in order to make the Claims Administrator's Decision;
58. In the event that the Claims Administrator's Decision approves the claimant's claim, the Claims Administrator's Decision will indicate whether the claimant is an Unrevised Claimant, an Unrevised Claimant Electing to Remain Eligible for Revision Surgery Compensation, a Category 1 Revision Surgery Claimant, a Category 2 Revision Surgery Claimant or a Category 3 Revision Surgery Claimant;
59. If any claimant disagrees with the Claims Administrator's Decision, the claimant shall have the right to appeal the Claims Administrator's Decision to the Honourable André Rochon, retired Judge of the Quebec Court of Appeal (the "**Appeal Adjudicator**");
60. In order to appeal the Claims Administrator's decision to the Appeal Adjudicator, the claimant must send a letter to the Appeal Adjudicator, with a copy to the Claims Administrator and to Class Counsel, within a strict delay of thirty (30) days from the time of the Claims Administrator's Decision, after which the right to appeal is forfeited (the "**Appeal Letter**");
61. The Appeal Letter may be sent to the Appeal Adjudicator by email, telecopier/facsimile or by mail (with confirmation of the date of transmission) to the following coordinates:

Honourable André Rochon, Appeal Adjudicator
55 Castonguay Street
Suite 400
Saint-Jérôme, Québec, J7Y 2H9
Telecopier/Facsimile: 450-436-9735
Email: a.rochon@pfdlawyers.com
62. The Appeal Letter must state that the claimant is appealing the Claims Administrator's Decision, and must explain why;
63. Upon receipt of a claimant's Appeal Letter, the Claims Administrator shall send to the Appeal Adjudicator the Claim Form, the Medical Records and additional documentation, if any, that the claimant submitted to the Claims Administrator;

64. The Appeal Adjudicator shall have the right to consult the Medical Consultant for assistance with the Medical Records;
65. The Appeal Adjudicator shall render a decision disposing of the appeal in a letter not exceeding two (2) pages within sixty (60) days of receipt by the Appeal Adjudicator of the Appeal Letter (the “**Appeal Adjudicator’s Decision**”);
66. The Appeal Adjudicator’s Decision shall be final, binding and not subject to further appeal;
67. In the event that the Appeal Adjudicator’s Decision confirms the Claims Administrator’s Decision, the claimant who instituted the appeal will be responsible for the payment of the fees charged by the Appeal Adjudicator in deciding the appeal, which shall be deducted from the claimant’s Distribution, if applicable. The hourly rate of the Appeal Adjudicator is \$ 600/hour;
68. In the event that the Appeal Adjudicator’s Decision revises the Claims Administrator’s Decision, the fees of the Appeal Adjudicator shall be paid out of the Settlement Fund;
69. The fees and expenses of the Claims Administrator and of the Medical Consultant shall be paid out of the Settlement Fund;

VII. CHANGE OF COMPENSATION CATEGORY DUE TO EVENTS AFTER THE CLAIMS ADMINISTRATOR’S DECISION

70. If a claimant undergoes Revision Surgery, Re-Revision Surgery or suffers an Extraordinary Medical Complication after the Claims Administrator’s Decision, but within eleven (11) years of the Initial ASR Surgery, the claimant must immediately inform the Claims Administrator and Class Counsel in writing and provide the Medical Records and documentation set forth in Sections 48 and following (“**Subsequent Event**”);
71. The Claims Administrator will decide whether the Subsequent Event results in a claimant being eligible for a different Compensation Category than that set forth in the Claims Administrator’s Decision;
72. If the Subsequent Event results in a claimant being entitled to a higher Compensation Category than that set forth in the Claims Administrator’s Decision, then the claimant shall receive compensation associated with the new Compensation Category at the time of the next Distribution.

ANNEX A: CLAIM FORM

CLAIM FORM

Quebec DePuy ASR Hip Implant Class Action

This form and all supporting documents must be completed and submitted to the Claims Administrator by **no later than May 24, 2019, either by email, telecopier or by mail (indicating the date of transmission), to the following coordinates:**

COLLECTIVA
1176 Bishop Street, Suite 208
Montreal, Quebec H3G 2E3
Telecopier: 514-287-1617
Email: depuyasr@collectiva.ca

**FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DEADLINE
WILL LEAD TO THE AUTOMATIC DISMISSAL OF YOUR CLAIM.**

I am making a claim:

- as a Claimant who was implanted with one or more ASR Implants.
- as the Representative (a person who is the legal representative of a Claimant who is deceased or under a legal disability) of a Claimant.

Section A: Claimant Information

First Name Middle Last Name

Date of Birth (mm/dd/yyyy) Gender: Male Female

Address

City Province/Territory Postal Code

Daytime Phone Number Cellular Phone Number

Email Current Provincial Health Insurance Number

Section B: Residential address

Did the Claimant have his/her principal residence in Quebec at the following times?

1. When he/she underwent hip surgery, at which time an ASR Implant was inserted (“Initial ASR Surgery”)? Yes No
2. If applicable, when he/she underwent surgery to replace the cup or any component of an ASR Implant (“Revision Surgery”)? Yes No
3. On August 24, 2010 (at the time of the Recall of the ASR Implants)? Yes No

Did the Claimant have his/her principal residence outside of Canada on April 3, 2018?

Yes No

If “Yes”, did the Claimant undergo Initial ASR Surgery or Revision Surgery in Quebec?

Yes No

Section C: Personal Representative

Are you completing this form as someone with the legal capacity to act on behalf of the Claimant (i.e., an individual with power of attorney, an estate representative, etc.)?

Yes No

If you checked "No", please skip to Section D.

If you checked "Yes", please complete the remainder of Section C with information about yourself.

First Name Middle Last Name

Date of Birth (mm/dd/yyyy)

Address

City Province/Territory Postal Code

Email Date of death of the Claimant (if applicable) (mm/dd/yyyy)

Daytime Phone Number Cellular Phone Number

Relationship to Claimant:

Please attach to this Claim Form the documents that grant you the legal authority to act on behalf of the Claimant (i.e. Power of Attorney, Last Will and Testament, Letters of Administration, etc.). If the Claimant is deceased, please also attach a copy of the Claimant's death certificate to this form.

Power of Attorney Certificate of Incapacity Grant of Probate

Will Death Certificate

Other. Please explain _____

Section D: ASR Implant Information

In which hip(s) did you receive an ASR Implant? Right Left Bilateral

Date of Initial ASR Surgery (Right) _____ (mm/dd/yyyy)

Name of Hospital _____

Surgeon _____

Date of Initial ASR Surgery (Left) _____ (mm/dd/yyyy)

Name of Hospital _____

Surgeon _____

If you also received an ASR Implant during a Revision Surgery, please indicate which hip, as well as the surgery date, the name of the Hospital and the name of the Surgeon

Operative report(s) for your Initial ASR Surgery / Initial ASR Surgeries, Identification Labels/stickers confirming receipt of the ASR Implant(s), and hospitalization summary sheets for your Initial ASR Surgery / Initial ASR Surgeries must be submitted with this Claim Form.

Section E: Revision Information

Has the Claimant undergone Revision Surgery or Revision Surgeries to replace the ASR Implant(s)?

Yes No

If you checked "No", please skip to Section F.

If you checked "Yes", please indicate which hip(s) underwent Revision Surgery:

Right Left Bilateral

Revision Surgery Date (Right) _____ (mm/dd/yyyy)

Name of Hospital _____

Surgeon _____

Revision Surgery Date (Left) _____ (mm/dd/yyyy)

Name of Hospital _____

Surgeon _____

Operative report(s) and hospitalization summary sheets for your Revision Surgery / Revision Surgeries must be submitted with this Claim Form.

Section F: Revision Medically Contraindicated

Has the Claimant’s surgeon recommended a Revision Surgery, but also advised the Claimant that a Revision Surgery is medically contraindicated and/or would be life threatening?

Yes No

If you checked “No”, please skip to Section G.

If you checked “Yes”, what was the specific reason given as to why the Claimant was medically unable to undergo Revision Surgery.

You must submit medical records confirming the surgeon’s determination that a Revision Surgery was medically necessary, but that Revision Surgery was medically contraindicated and/or would be life threatening.

Section G: Re-Revision Information

Has the Claimant undergone Re-Revision Surgery / Re-Revision Surgeries to replace the artificial implant inserted during Revision Surgery?

Yes No

If you checked "No", please skip to Section H.

If you checked "Yes", when did the Claimant undergo Re-Revision Surgery / Re-Revision Surgeries?

dd/mm/yyyy

At what hospital(s) and who was/were the surgeon(s) who performed the Re-Revision Surgery / Re-Revision Surgeries?

Which hip(s) underwent Re-Revision Surgery?

Right Left Bilateral

Operative report(s) and hospitalization summary sheets for all Re-Revision Surgeries must be submitted with this Claim Form.

Section H: Extraordinary Medical Complications

Following Revision Surgery or Re-Revision Surgery, did the Claimant experience any of the following Extraordinary Medical Complications?

If so, state the date on which the complication(s) occurred.

If not, please skip to Section I below.

	Date (mm/dd/yyyy)
A stroke	_____
A heart attack	_____
A pulmonary embolism	_____
Death	_____
A femoral nerve palsy	_____
A foot drop	_____
A luxation/dislocation requiring a closed reduction medical procedure	_____
Was not able to return to work for a period greater than one (1) year as a result of medical problems associated with Revision Surgery or Re-Revision Surgery	_____

If you experienced any of the above Extraordinary Medical Complications, you must submit medical records associated with the Extraordinary Medical Complication(s) and/or a letter/declaration of invalidity from the Claimant’s treating physician stating that the Claimant is or was not able to return to work for a period greater than one (1) year as a result of medical problems associated with Revision Surgery or Re-Revision Surgery.

Section I: Claimants who have not undergone Revision Surgery

Has it been 11 years or more since the Claimant underwent Initial ASR Surgery, and the Claimant has not undergone Revision Surgery?

- Yes. Please skip to Section J below.
- No. I have not undergone Revision Surgery, but my Initial ASR Surgery was less than 11 years ago.

If you checked “No”, you must elect **one** of the following options:

- (a) I wish to receive Unrevised Claimant Compensation of \$2,500.00 within 60 days of approval of my claim, and I renounce my right to any further compensation even if I undergo Revision Surgery within 11 years of Initial ASR Surgery; or
- (b) I wish to remain eligible for Revision Surgery Compensation if I undergo medically necessary Revision Surgery within 11 years of Initial ASR Surgery, and I renounce my right to receive Unrevised Claimant Compensation of \$2,500.00, even if I do not end up needing Revision Surgery within 11 years of Initial ASR Surgery.

You are strongly urged to consult your orthopaedic surgeon about the likelihood of you needing to undergo medically necessary Revision Surgery within 11 years of Initial ASR Surgery before making the above choice.

Section J: Mailing address for compensation

If you are approved and are entitled to receive compensation you will receive 1 cheque if you are approved as an Unrevised Claimant, and you will receive 3 Distribution cheques if you are approved as a Revised Claimant.

Would you like your cheque(s) to be delivered to a different address than that indicated in Section A?

If “No”, all of your Distribution cheques will be delivered to the address indicated in Section A, unless you notify the Claims Administrator in writing of a change of address.

If “Yes”, please provide address below:

Address

City Province/Territory Postal Code

Section K: Declaration

I solemnly declare that:

The Claimant was implanted with one or more ASR Implants.

The Claimant wishes to make a claim for compensation in this class action.

Attached are copies of required documentation, including Medical Records confirming the Claimant's receipt of ASR Implant(s) during Initial ASR Surgery, as well as Medical Records confirming the Claimant's Revision Surgeries, if applicable, Re-Revision Surgeries, if applicable, and Extraordinary Medical Complications, if applicable. Also attached are Labels identifying the catalogue and lot numbers of the ASR Implants received by the Claimant.

If I am not submitting the Claimant's ASR Implant Labels, it is because the hospital at which the Claimant's Initial ASR Surgery / Initial ASR Surgeries occurred could not provide me with the Labels because they are not in the Claimant's hospital medical records. As a result, I am attaching a letter from the Claimant's orthopedic surgeon confirming that the Claimant in fact received ASR Implant(s) during Initial ASR Surgery.

I make this declaration believing it to be true, and knowing that it is of the same legal force and effect as if it were made under oath.

Signature of Claimant or Representative

Date

We strongly recommend that you keep a photocopy of your complete claim for your records.

ANNEX B: REQUEST FOR MEDICAL RECORDS FORM

REQUEST FOR MEDICAL RECORDS

To: _____
(Hospital / Establishment)

I, the undersigned, hereby request a copy of my **orthopedic** medical records as of _____ (date of first hip replacement surgery), including:

- All operative reports and documents attesting to my hip replacement surgery(ies) and, if applicable, revision surgery(ies) of the hip, and any dislocation(s)/closed reduction medical procedure(s) of the hip;
- The operative labels/stickers identifying the catalogue and lot numbers of the artificial hip prostheses received;
- All hospitalization summary sheets related to my hip procedures; and
- All documents attesting to the occurrence of: a stroke, a heart attack, a pulmonary embolism, death, a femoral nerve palsy, a foot drop.

(Please put a check mark in the box(es) associated with any extraordinary medical complication(s) that you suffered.)

Signature: _____ Date: _____

PERSONAL INFORMATION:

Name: _____

Date of birth: _____

Address: _____

Medicare card number: _____

Phone number: _____