FREQUENTLY ASKED QUESTIONS VIOXX SETTLEMENT PROGRAM	
V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW	
A. General Questions.	
CF-A1.	**Must I wait to Enroll my clients before I submit their Claims Package?** No. We will not be able to commence the review of the claim until the Enrollment materials are submitted, but Firms may go ahead and submit the claims packages and are encouraged to do so.
CF-A2.	**What is the deadline for submitting my Claims Package?** The Claimant must have submitted a complete Claims Package by 7/1/08 to be reviewed for eligibility for any payment.
CF-A3.	**When will I get my Claim Form?** The Claims Form is available to you online on your secure Vioxx Portal, which you access using the User Name and password that you have already received from the Claims Administrator either by email or letter. Go to the website located at www.browngreer.com/vioxxsettlement/ and follow the Log-In Instructions using the User Name and Password issued to you. If you do not have a User Name or Password or are unfamiliar with how to access your secure Vioxx Portal, contact your Claims Administrator Contact. After you have logged on to your Portal, go to the Claimant Search screen. From there, select the Claimant whose Claim Form you wish to access. The Claimant Demographics Screen for your selected Claimant will appear. Click on the Claims Form link on the Form Links Menu on that screen. The Claims Form link will bring you to the Claims Form for the selected Claimant. You can add or change the information on the Claim Form, using the Edit button.
CF-A4.	**Section A.2 of the 3/13/08 version (v.2) of the Claims Form Instructions no longer contains instructions about including responses to deficiency notices with respect to a Plaintiff/Claimant Profile Form or Plaintiff Fact Sheet (PFS). Are these deficiency responses no longer required?** The Claims Form language was simplified to just refer to Profile Forms as defined in Section 17.1.71 of the Settlement Agreement. That section contains responses to deficiency notices. So, they are still required.
CF-A5.	**Will Plaintiff Profile/Fact Sheet be used for other things than just smoking history?** The Claims Administrator will review the Profile Form to determine a claimant's smoking history. The Claims Administrator has discretion to use it for other purposes as well.
CF-A6.	**How do I submit a Claim for Extraordinary Injury ("EI")?** An EI Claim must be submitted no later than September 1, 2009. Primary Counsel can go to the Extraordinary Injury Program section of their on line Vioxx Portal to access the Instruction Manual describing the EI Program and how to submit EI Claims. Anyone can obtain the Instruction Manual by going to the Extraordinary Injury Program section of the general Vioxx Claims Administrator website at www.browngreer.com/vioxxsettlement/. See FAQ section VII below for more information on EI Claims.
CF-A7.	**Is there a fillable version of the Attachment A (which is the Exhibit 17.1.13) to the Claim Form?** You can find a fillable version of Attachment A to the Claims Form on your Vioxx Portal. Log on to your Portal, select the Claimant from the Claimant Search screen, click on Claims Form, and you will see the Claims Form for the selected Claimant. You can fill in everything in the main part of the Claims Form, and when you check that you are not including a Profile Form, you will then need to fill in Attachment A online. Because the Claims Administrator must have the Claimant's original signature whenever an Attachment A is completed, you will need to print off the completed Claims Form, obtain your client's signature, and submit the original Claims Form to the Claims Administrator. See Q&A CF-A3.

V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW	
CF-A8.	**How do I save my Claims Form from the Web Portal?** After you have completed the Claims Form online and are ready to finalize it, you can use the Print button to print or save the Form. Once you click on the Print button, a copy of the Claims Form will appear and you will have the option to Save a Copy or Print at the top left corner of the screen.
CF-A9.	**How can I obtain an extension to the 7/1/08 Claims Package Submission Deadline?** The Claims Administrator from time to time has received requests to accept as timely materials submitted after the deadline for such materials has passed, or to extend the deadline to permit additional time for the submission of materials. To provide an orderly and uniform process to handle these requests, the Claims Administrator, with the approval of Merck and the NPC, has adopted a set of guidelines on this subject. The Claims Administrator has prepared a set of Instructions: Requests for Relief from Deadlines for you to use in making such requests. These Instructions can be found at www.browngreer.com/vioxxsettlement.com, under the Instructions section of that website.
CF-A10.	**I have a Claim with multiple Representative Claimants. How should I complete Representative Claimant section on the Claim Form?** Pick one of the Representative Claimants to list on the Claim Form.
CF-A11.	**We have a Claimant who signed and submitted the Claim Form before he died. Do we need to submit a new Claim Form, with a Representative Claimant signature?** Claims Administration Procedure 2008-5 (“CAP 2008-5”) governs this situation. CAP 2008-5 can be found under the Claims Administration Procedures link on the Claims Administrator’s website at http://www.browngreer.com/vioxxsettlement/cap.htm. If the submitted document is considered Complete or does not suffer from any Deficiency that requires re-execution of the Document by the Claimant, the Document shall be considered to be valid and binding and need not be re-executed by a Representative Claimant on behalf of the Claimant. If the submitted document suffers from any Deficiency that would require re-execution by the Claimant, the Representative Claimant pursuing the Claim must execute the replacement Document and satisfy the requirements of CAP 2008-1 (Required Representative Capacity Documentation: Vioxx User Claimant) and all other requirements applicable to the Claims of Deceased Claimants.
CF-A12.	**Can I submit movies or videos in support of any kind of Claim?** The Vioxx Settlement Program is an administrative process. Claims are adjudicated under objective criteria applied uniformly to all Claimants. Such a process does not make use of videotapes of any kind. The Claims Administrator cannot accept videotapes on any subject. If any are submitted, the Claims Administrator will have to destroy them in a manner that preserves their confidentiality and will not retain them.
B. PME Records.	
CF-B1.	**For certification purposes, if we have a cardiologist’s records for a Claimant in which there is a copy of the “Event” record from where they were hospitalized, do we need to request those hospital records, or can we use the cardiologist’s records?** You need to make sure that the hospital records within the cardiologist’s records are complete and satisfy the requirements of Exhibit 1.3.1. If they do not contain all of the required elements, you will need to obtain the hospital records separately. If they do, then you need not obtain them separately and you may just provide a certification for the cardiologist’s records.
CF-B2.	**In your Guidelines for Creation and Submission of Claims Packages, you mention a**

V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW

	"Certification Sub-folder" for each Plaintiff Master Folder. Does this one folder contain all the certifications or do the certifications need to be attached to the specific record? Please keep any record-specific certifications (*e.g.*, from the pharmacy or the custodian of the records) with the records that you are submitting. Any of the required general or generic certifications can go in the "Certification Sub-folder."
CF-B3.	**None of the medical records I need to submit with my claim are available on LMRD, so I have had to request them from the health care providers. In addition to the records themselves, what certification must I provide when I submit the records to the Claims Administrator?** If a firm requested PME records after 11/9/07, we need a Certification from the Custodian of Records. If a firm requested before 11/9/07, a Certification from Primary Counsel is acceptable if you do not have the original Certification from the Custodian of Records. Please refer to Exhibit 1.3.1 of the Settlement Agreement for further information.
CF-B4.	**How do I access the Litigation Medical Records Depository to see if my clients' medical records are there?** The contact information for the Litigation Medical Records Depository can be found on the Claims Administrator's website, at www.browngreer.com/vioxxsettlement. On the left-hand side of the page, you will see a box called "Contact Information for Litigation Medical Records Depository." After you submitted your registration materials, we would have notified the Litigation Medical Records Depository that you have registered, and given them a list of which Claimants have been registered. You may call the contact person listed on the website to receive access information.
CF-B5.	**What is LMI?** Litigation Management Inc. – a document management company hired by Merck to help with litigation management. Anyone registered for the settlement is allowed to access medical records free of charge from its Litigation Medical Records Depository.
CF-B6.	**Can I just submit a portion of the records or do I need to submit everything?** You must submit everything that you received from the custodian of the records as required by Exhibit 1.3.1. You cannot excise seemingly irrelevant documents or those that go beyond or before the required time periods for PME records. If you received the records and the Certification indicates that the custodian provided medical records from 1998-2007, then you must provide them all.
CF-B7.	**If I only submit what is required under the Settlement Agreement, will you request all of the records and review them?** You must comply with Exhibit 1.3.1 to submit a complete Claims Package with all required PME Records and certifications. If the Claims Administrator feels that something is missing or needed to complete our review, we can request it. There also are Audit rights in the Settlement Agreement where the Claims Administrator may ask for additional documentation if your claim is audited.
CF-B8.	**Do I need to do a Certification of Counsel if I pull out of the LMI set of records those records that complete the Settlement Agreement requirement?** No, assuming that you are only submitting LMI records and nothing else is supplemented by you. You must submit all relevant LMI records, not a portion of them (*e.g.*, you cannot just give us the first 20 pages of the Event Records if LMI has 100 pages of hospital/event records on file).
CF-B9.	**If the Claimant's medical records we submit are available on LMRD as "Plaintiff Produced Records," is any further certification needed?** Records obtained from the LMRD are self-certifying; however, Counsel must still take steps to ensure that the records you submit satisfy all elements of Exhibit 1.3.1 of the Settlement Agreement and that any records not

	V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW
	obtained from the LMRD are accompanied by the proper Certifications.
CF-B10.	**On *Claims Package: Required PME Records,* Part D. 4, *Records in Absence of Medical History or Satisfactory Medical History*, if we feel we have adequate medical history do we still need to submit three years prior records of primary care physician?** Three years of pre-Event medical records are required if it is a death claim or the Claimant was incapacitated and could not give their own medical history at the time of the Event.
CF-B11.	**If a Claimant survived the alleged Event, is he or she required to provide three years of medical records prior to the Event?** No. The Claimant should submit all the medical records he or she has for one year following the Event. However, if a Certification for the records covers more than the one-year time period, you must submit all records received pursuant to the Certification.
CF-B12.	**Can I send only the one year post-Event records (per the Settlement Agreement) even if the Certifications for these records indicate that the length of records is much longer (*e.g.*, 1985-2005)?** No. You must submit whatever records you receive from a health care provider, even if they greatly exceed the one year post-Event time window. The Certification requires Firms to acknowledge that they are submitting to the Claims Administrator everything they received. If they receive records from 1985 – 2005 from a certain provider, they must submit them to the Claims Administrator, or the Certification will not be accurate.
CF-B13.	**We have a few cases of sudden cardiac death where there are no event records. The individuals died in their homes and were not taken to any hospital. Do we only need to provide the death certificate, pharmacy records and primary care records for 3 years prior to the event?** Yes. An autopsy report should also be included if an autopsy was performed.
CF-B14.	**We have not been able to use the highlight function on certain Adobe documents. What can we do?** You can use the sticky note tool as an alternative or place a box around a portion of text. There is a glitch in Adobe 8.0. Adobe 8.2.1 Professional has the patch but the document must first be run through OCD and then, if you are using 8.2.1, the highlight tool will work.
CF-B15.	**Do I need to submit one Certification of Claimant's Counsel for each Claimant?** Yes. You need to submit one Certification per Claimant for any records obtained prior to 11/9/07.
CF-B16.	**The medical records that we previously sent are downloaded under one file called PPR. Can I use these or do I have to break them up and send them again?** You should use this "PPR" file at LMI/LMRD. Bookmark the file into sections that are Event Records, Follow-Up Records, Proof of Use, etc., or flag the relevant pages that comprise the required PME records to prove the Claim. If you cannot bookmark or highlight within the LMI file, then rescan the pages that comprise the Event Records, Follow-Up Records, Proof of Use, etc. and put those documents in the subfolders for the Claims Package submission.
CF-B17.	**I have a death case where the Vioxx user (decedent) did not have a primary care physician in the 3 years prior to her death. What should I submit?** You should submit a letter with the Claim Package explaining that there are no PCP records because the decedent did not have a PCP. You should also submit all medical records from any physician that the decedent saw in the 3 years prior to her death.
CF-B18.	**We are missing complete medical records on our clients because of Hurricane Katrina.**

V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW

	Will it be a problem if we only submit what we have? Send in what you have and write a letter describing the reasons you are unable to obtain all the records. Also describe which records you have been unable to obtain, the time period they cover, and what the records related to (*e.g.*, are they Event records or follow-up records?). We cannot determine whether the absence of any records will be a problem without reviewing what is submitted.
CF-B19.	**According to the LMRD, I need to sign and return to them a Terms of Use Agreement that is posted on the Claims Administrator's website. Do you know where I can find it?** LMI has not been requiring counsel to sign off on the Terms of Use Agreement. You may contact Jennifer Meinyk with LMI at jpm@medicineforthedefense.com for directions on next steps.
CF-B20.	**What is the best way to add updated records to our Claim?** It is best to upload them to your firm's Portal.
	C. Proof of Vioxx Use.
CF-C1.	**One of my clients received Vioxx pills as samples from a family member. The only evidence of use would be affidavits from family members and medical records that mention Vioxx use. Is this acceptable proof of use?** The sample Vioxx pills from her daughter-in-law will not count toward her duration. Exhibit 2.2.2 called "Evidence of Usage Confirmation Criteria" in Section 4 called "Appropriate Usage" states that "Vioxx must have been legally provided to the Product User by a health care provider." Under the Limited Documentation Exception that allows exceptions for someone who cannot offer pharmacy records as proof of use, there is further direction on how Vioxx provided by a non health-care provider will not suffice. Section 5.2 of Exhibit 2.2.2 states, "Medical records contemporaneous to the usage and/or Eligible Event must corroborate that the Vioxx which Program Claimant alleges was received must have been legally provided to the Product User by a health care provider. For example, a Program Claimant cannot establish evidence of usage based on prescriptions or samples provided to friends, co-workers, or family members of the Product User, or otherwise outside a healthcare provider-patient relationship."
CF-C2.	**What proof do I need to satisfy the "Program Claimants must produce evidence that the Product User ingested Vioxx within 14 days of the Eligible Event" line in Exhibit 2.2.1.3?** The quoted language is in the preamble to Exhibit 2.2.1.3. The Exhibit language goes on to clarify exactly how a Claimant proves "ingestion" or "usage." To prove actual ingestion or use, a Claimant need not prove that he/she actually took the pills, only that the requisite number of pills were "dispensed" within the time periods specified in that Exhibit.
CF-C3.	**In the pharmacy records, the drug is listed as "Rofecoxib (Vioxx)." Is this acceptable proof of Vioxx use?** Article 17.1.89 states "VIOXX" or "Vioxx" means VIOXX (sometimes referred to as "rofecoxib"). Rofecoxib is acceptable drug proof because it is the chemical name (not the generic name) for Vioxx.
CF-C4.	**In preparation of our Claims Package, we have tried unsuccessfully to request records for a mail order prescription of Vioxx. Do you have any suggestions?** You should do the following: 1. Send another request to the company, accompanied by PTO 35. 2. If you do not get a response, file a Motion to Compel with Judge Fallon.
	D. Claims Review.

V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW

CF-D1.	**Is an individual who meets all three Eligibility Gates, but whose medical records indicate that he or she had discontinued use of Vioxx and commenced use of another Cox-2 inhibitor at the time of the injury, eligible to have his or her claim valued in the Settlement Program? If eligible, will he or she receive a point deduction for use of another Cox-2 inhibitor at injury?** The use of another Cox-2 inhibitor will not render a claim ineligible, as long as the claim otherwise meets the eligibility criteria found in Section 2.2 of the Settlement Agreement and, by reference, Exhibits 2.2.1.1, 2.2.1.2, and 2.2.1.3. The point deductions that will be made by the Claims Administrator against a claim are those contained in Exhibit 3.2.1.
CF-D2.	**What avenue is available for a Claimant to dispute medical records to avoid point reduction (*e.g.*, Claimant weight 7 lbs. above normal in hospital records after MI; doctor note of alcoholism in MI event record)?** You may appeal a decision or points award that you do not agree with. The Claims Administrator will use its discretion to resolve any ambiguities in the Event Records or Medical Records and will try to use the records closest in time to the Eligible Event as our guideline.
CF-D3.	**What is the $5,000 Opt-Out Provision?** If a claim comes through the points system and gets less than 10 points for a MI claim and less than 2 for an IS claim, it is a Special Marker Claim and can elect to take $5,000 or appeal to the Special Master.
CF-D4.	**How and when do I find out if my Claim has passed Gates?** If the Claim passes the Gates, a Notice of Eligibility will be posted on the Firm's Secure Portal.
CF-D5.	**How and when do I find out if my Claim has not passed Gates?** If the Claims Administrator ("CA") determines that the Claim did not meet the Eligibility Requirements and failed Gates, the CA will post a Notice of Ineligibility to that effect, identifying the Gate(s) that failed. The Claimant may then choose to submit supplemental PME Records, which prompts a second review by the Claims Administrator. If after the second review, the CA determines that the Claim meets all the Eligibility requirements, then a Notice of Eligibility will be posted to the Firm's Secure Portal. If the CA still determines that the Claim does not meet the Eligibility Requirements, the Claim will proceed to the Gate Committee. If the Claimant chooses not to submit supplemental PME Records, the Claim will proceed directly to the Gate Committee.
CF-D6.	**Who is the Gate Committee and what do they do?** The Gate Committee consists of three representatives each of Merck and the Negotiating Plaintiffs' Committee. The Gate Committee meets regularly to review claims that have failed one or more Gates following the Claims Administrator's review and to determine whether it should be deemed a Qualifying Program Claimant.
CF-D7.	**How do I find out whether or not the Gate Committee has passed my Claim?** If the Gate Committee passes the Claim, the Claims Administrator will post a Notice of Eligibility to the Firm's Secure Portal.
CF-D8.	**The Agreement provides that Merck's Gate Committee representatives can unilaterally deem a Claimant to be a Qualifying Program Claimant provided certain requirements are met. When does this occur?** Under the Agreement, this process begins six months after the first monthly meeting of the Gate Committee and continues on a rolling basis as the Gate Committee continues to meet and review Claims.
CF-D9.	**How do I find out whether Merck has exercised its unilateral right as to my Claim?** A Notice of Eligibility will be posted on the Firm's Secure Portal. [Note: You will not be told

V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW	
	whether the Gate Committee passed the Claim or Merck used one of its Gate Pushes. You will only receive a GC Notice of Eligibility.]
CF-D10.	**Is there a process for requesting that Ineligible Claimants be considered for Merck's unilateral Gate push?** There is no process. If the Gate Committee determines that a Claim is Ineligible, then the Claim automatically goes to Merck for their consideration.
E. Points Awards.	
CF-E1.	**How do we learn if one of our Claimants has received a Points Award?** The Claims Administrator posts a Notice of Points Award to the Firm's Secure Portal. When you see on your Secure Portal that a Notice of Points Award has been issued, you will click on the VCN of the claimant for whom the Notice of Points Award has been issued. That will take you to a page on your portal called "Acceptance or Appeal of Points Award." There will be a button on that page called "Print/View Notice," which will allow you to view the Notice for specifics of the Claims Administrator's findings and then print the Notice itself to share with your client.
CF-E2.	**What do we have to do to accept an award of Points?** On the page called "Acceptance or Appeal of Points Award", you will have the option to accept the Points Award by selecting the "Accept Points Award. Will Not Appeal" button
CF-E3.	**When do we have to do accept an award of Points?** You have 15 days from the posting of the Notice of Points Award to either accept or appeal. You may accept right away to put the claim into the queue for Interim Payment if the claim otherwise qualifies for Interim Payment. If the claimant does not appeal the award within 15 days of the posting of the Notice of Points Award, the Points Award will be deemed accepted.
CF-E4.	**When will we learn the value of a point?** The final value of a point will not be determined until after all eligible claims have been finally evaluated. However, for Interim Payment purposes, the Claims Administrator has estimated that the initial value per point for a Myocardial Infarction claim is in excess of $1,900. This was announced during the MDL Status conference on August 20, 2008. The interim point value will form the basis for calculation of interim payments unless and until modified pursuant to the Agreement. The Interim Payment is based on an estimate of 40 percent of the final payment; however, since the final point value and payment amounts cannot be calculated until ALL claims have been fully evaluated, there is no guarantee that the estimation will be the actual value. Final payments could deviate materially from the currently estimated amounts that comprise the 40% Interim Payment.
CF-E5.	**Does a Claimant waive any potential EI Claim by accepting a Notice of Points Award?** No, unless the Claimant is a Special Marker and elects the $5,000 Fixed Payment. *See* Settlement Agreement § 4.2.5.
F. Future Evidence Stipulation.	
CF-F1.	**If a client of our firm who initially participates in the Settlement Agreement is determined by the Gate Committee not to be a Qualifying Program Claimant and this client chooses not to appeal to the Special Master but instead takes back his Dismissal with Prejudice Stipulation and litigates his claim, are we prohibited by the Settlement Agreement from representing him in this litigation?** No. The Settlement Agreement does not prohibit such continuing representation. Such a Claimant will be required to execute a Future Evidence Stipulation (Exhibit 2.7.3 to the Settlement Agreement) and must comply with the terms of such Stipulation in any subsequent litigation.

V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW	
CF-F2.	**Can I review the terms of the Future Evidence Stipulation before I elect to generate the Stipulation on my Portal?** Yes. A Future Evidence Stipulation ("FES") Exemplar is available on the Forms screen of the general Claims Administrator website at http://www.browngreer.com/vioxxsettlement/forms.htm. Do not use the Exemplar to submit an FES for a Claimant. Log on to your Vioxx Portal to access and complete the pre-filled FES for your Claimant.
CF-F3.	**Can I use the Future Evidence Stipulation that is available on the general Claims Administrator website?** No. The Future Evidence Stipulation ("FES") that is available on the general Claims Administrator website is an exemplar so that you can review the content and understand the terms of the FES when deciding whether to appeal to the Special Master or submit the FES. You should log on to your Vioxx Portal to access and complete the pre-filled FES for your Claimant.
CF-F4.	**Where can I find the Amended and Supplemental Plaintiff Profile Form that is referenced as Exhibit A in PTO 43 for Plaintiffs Serving Future Evidence Stipulations Pursuant to Vioxx Settlement Program?** The amended Plaintiff Profile Form is available on the general Claims Administrator website at http://www.browngreer.com/vioxxsettlement/pto.htm under Significant PTOs (Exhibit A to PTO 43).
CF-F5.	**When is an FES deemed "served" under PTO 43?** The FES is deemed served on the day that it was submitted to the Vioxx Claims Administrator and not the date the FES is accepted.
CF-F6.	**Does the FES apply only to documentary medical records and pharmacy records and not to plaintiff testimony or affidavits?** The FES precludes any testimony or documentary evidence not included in the package, not just medical records or pharmacy records. If the Claimant has any additional evidence of Vioxx usage, he or she should have submitted it in response to the CA's Notice of Ineligibility inviting any additional evidence. If the evidence is not in the package, it is inadmissible.
CF-F7.	**How does PTO 43 work? What is an expert report and where do I send it?** PTO 43 addresses what actions must occur to bring or continue a lawsuit against Merck and the deadlines for those actions. The Claims Administrator cannot provide any advice on PTO 43 or any instructions on how to comply with it. Compliance with PTO 43 does not depend on the Claims Administrator's processing of an FES, for the Order stands by itself and set requirements independent of the Claims Administrator's notices on the status of an FES submitted to the Claims Administrator. Please refer to the order itself and direct any questions you have to Merck's counsel.
CF-F8.	**Is the Instructions page of the Future Evidence Stipulation ("FES") part of the FES?** Yes. The Instructions page is considered to be page one of the FES which is four pages total. All pages of the FES must be submitted to the Claims Administrator. If any page is missing, including the Instructions page, the FES will be rejected as incomplete.
G. Appeals.	
CF-G1.	**Can we preview our issues with the Claims Administrator before filing an appeal?** Yes, but you must select the "Appeal" button on the "Acceptance or Appeal of Points Award" page on your portal. Then, you must designate the issues you are appealing by selecting the specific factor(s). You must provide comments for each factor you select, stating specifically why you disagree with the Claims Administrator's findings and giving information about which medical

	record(s) support your position. *During this process, you may send the CA additional documents that were not previously submitted with the Claim.* The Claims Administrator will review your Appeal and will either issue a new Notice of Points Award if the amount of your Points changes, or will send the appeal directly to the Special Master if the points do not change. The value of the Points Award may be increased or decreased during the Claims Administrator's or the Special Master's review of the claim.
CF-G2.	**After the informal appeal process with the Claims Administrator, will I have the option to forego the formal appeal process with the Special Master?** Yes.
CF-G3.	**What is the procedure for initiating an appeal? Do we contact the Special Master directly?** You do not contact the Special Master directly. You initiate the appeal by selecting the Appeal button on your secure web portal.
CF-G4.	**How long does the appeal process take?** There is no pre-set timetable. However, our understanding is that the Special Master and Deputy Special Masters are prepared to address any appeals promptly.
CF-G5.	**May we submit additional records to the Special Master that we did not submit to the Claims Administrator?** No. In the course of the informal appeal process you may provide additional records to the CA, but the Special Master's de novo review is limited to consideration of records provided to the CA.
CF-G6.	**Is it possible for the Special Master's Points Award to be either higher or lower than the Claims Administrator's determination?** Yes. The Special Master's review is a de novo review, so the award could be higher than, the same as, or lower than the Claims Administrator's award. The Special Master's award is final.
H. Special Marker QPCs.	
CF-H1.	**How do I know if a Claims award falls below the Special Review Marker?** For an MI Claim, the Special Review Marker is ten points. For Stroke Claims, the Special Marker review is two points. If an MI claim is less than ten points or an IS claim is less than two points, as reflected on the Notice of Points Award, that claim is a Special Marker QPC. Special Marker QPCs may choose between a Fixed Payment of $5,000 or Special Review by the Special Master pursuant to Section 3.4 of the Settlement Agreement.
CF-H2.	**How does a Claimant elect the Fixed Payment on behalf of a Claimant?** By selecting the button "Accept $5,000 Fixed Payment" on the Secure Web Portal within 30 days of the posting of the Notice of Points Award.
CF-H3.	**If the Claimant elects Fixed Payment, when is that paid?** The Fixed Payment of $5,000 is paid in a single installment, minus any lien amounts required to be withheld under the agreements reached through the Lien Resolution Administrator. Payment will be made within sixty days of the Claims Administrator's receipt of a valid election of Fixed Payment.
CF-H4.	**Can a Claimant who is not below the Special Review Marker elect a Fixed Payment?** No. A Claimant with a Total Points award above the Special Review Marker is not eligible for a Fixed Payment.
CF-H5.	**When will the Special Master decide the Special Review Claims?** We anticipate that all Special Review Claims will be decided by October 30, 2009.
CF-H6.	**When will my Special Review claim be paid?** If the Special Master completes his review by

	V. CLAIMS PACKAGE SUBMISSION AND CLAIMS REVIEW
	10/30/09, the Claims Administrator will notify you of his determination and will then place the Claim on November's payment list, with payments to be made the third week of November. The Special Master's review is final and binding.
CF-H7.	**Is it too late to elect the $5,000 Fixed Payment and avoid Special Review?** Yes.