

CLAIMS ADMINISTRATOR

COURT REPORT NO. 15

February 10, 2009

ENROLLMENT MOP-UP EFFORTS

- 1) Claimants Missing Enrollment Documents
(~1,200)**
- 2) Claimants with Deficient Release or Stipulation of Dismissal (~5,000; 2/20/09 deadline to cure)**

→ Affect the processing of Claims?

EXTRAORDINARY INJURY PROGRAM

MI EI FUND
\$195,000,000

IS EI FUND
\$105,000,000

- 1) MI or IS Claimant with Points Award**
- 2) Not a Special Marker**
- 3) Submit EI Claim Form and Required Documentation by 6/1/09, starting 3/2/09**

EXTRAORDINARY INJURY: THRESHOLD ELIGIBILITY

**PAST OUT-OF-
POCKET LOST
WAGES/INCOME**

**PAST OUT-OF-
POCKET MEDICAL
EXPENSES**

**SPECIAL MEDICAL
INJURY**

- 1) \geq \$250,000
- 2) From Eligible Injury date through 11/9/07
- 3) Paid by claimant and not reimbursed by a third party
- 4) Documented in submissions

- 1) Not adequately reflected in MI or IS Grids
- 2) Documented

EXTRAORDINARY INJURY: DAMAGES **VALUATION**

- 1) Past Out-of-Pocket Lost Wages or Medical Expenses caused by the Eligible Event as calculated based on the proof submitted.**
- 2) Other Extraordinary damages (Future Lost Wages/Income or Future Medical Expenses) will be a factor in the evaluation.**
- 3) Relative Points Value Adjustment on Economic Damages to preserve the adjustments made to underlying awards.**
- 4) Assign values to Special Medical Injury Claims found to be extraordinary.**
- 5) Pro Rata Adjustment to distribute the available funds.**

BROWNGREER || PLC - VIOXX SETTLEMENT

Home

News and
Developments

Primary Counsel
Profile

Upload Files

Download Files

Claimant Search

Extraordinary Injury
Program

Enrollment

Overlap Claimants

Lien

Claims

Extraordinary Injury Claimant Search

Use this section of your Claims portal to determine the current and past claims activity for your Firm's Enrolled Program Claimants. You will be able to use the search feature to look up claimants by: (i) VCN; (ii) name; (iii) particular types of notifications or Event types (i.e., Points Awards, Eligibility Notices, Ineligibility Notices, Claims Package Deficiency Notices, etc.); (iv) specific Claims Status (i.e., CA Review Pending, Claims Material Received, No Claims Material Submitted, etc.); or (v) date ranges.

Specific Search Search All

VCN :

Last Name :

Social Security Number : - -

Search Results:

VCN	Name	SSN	City	State	EI CF Last Update
1002589	Test, Sally	22222222	Richmond	VA	

Home

News and
Developments

Primary Counsel
Profile

Upload Files

Download Files

Claimant Search

Extraordinary Injury
Program

Enrollment

Overlap Claimants

Lien

Claims

Reports

FAQ

Sign Out

Extraordinary Injury Claimant Demographics

[<< Back to EI Search](#)

VCN:	1002589		
1. Name :	Test (Last)	Sally (First)	S. (M.I.)
2. Current Address :	Address1 : 123 Main Street Address2 : City : Richmond State : VA Zip : 23219 Country :		
3. Telephone :	- -		
4. Date of Birth :	01 / 01 / 1950 (MM) (DD) (YYYY)		
5. Social Security Number :	222 - 22 - 2222		
6. Sex :	Female		

Form Links

[EI Claim Form](#)

[EI Upload Documents](#)

BROWNGREER || PLC - VIOXX SETTLEMENT

Home

News and
Developments

Primary Counsel
Profile

Upload Files

Download Files

Claimant Search

Extraordinary Injury
Program

Enrollment

Overlap Claimants

Lien

Claims

Reports

FAQ

Sign Out

EXTRAORDINARY INJURY CLAIM FORM

I. CLAIMANT INFORMATION (Vioxx Product User)

VCN: 12345678

Claimant Name: Test Sally M.
(Last) (First) (MI)

SSN: 123 - 45 - 6789

Address:

Address1: 123 Main Street

Address2:

City: Richmond State: VA

Zip: 23219

Telephone:

Email:

II. PRIMARY COUNSEL INFORMATION

Primary Counsel: Test LawFirm Of Virginia

Address:

Address1:

Address2:

City: State:

Zip:

Country: USA

Telephone:

Facsimile:

Email:

V. PAST LOST WAGES

Source of Income: *

Period of Loss Start Date: * End Date: *

Condition Giving Rise to Lost Wages/Income Claim: *

Did Claimant have earned Income during this period from Other Source? Yes No

Identify Other Source:

Gross Total Wages/Income from Other Source: \$

Nature of Product User's Lost Wages/Income: *

Hourly Wages:

Hourly Rate: \$ Hours Per Week:

Total Gross Wages or Income that Otherwise Would Have Been Received but for Injury: * \$

Insurer or Other Third Party Coverage? Yes No

Name of Insurer or Other Third Party:

Amount Reimbursed or Paid by Insurer or Other Third Party (or eligible for such payments): * \$

Net Past Out-of-Pocket Lost Wages or Income Claimed: * \$

Required Documentation:

I have submitted or will submit true and complete copies of the following records:

- * The federal US income tax return(s) (with all attachments) for the Product User for the year(s) of the Date(s) of Loss listed in this Form, and for the two years immediately before the year of the earliest Dates of Loss listed in this Form. *Label these: Tax Returns.*
- * If the Product User is claiming lost employee wages, the Product User's W-2 Forms for the year(s) of the Date(s) of Loss listed in this Form, and for the two years immediately before the year of the earliest Date of Loss listed in this Form. If the Product User was or is self employed, submit the Product User's K-1 or equivalent report of income for those years. If these are included in the attachments to the tax returns, you do not need to submit them separately. *If submitted separately, label these: Wage Statements.*
- Social Security benefit statements for the year(s) of the Date(s) of Loss listed in this Form, and for the two years immediately before the year of the earliest Date of Loss listed in this Form. *Label these: Social Security Statements.*
- For an employee, the person's employee file showing the person's rate of pay on an hourly or annual basis, and all employer actions for the year(s) of the Date(s) of Loss in this Form and for the two years immediately before the earliest Date of Loss listed in this Form. For a self-employed person, a profit and loss statement for each business involved for the two years immediately before the earliest Date of Loss listed in this Form. *Label these: Employment Records.*

VI. SPECIAL MEDICAL INJURY CLAIM

Basis of Special Medical Injury Claim:

- The Product User is an MI claimant who suffered an injury that is not adequately reflected in the MI injury levels in Ex. 3.2.1 to the Vioxx Settlement Agreement.
- The Product User is an IS claimant who suffered an injury that is not adequately reflected by the Basic Activities of Daily Living or Instrumental Activities of Daily Living as defined in Ex. 3.2.1 to the Vioxx Settlement Agreement.

Brief description of the Special Medical Injury Claimed (50 words or less; include any other explanation in the required Documentation submitted):

*

Required Documentation:

- * I have submitted and will submit all the Medical Records relating to the injury on which this Special Medical Injury Claim is based and any other documents that I feel support the claim. *Label these: Special Medical Injury Records.*

VII. OTHER EXTRAORDINARY INJURY

If you think that this Product User suffered any other Extraordinary Injury or deserves an Extraordinary Injury Payment for damages not covered in any of the other sections of this Form, complete this section.

Brief description of the other Extraordinary Injury Claimed (50 words or less; include any other explanation in the required Documentation submitted):

*

Required Documentation:

- * I have submitted or will submit additional document describing the nature of the injury or damage Claimed and submit true and complete copies of any medical records, financial records, and other materials that I think support this claim for other Extraordinary Injury. *Label these: Other Extraordinary Injury.*

VIII. SIGNATURE BY PRIMARY COUNSEL OR CLAIMANT

I hereby certify under penalty of perjury that the information in this Form is true and correct and that the copies of the records submitted with this Form are true, correct and complete.

Date: (MM) / (DD) / (YYYY)

Signature: _____

Accept

[Home](#)[News and Developments](#)[Primary Counsel Profile](#)[Upload Files](#)[Download Files](#)[Claimant Search](#)[Extraordinary Injury Program](#)[Enrollment](#)[Overlap Claimants](#)[Lien](#)

Extraordinary Injury Upload Documents

[<< Back To EI Claimant Info](#)

The Upload File screen provides you the ability to send large amounts of data or documents to the Claims Administrator. Click on the Browse button to navigate to the file location on your local network. You can upload Only PDF file, but not other kinds of files.

VCN:	1002589
Claimant Name :	Test, Sally

* Document Type :

* Upload Document :

EXTRAORDINARY INJURY CLAIMANTS**(As of 2/9/09)**

	STATUS	MI	IS	TOTAL
1.	Claimants Indicating EI in the Claims Form	6,069	3,306	9,375
2.	Less Non-Submitting Program Claimants and Final Special Marker Claimants	71	25	96
3.	Sub-Total	5,998	3,281	9,279
4.	Less Current Gate Failures	1,974	135	2,109
5.	Net Remaining	4,024	3,146	7,170

CLAIMS PACKAGE SUBMISSIONS

(As of 2/9/09)

1.	Sufficient to Join Claims Queue	~ 48,000
2.	Non-Submitting Program Claimants	1,682
3.	Potential Non-Submitting Program Claimants	184

FILED CLAIMS OVERVIEW
(As of 2/9/09)

	Claims Form Injury Assertion	#	%
1.	MI Claims	30,134	62%
2.	IS Claims	17,777	37%
3.	Claims Forms Not Asserting Injury Type	624	1%
4.	TOTAL	48,535	100%

MI GATES REVIEW STATUS

(As of 2/9/09)

	Status	Current	Since 1/22/09
1.	In Queue for Gates Review	7,536	-1,801
2.	Initial CA Review Complete/QC Pending	2,534	-655
3.	Gate Passes Eligible for Points Review	9,832	+930
4.	a. CA Notices of Ineligibility Issued	4,376	+1,012
	b. With Gate Committee-No Vote Yet	5,137	+604

MI POINTS REVIEW STATUS

(As of 2/9/09)

1.	Paid August - January	6,108
2.	Claimants with Points Awards Outstanding	1,856
	a. Accepted (To be Paid 2/27/09)	760
	b. No Decision--Eligible for 2/27/09 Payment	660
	c. Appealed or Special Review	436
3.	QC Completed but Notice Cannot Issue	666
4.	Pending QC	186
5.	Claims Incomplete for Points Review	604
6.	Initial Points Review Underway	177
7.	Initial Points Review Pending	237

MI REVIEW PROJECTIONS

1.	Total MI Claims	30,134
2.	CA and Gate Committee Estimated Combined Pass Rate	70%
3.	Resulting Total of Passing MI Claims	21,094
4.	Less Number Paid August – January	6,108
5.	Less Number Potentially Paid in February	1,856
6.	Remaining MI Claims to Review 2/09 – 8/09	13,130
7.	Monthly Average to Advance to Points Award	2,020
8.	Additional Claims with Points Awards Who Appeal (10%) and Elect Special Review (.7%)	216
9.	Average Claims to Advance to Points Award Monthly	2,236

MI INJURY LEVEL SUMMARY**(As of 2/9/09)**

	INJURY LEVEL	AVERAGE POINTS
1.	Level 1	224.91
2.	Level 2	205.34
3.	Level 3	147.62
4.	Level 4	100.88
5.	Level 5	85.01
6.	Level 6	56.25
7.	Special Marker %	4.95%

SUMMARY OF COMPLETED AND PENDING MI PAYMENTS				
	Payment Category		# Claimants	\$ Paid
1.	Paid:	Interim	5,905	\$531,284,976
		Special Marker	201	\$912,899
2.	Total Payments Issued		6,108	\$532,197,875
3.	2/27/09 Pending Payments		760	\$67,920,527
4.	Additional Claims Eligible for February Payment as of Today		660	\$49,689,570
5.	Current Potential Payments		1,420	\$117,610,097

STROKE CLAIMS REVIEW STATUS

(As of 2/9/09)

	Status	Current	Since 1/22/09
1.	In Queue for Gates Review	4,760	-1,016
2.	Initial Review Complete/QC Pending	7,863	-152
3.	Gate Passes Eligible for Points Review	3,087	+464
4.	a. CA Notices of Ineligibility Issued	783	+581
	b. With Gate Committee-No Vote Yet	967	+219

STROKE POINTS REVIEW STATUS

(As of 2/9/09)

1.	Paid (First Payments to be Made 2/27/09)	N/A
2.	Claimants with Points Awards Outstanding	478
	a. Accepted (To be Paid 2/27/09)	137
	b. No Decision--Eligible for 2/27/09 Payment	321
	c. Appealed or Special Review	20
3.	QC Completed but Notice Cannot Issue	323
4.	Pending QC	1,664
5.	Claims Incomplete for Points Review	152
6.	Initial Points Review Underway	191
7.	Initial Points Review Pending	122

COMMENCEMENT OF STROKE PAYMENTS

- 1) S.A. Required Review of 2,500 IS Claims by 2/1/09.**
- 2) Claims Administrator completed requisite Reviews.**
- 3) Using results of Reviews, CA worked with Parties to project Point Value.**
- 4) Estimated Point Value for IS Claims is \$1,810.**
- 5) Final Point Value may be higher or lower at Final Payment.**
- 6) Payments on IS Claims to commence 2/27/09.**