

VIOXX SETTLEMENT PROGRAM CLAIMS ADMINISTRATION PROCEDURE			
Procedure Number	2009-1	Effective Date	January 29, 2009
Subject	Withdrawal as Counsel of Record in the Vioxx Settlement Program		


1. Purpose of this Procedure. This Procedure applies to any Primary Counsel who wishes to withdraw as counsel of record for a Claimant or Claimants in the Vioxx Settlement Program (“Withdrawing Counsel”).

2. Definitions and Section References. 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.

3. Claimants with No Pending Lawsuit. If a Claimant has no pending lawsuit, Primary Counsel can complete a Form V2070 *Withdrawal of Counsel Form* and send it to the Claims Administrator (“Withdrawal Request”). The Claims Administrator will review the Form for completeness. The Claims Administrator will not act on a Withdrawal Request until the Withdrawing Counsel has submitted a Form V2070 and the Claims Administrator has accepted it as complete. If complete, the Claims Administrator will: (1) email Primary Counsel telling it that the Claims Administrator is removing it as counsel; (2) email any counsel identified to the Claims Administrator previously as Secondary or other Counsel to the Claimant that the Claims Administrator has removed Primary Counsel and that the Claimant will be considered to be unrepresented unless the Claims Administrator is notified otherwise in writing within 20 days after the date of this notice; and (3) mail the Claimant a letter at the address provided in the Form notifying the Claimant that counsel has withdrawn and the Claimant is now listed as Pro Se (Unrepresented) in the Vioxx Claims Database. At that time, the Claims Administrator will change the Claimant’s status to Pro Se (Unrepresented) in the Vioxx Claims Database until directed in writing otherwise by the Claimant or new Primary Counsel. If the Form is not complete, the Claims Administrator will notify Primary Counsel why the Form is incomplete and what steps are necessary to complete the Form.

4. Claimants with Pending Lawsuits. If a Claimant has a pending lawsuit, Primary Counsel cannot use Form V2070 to withdraw. Instead, Primary Counsel must seek leave of court to withdraw. The Claims Administrator will retain Primary Counsel as counsel of record for the Claimant(s) involved until Primary Counsel submits to the Claims Administrator a copy of an entered Order permitting counsel to withdraw. At that time, the Claims Administrator will change the Claimant’s status from represented to Pro Se (Unrepresented) in its database. In light of the notice efforts required of Primary Counsel to be permitted by a court to withdraw, the Claims Administrator will not send further notices to the Claimant of this change in status.

APPROVED:

By: 
Counsel for Merck

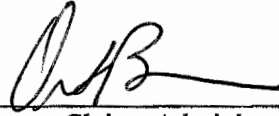
Date: 1-29-09

Name: Douglas R. Marvin

By: 
NPC Representative

Date: 1/29/09

Name: Andy Birchfield

By: 
Claims Administrator

Date: 1/30/09

Name: Orran L. Brown

A. VIOXX USER CLAIMANT INFORMATION

(Complete this section on the Vioxx User Claimant)

Name	First	MI	Last
Address	Street/P.O. Box		
	City	State	Zip
Date of Birth		SSN	- - VCN

B. REPRESENTATIVE CLAIMANT INFORMATION

(Complete this section on a person acting for a Deceased or Incompetent Vioxx User Claimant)

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)		

C. PRIMARY COUNSEL

Name	First	MI	Last
Law Firm Name			
Address	Street/P.O. Box		
	City	State	Zip

D. AGREEMENT

I represent and warrant, under penalty of perjury, as follows:

- I and my firm no longer represent the Claimant (or Representative Claimant) identified in this Form. Our representation ceased on ____/____/____.
(month) (day) (year)
- I have informed or have attempted to inform this Claimant (or Representative Claimant) that we no longer represent the Claimant (or Representative Claimant) and will withdraw as Primary Counsel on this claim in the Vioxx Settlement Program. This Claimant (or Representative Claimant) has no pending lawsuit relating to Vioxx.
- The last known addresses for the Claimant and Representative Claimant (if applicable) are shown in Section A and B (if applicable) of this Form.

E. SIGNATURE BY PRIMARY COUNSEL

Signature		Date	____/____/____ (month) (day) (year)
Name (printed or typed)	First	MI	Last