

Exhibit C
Livingston Preliminary Determination

Office of the Claims Administrator

Sulzer Settlement Trust
P.O. Box 94558
Cleveland, Ohio 44101-4558
Telephone: (800) 683-1861

March 3, 2003

Jane M. Livingston
c/o Donald K. Greer, Esquire
2405 Highway 71
Spring Lake Heights, NJ 07762

Re: Preliminary Determination of Settlement Benefits
Claim Number:

Dear Jane M. Livingston,

Section 4.6(d) of the Settlement Agreement in *In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401, provides that the Claims Administrator shall provide to Class Members a Preliminary Determination of Settlement benefits. Your Preliminary Determination notice is enclosed. The notice reports the benefits for which you have applied, the benefits for which you are entitled to payment, and the amount, if any, of your benefit award.

If you disagree with your Preliminary Determination, the enclosed notice explains how to supplement your Claim or contest the Preliminary Determination. If you have any questions about your Claim or about this Preliminary Determination, you may contact this office at the address and telephone number above.

Sincerely,

Claims Administrator

Enclosure

NOTICE OF CLAIMS ADMINISTRATOR'S PRELIMINARY DETERMINATION*In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401**1. Identifying Information**

To: Jane M. Livingston
c/o Donald K. Greer, Esquire
2405 Highway 71
Spring Lake Heights, NJ 07762
Claim Number: '

Date: March 3, 2003

2. Preliminary Determination

The Claims Administrator has reviewed your Claim(s) for benefits under the Class Action Settlement Agreement *In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401, and makes the following Preliminary Determination under Section 4.6(c) of the Settlement Agreement.

Below is a cumulative list of all Claim Forms that have been submitted and reviewed for this Preliminary Determination letter.

Affected Product Revision Surgery Benefits (ORANGE Form)

Form No.	PD Letter Print Date	GPO Elected	Eligible	Complete Claim	Affected Product	Revision Surgery	Absence of Trauma	Attorney Fee Benefit Amount	Benefit Amount
12642		N	N	N	N	Y	Y	\$0.00	\$0.00

Extraordinary Injury Fund Benefits (GREEN Form)

Form No.	PD Letter Print Date	Eligible	Complete Claim	Valid Blue Form or Orange Form	Attorney Fee Benefit Amount	Benefit Amount
12643						Under Review

NOTICE OF CLAIMS ADMINISTRATOR'S PRELIMINARY DETERMINATION*In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation, MDL No. 1401*

Payment Information:	Gross Benefit Amount:	\$0.00
	Less Settlement Amount(s) Previously Paid (if any)	
	Less Advance Amount(s) Paid by Sulzer (if any)	
	Net Benefit Amount to be Paid:	\$0.00

3. Right to Contest Preliminary Determination

If you wish to contest this Preliminary Determination, you may submit to the Claims Administrator any additional information supporting your position. Any such supplemental information and/or documentation shall be submitted with a cover letter, specifying your Claim Number. Your submission must be postmarked within forty-five (45) days from the date of this Preliminary Determination, or it will not be considered by the Claims Administrator in making his Final Determination or during any appeal of the Claims Administrator's Final Determination. Send all materials to: Claims Administrator, P.O. Box 94558, Cleveland, OH 44101-4558.

4. Final Determination and Appeal Rights

If you do not contest this Preliminary Determination pursuant to section 3 above, it will automatically become the Claims Administrator's Final Determination. If you contest this Preliminary Determination, the Claims Administrator will issue his Final Determination within ninety (90) days of receiving any additional information. Within thirty (30) days after the date of the Claims Administrator's Final Determination, you may appeal the Final Determination by filing a notice of appeal with the Federal District Court and serving a copy on the Claims Administrator pursuant to Section 4.6(f) of the Settlement Agreement.

5. Contact Information

If you have any questions regarding this Preliminary Determination, you may write to: **Claims Administrator, P.O. Box 94558, Cleveland, OH 44101-4558** or you may call the Claims Administrator's office at **1-800-683-1861**.

Remember to advise the Claims Administrator in writing if there are any changes in your name and/or mailing address.