

ENROLLMENT INSTRUCTIONS FOR UNREPRESENTED CLAIMANTS

A. GENERAL INSTRUCTIONS

A.1. Documents Needed: You must follow all the steps described in these Instructions to enroll in the Vioxx Settlement Program. These documents are needed to enroll in the Program:

- (1) an Enrollment Form;
- (2) a Release;
- (3) a Medical Record Authorization Form;
- (4) an Employment Records Authorization Form, if you are seeking lost wages; and
- (5) a Stipulation of Dismissal, if you have a pending lawsuit.

The Claims Administrator sends these form documents to any unrepresented claimant who has submitted a Registration Affidavit for the Program. Note that making these Forms available to you does not in any manner imply that you are eligible for the Program or ultimately will receive benefits in the Program. The Settlement Agreement requires these executed Forms to begin the process. Eligibility will be determined at a later stage based upon the Claims Package submitted. If you do not have a document that you need, contact the Claims Administrator toll free at (866) 866-1729 and ask for the Claims Administrator's Pro Se Coordinator, Ms. Diann Bates, or send her an email at claimsadmin@browngreer.com.

A.2. Deadlines for Enrollment:

(1) Deadline for Interim Payments: As specified in Section 1.2.2.2 of the Settlement Agreement (as amended by the Second Amendment), Pro Se Claimants will be considered for Interim Payment under Section 4.1 of the Settlement Agreement if: (a) on or before March 31, 2008, the Claimant (1) submitted a signed Enrollment Form; and (2) submitted an original Release; and (b) on or before October 30, 2008, the Claimant: (1) submits an original Stipulation of Dismissal, if the Claimant has a pending lawsuit; (2) submits an Authorization for Release of Medical Records; and (3) submits an Employment Records Authorization Form), if the Claimant seeks lost wages on a claim for Extraordinary Injury Payments. Pro Se Claimants are not required to submit a Certification of Final Enrollment.

(2) Enrollment Deadline Date: Because Merck announced the waiver of its Walk Away Right as of August 4, 2008, the Enrollment Deadline Date under Section 1.2.2 and Section 17.1.26 of the Settlement Agreement is October 30, 2008. This is the final deadline for Enrolling Claimants in the Program. Thus Claimants may Enroll in the Program using the methods described in the Enrollment Instructions, but must do so on or before October 30, 2008. Claimants who Enroll (and submit a Release) after March 31, 2008, and on or before October 30, 2008, will not be considered for an Interim Payment. Instead, the amount of any compensation to which they are entitled under the Program will be paid in full in a single payment at the time final payments are made.

A.3. Pro Se Curator: By an Order dated February 12, 2008, the federal Court supervising the Program appointed a Pro Se Curator to provide assistance to Pro Se Claimants in connection with the Vioxx Settlement Program. The Pro Se Curator is Robert M. Johnston. You may contact him at (504) 561-7799, or by email at rmj@ahhelaw.com.

B. SPECIFIC INSTRUCTIONS FOR THE ENROLLMENT FORM

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B.1. General Instructions: An Enrollment Form is required to Enroll. Complete each of the following steps to complete the Enrollment Form.

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B.2.	Obtain the Enrollment Form: You should have received an Enrollment Form from the Claims Administrator. If you cannot find your Form, contact the Claims Administrator toll free at (866) 866-1729 and ask for the Claims Administrator’s Pro Se Coordinator, Ms. Diann Bates, or send her an email at claimsadmin@browngreer.com .
B.3.	Read Sections 1-3 of the Enrollment Form: The Enrollment Form contains certain representations and acknowledgements. Read Sections 1-3 to understand what you are agreeing to by signing the Form.
B.4.	Complete the Claimant Information and Date: Insert the Claimant information requested in the boxes below the signature line on the Enrollment Form. Insert the date next to the signature line.
B.5.	Sign the Enrollment Form: After completing Section B.3, and confirming that the Claimant information is correct, sign the Form.
B.6.	Send the Original Enrollment Form to the Claims Administrator: Send the original signed hard copy of the Enrollment Form to the Claims Administrator by US Mail or Overnight Delivery.

C. SPECIFIC INSTRUCTIONS FOR THE RELEASE OF ALL CLAIMS

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C.1.	General Instructions: Every Claimant must submit a complete original signed Release as part of the Claimant’s Enrollment Package, so include it along with your other Enrollment Materials and send them at the same time.
C.2.	Use the Release Form Sent to You by the Claims Administrator: The Claims Administrator prepared a Release for you and mailed it to you. If you cannot find it or did not receive it, contact the Claims Administrator toll free at (866) 866-1729 and ask for the Claims Administrator’s Pro Se Coordinator, Ms. Diann Bates, or send her an email at claimsadmin@browngreer.com .
C.3.	Review the Claimant Information on the Cover Page of the Release: The Cover Page to the Release contains a section showing the name, address, and other information about the Claimant (the Vioxx user.) Review the information in this section. If any of it needs to be changed, you should cross through what needs correcting and write in on the Cover Page the necessary changes in black ink and as legibly as possible.
C.4.	<p>Derivative Claimants: If there are Derivative Claimant(s) who are associated with your claim, any such Derivative Claimant must also sign the Release. A Derivative Claimant is someone who, because of their relation to you, could have a legally recognizable cause of action based on your use of Vioxx. Derivative Claimants include heirs, beneficiaries, a surviving spouse, surviving domestic partner and next of kin. We do not know if there are Derivative Claimants associated with your Claim.</p> <p>If there is a Derivative Claimant, he/she must sign the Release, and you must do the following:</p> <ul style="list-style-type: none"> a) The cover page to the Release contains space to enter the information for one Derivative Claimant. Write in the name, address, Social Security Number of the Derivative Claimant and date the information. If there is more than one Derivative Claimant associated with your claim, photocopy the cover page as many times as you need to have a page for each Derivative Claimant, before you write on it. Fill in the space on each cover page with the Derivative Claimant information and attach any additional pages to the back of the Release.

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	<p>b) The Release has a blank signature page for one Derivative Claimant. If there is more than one Derivative Claimant associated with your claim, before you write on it, photocopy the Derivative Claimant signature page as many times as you need to have a page for each Derivative Claimant. Each Derivative Claimant must sign a signature page. Attach any additional Derivative Claimant signature pages to the back of the Release.</p>
<p>C.5.</p>	<p>Representative Claimants of Derivative Claimants: If a Derivative Claimant is now deceased or is legally incompetent, a person acting as the authorized Representative Claimant must sign for that Derivative Claimant. Do not add that representative as a new Derivative Claimant on the Cover Page to the Release. Instead, just indicate in the Derivative Claimant’s signature page who is signing for that deceased or incompetent Derivative Claimant and the capacity in which the person is acting. See Section C.9 below for an explanation of how a Representative Claimant is to sign the Release.</p>
<p>C.6.</p>	<p>Complete Attachment 1 if a Special State Claimant: The Release that the Claims Administrator sent to you contains an Attachment 1. If you have a pending lawsuit and: (i) are living now; (ii) lived at the time of Primary Injury or Secondary Injury; and/or (iii) filed lawsuits: in Arizona, Kansas, Ohio, Oklahoma, or Texas (“Special State Claimants”), you are responsible for making sure that Attachment 1 of the Release includes any co-defendants named in the lawsuit. If the information on your Registration Affidavit placed you in Special State Claimant status, you must complete Attachment 1 by writing in or typing all co-defendants named in the lawsuit. If the co-defendant is a corporate entity, you must list it using the co-defendant’s proper corporate name. If there were no co-defendants named in the lawsuit, write “None” on Attachment 1.</p>
<p>C.7.</p>	<p>Obtain Notarized Claimant Signature(s): The Release must be signed by the Claimant or the Representative for a deceased or legally incompetent Claimant, in the “Releasor” blank after the text of the Release. The Releasor’s signature must be properly notarized in the space provided. When a Representative Claimant signs, he or she should sign where the signature of the Releasor is to be made, “[Claimant/name] by [name of representative who is signing], as [fill in executor, or representative, or other legal status of the representative].” If you need to make any changes to the signature portion to indicate that a Representative Claimant is signing instead of the Claimant named, write or type these changes on the signature page where the Releasor signs, such as “John Doe, by Jane Doe, as the Executor of the Will of John Doe.”</p>
<p>C.8.</p>	<p>Obtain Notarized Derivative Claimant Signature(s): The Release the Claims Administrator prepared has signature pages for each Derivative Claimant you have identified. If you have not identified any Derivative Claimants, the Release we generated has a blank signature page for a Derivative Claimant. If you added more Derivative Claimants to a Release by writing them in by hand, then, before you write on it, photocopy the Derivative Claimant signature page as many times as you need to have a page for each Derivative Claimant to sign. Each Derivative Claimant must sign a signature page. The Derivative Claimant’s signature must be properly notarized. If a Representative Claimant is signing for a deceased or incompetent Derivative Claimant, then have that person sign as “[Derivative Claimant Name] by [Representative Claimant name], acting as [Executor, etc.]” Attach any additional Derivative Claimant signature pages to the back of the Release.</p>

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C.9. Complete the Representative Section Whenever Anyone Signs as a Representative Claimant: If a Claimant or Derivative Claimant is deceased or legally incompetent, a person who has legal authority to act for the estate of the deceased person or for the incompetent person must sign the Release. The question of who can act as a Representative Claimant on behalf of the estate of a deceased person or for an incompetent person is a function of the law of the State that applies to that claim. First determine which State's law applies to the claim. Then determine what that law requires to empower a person to act as the legal representative of a deceased person. Many states require an order appointing an executor of the estate, or the issuance of letters testamentary, or an order appointing a person to act for a person who died intestate. You must secure and provide to the Claims Administrator copies of whatever is necessary under the applicable state law to authorize the person signing as representative to bind the entire estate and all beneficiaries of the estate or to bind a person who is legally incompetent. Because these rules vary from state to state, the Claims Administrator cannot provide you with the rules applicable in your state. If the Release is signed by a duly and lawfully appointed representative of the Vioxx User Claimant or of a Derivative Claimant, that representative must describe his or her relationship to the Claimant or Derivative Claimant and the authority upon which he or she is permitted to sign the Authorization on behalf of the Claimant or Derivative Claimant in the "Title" line of the signature section (*e.g.*, guardian, executor or administrator of the Estate, etc. If you added a Representative Claimant for a Claimant or a Derivative Claimant, then write in the Title legibly in black ink.

C.10. Attach Representative Documentation: If the Release is signed by a duly and lawfully appointed representative of the Claimant or a Derivative Claimant, that representative must attach to the Release proper documentation (*e.g.*, power of attorney, letters of administration) authorizing him or her to act in this representative capacity. If you do not have these papers now, send in your Release while you are obtaining them. They must, however, be submitted as soon as you can obtain them and before the claim can receive a Notice of Points Award in the Program.

C.11. Specific Cautions for the Release: Because the Release is so crucial to Enrollment, you must be very careful to complete it correctly. Follow these specific guidelines:

- (a) Make sure you sign in the right place.
- (b) Make sure all Derivative Claimants (or authorized Representatives of deceased or incapacitated Derivative Claimants) sign in the right place.
- (c) The names in the signature must match the name of the Claimant (unless an authorized Representative of a deceased or legally incompetent Claimant signs for the Claimant) and the name of a Derivative Claimant.
- (d) If the Claimant or Derivative Claimant is deceased or legally incompetent, an authorized Representative must sign for him or her. At the location for the Claimant or Derivative Claimant signature, note that the signature is "by [name of signer] as the [fill in the position of the signer, such as executor or legal guardian]." Be sure to follow Section C.9 above.
- (e) Make sure the Notary fills out the correct notary space for each person signing the Release whose signature must be notarized and writes in the signer's name correctly, and that the Notary signs each place necessary.
- (f) Make sure that the Notary's commission has not expired and that the Notary affixes a seal or stamp (except in a state where no seal is required by law, in which case write "No Seal required by the law of [name of State]" below the Notary's signature).
- (g) Do not mark through, scratch out, add terms, or otherwise attempt to alter the terms of the

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Release.

- (h) Do not remove any pages from the Release. Make sure you return them all.
- (i) A lawyer may not sign for a Claimant or Derivative Claimant based only on a Power of Attorney. The Claimant (or authorized Representative of a deceased or incapacitated Claimant) and each Derivative Claimant must sign personally.
- (j) Make sure to date all signatures and all Notary signatures.
- (k) Make sure that the Notary date matches the date of signature by the person whose signature was notarized.
- (l) Do not send the Release by facsimile or electronic mail. It must be sent in original hard copy.

D. SPECIFIC INSTRUCTIONS FOR THE AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS AND THE AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

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| D.1. | General Instructions: Every Claimant must submit a signed and complete Authorization for Release of Medical Records as part of the Claimant’s Enrollment Package. The Employment Record Authorization Form is required as part of an Enrollment Package only if the Claimant is seeking Extraordinary Injury Payments under Section 4.2 of the Settlement Agreement. |
| D.2. | Use the Authorization Form Sent to You by the Claims Administrator: The Claims Administrator prepared an Authorization Form for you and mailed it to you. Each Form was pre-filled with information taken from what you previously provided to the Claims Administrator. Your Form contains a Bar Code unique to you. |
| D.3. | Review the Claimant Information: Review the top portion of the Authorization Form and confirm that the Patient/Employee Name, Date of Birth, and Social Security Number are complete and accurate. If it is not correct, you should cross through what needs changing and legibly write in the correct information. |
| D.4. | Insert the Litigation Case No.: Insert the Litigation Case No. in the space provided for this information in the top portion of the Authorization Form. If you (or an attorney that previously represented you) did not file a lawsuit or filed a lawsuit that has been dismissed of record before now, you do not need to fill in this part. |
| D.5. | LEAVE BLANK the Records Provider Section: Following the Claimant Information portion, there are two blank lines for “Records Provider(s.)” <i>Do not fill in these lines.</i> Leave them blank so they can be filled in later by the Receiving Parties or their representatives or designated agents with the names of the healthcare providers and/or employers obtained during the settlement process. |
| D.6. | LEAVE BLANK the Date: On the second page of the Authorization, there are blanks for the date. <i>Do not date the Authorization.</i> The Receiving Party or their representatives or designated agents will date the Authorization when it is sent to the providers of the records. |
| D.7. | Sign the Authorization Form: There is a signature blank next to the Date section on the second page of the Authorization Form. You or your respective, duly and lawfully appointed representative must sign the Authorization Form. |

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D.8.	Complete the Representative Section: If the Authorization Form is signed by a duly and lawfully appointed representative of the Eligible Claimant, that representative must describe his or her relationship to the Eligible Claimant and the authority upon which he or she is permitted to sign the Authorization Form on behalf of the Eligible Claimant (<i>e.g.</i> , guardian, executor or administrator of the Estate of Eligible Claimant, etc.), in the section below the signature on the Authorization Form. See Section C.9 above, in the Release section, for more information on who serves as an authorized representative. A power of attorney alone is not enough to act in a representative capacity for a deceased Claimant.
D.9.	Attach Representative Documentation: If the Authorization Form is signed by a duly and lawfully appointed representative of the Eligible Claimant, that representative must attach to the Authorization Form proper documentation (<i>e.g.</i> , power of attorney, letters of administration) authorizing him or her to act in this representative capacity. If you do not have these papers now, send in your Form while you are obtaining them. They must, however, be submitted to the Claims Administrator before the claim can receive a Notice of Points Award in the Program.
D.10.	Send the Authorization Form to the Claims Administrator: You may submit a signed Authorization Form in two ways: <ul style="list-style-type: none"> (a) <i>Hard Copy Submission:</i> Include the original signed hard copy of the Authorization Form in your Enrollment Package and send the package to the Claims Administrator by US Mail or Overnight Delivery. This is the preferred method. If you send a hard copy, do not send a pdf. (b) <i>Electronic Submission:</i> You may send the Claims Administrator an Adobe pdf image of the signed Authorization Form. To do so, email it to claimsadmin@browngreer.com. Make a separate pdf for this document. Do not combine it with any other documents in the pdf. If you send it in pdf, do not also mail or deliver the hard copy.

E. SPECIFIC INSTRUCTIONS FOR THE STIPULATION OF DISMISSAL

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E.1.	General Instructions: If you or an attorney who previously represented you filed a lawsuit, you need to prepare and send to the Claims Administrator a Stipulation of Dismissal for that suit.
E.2.	Determine if You Have a Pending Lawsuit: You need to determine whether you filed a lawsuit against Merck for any alleged injuries resulting from Vioxx use. If you hired an attorney who filed a lawsuit on your behalf but no longer represents you in that case, you still need to submit a Stipulation of Dismissal.
E.3.	Obtain the Stipulation Form: If you have a pending lawsuit, you need to tell the Claims Administrator so that the Claims Administrator's Pro Se Coordinator, Ms. Diann Bates, can mail you a Stipulation of Dismissal form.
E.4.	Complete the Stipulation Form: Fill in the blanks in the Stipulation of Dismissal with the information on your lawsuit.
E.5.	Do Not Materially Alter the Terms of the Stipulation: Do not make changes to Stipulation text other than the text in brackets that you are instructed to change. Do not delete any words or sentences or otherwise attempt to change the Stipulation terms. For example, the case must be dismissed as to all defendants, so do not delete the language "all other named defendants."

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F.3	<p>Timeliness of Submissions: Section 16.2 of the Settlement Agreement prescribes how delivery is measured for purposes of complying with deadlines:</p> <ul style="list-style-type: none">(a) Mailed documents must be postmarked on or before the deadline date.(b) Documents delivered by overnight delivery must be placed in the hands of a carrier on or before the deadline date.(c) Emailed documents must be sent on or before the deadline date, but only if the email is sent and is capable of being received by the Claims Administrator prior to midnight on the deadline date. Because of possible heavy email traffic, emails sent too close to midnight may not be received by the Claims Administrator until after midnight and will risk not meeting the deadline.
F.4	<p>Status of Submissions: The Claims Administrator will review the Enrollment Materials that you have submitted under the Completeness Criteria agreed upon by the Parties to the Settlement Program. The Claims Administrator will send you a notice by mail to notify you of any Deficiencies and the action you need to take to cure that Deficiency. You will be given a reasonable time to cure the Deficiency and if you then submit a timely cure, you will be considered to be Enrolled based upon the date of your original submission of that document.</p>