

CAP 2008-1 (AMENDED)

VIOXX SETTLEMENT PROGRAM CLAIMS ADMINISTRATION PROCEDURE (AMENDED)			
Procedure Number	2008-1	Effective Date	May 14, 2008
		Amendments	December 10, 2008 February 26, 2009
Subject	Required Representative Capacity Documentation: Vioxx User Claimant or Derivative Claimant		

1. Purpose of this Procedure. This Procedure defines the documentation required with respect to Enrollment and processing of a claim relating to a deceased Vioxx User Claimant or deceased Derivative Claimant and to establish the process for review and payment of Claims with Enrollment Deficiencies in a Release of All Claims relating to the representative capacity of the person acting on behalf of such a claim. Any capitalized terms used in this Procedure and not expressly defined in this Procedure shall have the meanings given to them in the Settlement Agreement. References to Sections are to sections of this Procedure, unless otherwise stated.

2. Testate Vioxx User Claimants or Derivative Claimants. If the Vioxx User Claimant or Derivative Claimant had a valid will at the time of death:

- (a) If the will has been the subject of probate or other proceedings leading to the appointment of a Personal Representative, Administrator, Executor, or other representative of the estate of the Vioxx User Claimant or Derivative Claimant (the "Appointed Representative"), the Appointed Representative shall submit to the Claims Administrator a complete copy of the order or other document effectuating such appointment. Upon acceptance of such documentation as sufficient by Merck, the Appointed Representative shall be authorized to pursue the Claim and no other documentation shall be required on the issue of Representative Claimant capacity for the claim to proceed through the Settlement Program through Payment.
- (b) If no Appointed Representative has yet been appointed, then for the Claim to become "CAP 2008-1 Compliant:"
 - (1) Primary Counsel or the unrepresented person pursuing the claim shall submit to the Claims Administrator a completed *Personal Representative of Deceased Vioxx User Claimant (Form V2031)* (Exhibit A) for a deceased Vioxx User Claimant or a completed *Personal Representative of Deceased Derivative Claimant (Form V2031DC)* (Exhibit B) for a deceased Derivative Claimant and, pursuant to the Instructions in such Form, shall submit to the Claims Administrator a copy of the will of the Vioxx User Claimant or Derivative Claimant;

CAP 2008-1 (AMENDED)

- (2) The person designated in the will as the representative of the estate of the Vioxx User Claimant or Derivative Claimant, as determined from the will or as verified in the V2031 or V2031DC (the “Designated Representative”), shall execute a Release of All Claims on the Claim; and
 - (3) If the Vioxx User Claimant or Derivative Claimant was married at the time of death and was survived by a spouse (the “Surviving Spouse”) and such Surviving Spouse is not the Designated Representative, the Surviving Spouse, if living, also shall sign the Release of All Claims on the Claim.
- (c) If a Claim is CAP 2008-1 Compliant under Section 2(b):
- (1) The Claims Administrator may conclude the processing of any Claims Package submitted on the Claim and may issue to the Claimant all Notices generated in such processing, including a Notice of Points Award on a Claim found to be a Claim of a Qualifying Program Claimant.
 - (2) If the Final Points Award on the Claim is less than 25 Points, the Claims Administrator will issue Payment on the Claim in the name of the Designated Representative, the Surviving Spouse of the Claimant and/or Derivative Claimant (if different from the Designated Representative and a signatory on the Release), and the Primary Counsel (if represented). Before Payment is made on the Claim, Primary Counsel on the Claim shall execute a *Primary Counsel Acknowledgement of Obligations Regarding Payment Distribution (Form V2079)* (Exhibit C) acknowledging and agreeing to comply with the duty to comply with applicable state law regarding the distribution of such funds to the proper beneficiaries and heirs and any other parties with any right to receive any portion of such payment. On a claim by a *Pro Se* Claimant, the person(s) to receive the payment shall execute a *Pro Se Claimant Acknowledgement of Obligations Regarding Payment Distribution (Form V2080)* (Exhibit D) containing the same provisions.
 - (3) If the Final Points Award on the Claim is 25 Points or more, the Claims Administrator will not issue Payment on the Claim until an Appointed Representative is appointed on the Claim for the deceased Vioxx User Claimant or Derivative Claimant and qualifies in accordance with Section 2(a).

3. *Intestate Vioxx User Claimant or Derivative Claimant.* If the Vioxx User Claimant or Derivative Claimant had no valid will at the time of death:

- (a) If the estate of the Vioxx User Claimant or Derivative Claimant has been the subject of any intestate succession proceedings that have led to the issuance by a tribunal or official with jurisdiction of letters of administration, an order, or other document appointing a person to act as the Appointed Representative of the

CAP 2008-1 (AMENDED)

estate, the Appointed Representative shall submit to the Claims Administrator a complete copy of the order or other document effectuating such appointment. Upon acceptance of such documentation as sufficient by Merck, the Appointed Representative shall be authorized to pursue the Claim and no other documentation shall be required on the issue of Representative Claimant capacity for the claim to proceed through the Settlement Program through Payment.

- (b) If the estate of the Vioxx User Claimant or Derivative Claimant has no Appointed Representative under Section 3(a), then for the Claim to become “CAP 2008-1 Compliant:”
 - (1) Primary Counsel or an unrepresented person pursuing the claim shall submit to the Claims Administrator a completed Form V2031 or Form V2031DC;
 - (2) If the Vioxx User Claimant or Derivative Claimant was survived by a Surviving Spouse, the Surviving Spouse shall execute a Release of All Claims on the Claim.
 - (3) If the Vioxx User Claimant or Derivative Claimant was not survived by a Surviving Spouse or the Surviving Spouse is deceased, the person(s) identified in the Form V2031 or V2031DC as the successor in interest to the estate of the Vioxx User Claimant or Derivative Claimant under applicable law shall execute a Release of All on the Claim.
- (c) If a Claim is CAP 2008-1 Compliant under Section 3(b):
 - (1) The Claims Administrator may conclude the processing of any Claims Package submitted on the Claim and may issue to the Claimant all Notices generated in such processing, including a Notice of Points Award on a Claim found to be a Claim of a Qualifying Program Claimant.
 - (2) If the Final Points Award on the Claim is less than 15 Points, the Claims Administrator will issue Payment on the Claim in the name of the Surviving Spouse of the Claimant and/or Derivative Claimant or the Estate Successor(s) of the Claimant and/or Derivative Claimant, and the Primary Counsel (if represented). Before Payment is made on the Claim, Primary Counsel on the Claim or the person(s) receiving such funds on an unrepresented Claim shall execute a *Primary Counsel Acknowledgement of Obligations Regarding Payment Distribution (Form V2079)*(Exhibit C) acknowledging and agreeing to comply with the duty to comply with applicable state law regarding the distribution of such funds to the proper beneficiaries and heirs and any other parties with any right to receive any portion of such payment. On a claim by a *Pro Se* Claimant, the person(s) to receive the payment shall execute a *Pro Se Claimant Acknowledgement*

CAP 2008-1 (AMENDED)

of Obligations Regarding Payment Distribution (Form V2080) (Exhibit D) containing the same provisions.

- (3) If the Final Points Award on the Claim is 15 Points or more, the Claims Administrator will not issue Payment on the Claim until an Appointed Representative is appointed on the Claim for the deceased Vioxx User Claimant or Derivative Claimant and qualifies in accordance with Section 3(a).

4. *Claims Involving Both Deceased Vioxx User Claimants and Deceased Derivative Claimants.* Where a Claim involves a deceased Vioxx User Claimant and one or more deceased Derivative Claimants, the Testate or Intestate status of the deceased Vioxx User Claimant shall govern whether the Claim is subject to Section 2(b) and (c) or Section 3(b) and (c) for purposes of calculating the Points Award level on the Claim and whether an Appointed Representative is required before Payment is made on the Claim. Where a claim involves one or more deceased Derivative Claimants who are Testate and one or more deceased Derivative Claimants who are Intestate, the Claim shall be considered as an Intestate Claim for purposes of calculating the Points Award level on the Claim and whether an Appointed Representative is required before Payment is made on the Claim.

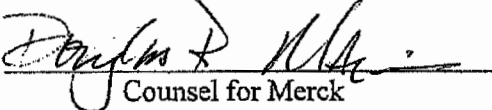
5. *Claimants Found Not to be Qualifying Program Claimants.* For any Claim that has proceeded as CAP 2008-1 Compliant under Section 2(b) or Section 3(b), if the Vioxx User Claimant is found by the Claims Administrator and the Gates Committee not to be a Qualifying Program Claimant and the Claim is not a Threshold Exceeding Gate Push:

- (a) If the person pursuing the Claim does not timely appeal the Gates Determination to the Special Master under Section 2.6.2 of the Settlement Agreement and instead determines to execute a Future Evidence Stipulation under Section 2.7.3 of the Settlement Agreement, the person pursuing the Claim shall be required to submit to the Claims Administrator the documentation required by Section 2(a) or Section 3(a) to establish an Appointed Representative on the Claim and such Future Evidence Stipulation must be executed by the Appointed Representative of the Claimant before Section 2.7.3.1 of the Settlement Agreement (return of the Release of All Claims and Dismissal With Prejudice Stipulation) shall apply.
- (b) If the person pursuing the Claim does not timely appeal the Gates Determination to the Special Master under Section 2.6.2 of the Settlement Agreement and does not timely execute and deliver to the Claims Administrator a Future Evidence Stipulation pursuant to Section 4(b)(1), the Claims Administrator shall follow Section 2.7.3.2 of the Settlement Agreement (delivery to Merck of the Release of All Claims and Dismissal With Prejudice Stipulation).
- (c) If the person pursuing the Claim does timely appeal the Gates Determination to the Special Master under Section 2.6.2 of the Settlement Agreement, the appeal may proceed through decision by the Special Master and:

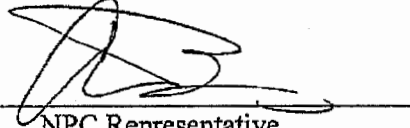
CAP 2008-1 (AMENDED)

- (1) If the Special Master determines that the Claimant meets the Eligibility Requirements and shall be deemed a Qualifying Program Claimant, the Claim shall proceed pursuant to Section 2 or Section 3, as applicable; and
- (2) If the Special Master determines that the Claimant does not meet the Eligibility Requirements and shall not be deemed a Qualifying Program Claimant, Section 2.7.2 of the Settlement Agreement (termination of Claim and delivery to Merck of the Release of All Claims and Dismissal With Prejudice Stipulation) shall apply.

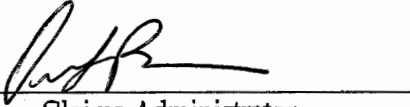
APPROVED:

By:  Date: March 3, 2009
Counsel for Merck

Name: DOUGLAS R. MURVIN

By:  Date: March 2, 2009
NPC Representative

Name: Andy Birchfield

By:  Date: March 5, 2009
Claims Administrator

Name: Orran L. Brown

V2031	REPRESENTATIVE CLAIMANT OF DECEASED VIOXX USER
--------------	-------------------------------------------------------

A. VIOXX USER CLAIMANT (All Claimants complete this Section)

Name	First	MI	Last
-------------	-------	----	------

SSN	VCN
------------	------------

Date of Birth	__ / __ / ____ (month) (day) (year)	Date of Death	__ / __ / ____ (month) (day) (year)	Was death caused by Vioxx use? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	----------------------------------------	----------------------	----------------------------------------	---------------------------------------------------------------------------------------------------

State/Territory/Country of Domicile of Vioxx User Claimant at Time of Death	
------------------------------------------------------------------------------------	--

Spouse of the Vioxx User Claimant	Was the Vioxx User Claimant survived by a spouse at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following information on the surviving spouse:			
	Name	First	MI	Last
	SSN	Is the Spouse now deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. TESTATE VIOXX USER CLAIMANT (Testate Claimants complete this Section)

<input type="checkbox"/>	The Vioxx User Claimant had a valid Will at the time of death. NOTE: If the Claimant had no valid Will, complete Section C of this Form.
--------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

<input type="checkbox"/>	A copy of the Will is submitted with this Form. NOTE: Fill out the remainder of Section B of this Form. If the person named in the Will as the Personal Representative, Administrator, or Executor is not serving, then provide this information on the person serving.
--------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Personal Representative, Administrator, or Executor	First Name	MI	Last Name
--------------------------------------------------------------------	------------	----	-----------

Address	Street/P.O. Box		
	City	State	Zip

Relationship to Vioxx User Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other ____ (specify)
--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Status of the Will	<input type="checkbox"/> This Will was submitted for probate proceedings. NOTE: If a Personal Representative, Administrator, or Executor has been appointed, submit a copy of such appointment document along with this Form.
	<input type="checkbox"/> This Will has not been submitted for probate proceedings.

EXHIBIT A

C. INTESTATE VIOXX USER CLAIMANT

(Intestate Claimants complete this Section)

The Vioxx User Claimant had no valid Will at the time of death.

Personal Representative

- A Personal Representative has been appointed for the estate of the Vioxx User Claimant. **NOTE:** If a Personal Representative has been appointed, submit a copy of such appointment document along with this Form.
- Estate proceedings have been filed but no Personal Representative has been appointed for the estate of the Vioxx User Claimant.
- No Personal Representative has been appointed for the estate of the Vioxx User Claimant and no estate proceedings have been filed.

Intestate Succession

Identify the state, territory or country whose laws of Intestate Succession apply to the Estate of the Vioxx User Claimant:

If there was no surviving spouse at the time of the Vioxx User Claimant's death, or if under applicable law the surviving spouse is not the first to succeed to the estate, identify the person(s) who are the next to succeed. (Attach additional sheets if necessary):

Name	First	MI	Last
SSN		Date of Birth	__ / __ / ____ (month) (day) (year)
Relationship to Vioxx User Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other _____ (specify)		

D. CERTIFICATION
(All Claimants complete this Section)

I am counsel for the Vioxx User Claimant. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

The Vioxx User Claimant is not represented by counsel. I am authorized to complete this form on behalf of the Vioxx User Claimant and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature		Date	____/____/____ (month) (day) (year)	
Name	First	MI	Last	
Address	Street/P.O. Box			
	City		State	Zip

V2031DC	REPRESENTATIVE OF DECEASED VIOXX DERIVATIVE CLAIMANT
----------------	-------------------------------------------------------------

A. DERIVATIVE CLAIMANT (All Derivative Claimants complete this Section)

Name	First	MI	Last
-------------	-------	----	------

SSN	- -	Primary Claimant's VCN
------------	-----	-------------------------------

Date of Birth	___ / ___ / ___ (month) (day) (year)	Date of Death	___ / ___ / ___ (month) (day) (year)
----------------------	-----------------------------------------	----------------------	-----------------------------------------

State/Territory/Country of Domicile of Derivative Claimant at Time of Death	
------------------------------------------------------------------------------------	--

Spouse of the Derivative Claimant	Was the Derivative Claimant survived by a spouse at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following information on the surviving spouse:			
	Name	First	MI	Last
	SSN	- -	Is the Spouse now deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. TESTATE DERIVATIVE CLAIMANT (Testate Derivative Claimants complete this Section)

The Derivative Claimant had a valid Will at the time of death. **NOTE:** If the Derivative Claimant had no valid Will, complete Section C of this Form.

A copy of the Will is submitted with this Form. **NOTE:** Fill out the remainder of Section B of this Form. If the person named in the Will as the Personal Representative, Administrator, or Executor is not serving, then provide this information on the person serving.

Name of Personal Representative, Administrator, or Executor	First Name	MI	Last Name
--------------------------------------------------------------------	------------	----	-----------

Address	Street/P.O. Box		
	City	State	Zip

Relationship to Derivative Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other ____ (specify)
--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Status of the Will	<input type="checkbox"/> This Will was submitted for probate proceedings. NOTE: If a Personal Representative, Administrator, or Executor has been appointed, submit a copy of such appointment document along with this Form. <input type="checkbox"/> This Will has not been submitted for probate proceedings.
---------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

EXHIBIT B

C. INTESTATE DERIVATIVE CLAIMANT
(Intestate Derivative Claimants complete this Section)

The Derivative Claimant had no valid Will at the time of death.

Personal Representative

- A Personal Representative has been appointed for the estate of the Vioxx Derivative Claimant. **NOTE:** If a Personal Representative has been appointed, submit a copy of such appointment document along with this Form.
- Estate proceedings have been filed but no Personal Representative has been appointed for the estate of the Derivative Claimant.
- No Personal Representative has been appointed for the estate of the Vioxx Derivative Claimant and no estate proceedings have been filed.

Intestate Succession

Identify the state, territory or country whose laws of Intestate Succession apply to the Estate of the Derivative Claimant:

If there was no surviving spouse at the time of the Derivative Claimant's death, or if under applicable law the surviving spouse is not the first to succeed to the estate, identify the person(s) who are the next to succeed. (Attach additional sheets if necessary):

Name	First	MI	Last
SSN	- -	Date of Birth	__ / __ / __ (month) (day) (year)
Relationship to Derivative Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other ____ (specify)		

D. CERTIFICATION
(All Derivative Claimants complete this Section)

I am counsel for the Derivative Claimant. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

The Derivative Claimant is not represented by counsel. I am authorized to complete this form on behalf of the Derivative Claimant and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature		Date	__ / __ / __ (month) (day) (year)	
Name	First	MI	Last	
Address	Street/P.O. Box			
	City		State	Zip

V2079

**PRIMARY COUNSEL ACKNOWLEDGMENT OF OBLIGATIONS
REGARDING PAYMENT DISTRIBUTION**

A. VIOXX USER CLAIMANT INFORMATION

Claimant Name	Last	First	Middle	
			VCN	
SSN				
	Address			
Address	Street/P.O. Box			
	City		State	Zip
Telephone Number			Email	

B. ACKNOWLEDGMENT AND AGREEMENT BY PRIMARY COUNSEL

By my signature below, I represent, warrant, and agree on behalf of the Primary Counsel firm identified below, that:

- (a) Primary Counsel will comply with all laws and ethical rules and obligations under applicable law as to any payment received in the Vioxx Settlement Program relating to the Claimant identified in this Form, including without limitation those regarding the handling and disposition of client funds.
- (b) The account or fund into which the proceeds of a Check will be placed or payments will be received in wires is an appropriate escrow, trust or other such account required by applicable law and ethical rules for the receipt of client funds and/or the payment on the settlement of a claim.
- (c) Primary Counsel will comply with any provisions of the law applicable to the claim regarding the compromise and distribution of the proceeds of the settlement of a survival and/or wrongful death claim to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.
- (d) Primary Counsel shall indemnify and hold harmless the Escrow Agent, the Claims Administrator, Merck, the Negotiating Plaintiffs' Committee and the Lien Administrator, and the agents and representatives of the foregoing, from any and all claims, demands, or expenses of any kind arising from any breach of the representations, warranties or agreement set forth in this Form.

C. SIGNATURE BY PRIMARY COUNSEL

Signature			Date	____/____/____ (month) (day) (year)
Printed Name	First	MI	Last	
Primary Counsel Firm Name				

EXHIBIT C

V2080	PRO SE CLAIMANT ACKNOWLEDGMENT OF OBLIGATIONS REGARDING PAYMENT DISTRIBUTION
--------------	-----------------------------------------------------------------------------------------

A. VIOXX USER CLAIMANT INFORMATION

Claimant Name	Last	First	Middle
SSN		VCN	
Address	Street/P.O. Box		
	City		State Zip
Telephone Number		Email	

B. ACKNOWLEDGMENT AND AGREEMENT BY PRO SE CLAIMANT

By my signature below, I represent, warrant, and agree that:

(a) I will comply with any provisions of the law applicable to the claim regarding the compromise and distribution of the proceeds of the settlement of a survival and/or wrongful death claim to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.

(b) I shall indemnify and hold harmless the Escrow Agent, the Claims Administrator, Merck, the Negotiating Plaintiffs' Committee and the Lien Administrator, and the agents and representatives of the foregoing, from any and all claims, demands, or expenses of any kind arising from any breach of the representations, warranties or agreement set forth in this Form.

C. SIGNATURE BY CLAIMANT

Signature		Date	____/____/____ (month) (day) (year)
Printed Name	First	MI	Last