

Appendix A

Notice of Intent to Opt In Form for Filed Claims

NOTICE OF INTENT TO OPT IN FORM FOR FILED CLAIMS

INSTRUCTIONS

THIS FORM APPLIES TO ALL PLAINTIFFS WITH CLAIMS PENDING IN ANY STATE OR FEDERAL COURT THAT WERE FILED AND SERVED ON OR BEFORE FEBRUARY 7, 2014 ALLEGING INJURIES RESULTING FROM THE USE OF NUVARING.

IF YOU WISH TO PARTICIPATE IN THE NUVARING RESOLUTION PROGRAM (the “Program”) AND TO BE POTENTIALLY ELIGIBLE FOR AN AWARD UNDER THE PROGRAM, YOU MUST SUBMIT THIS FORM ON OR BEFORE 11:59 p.m. CT ON MARCH 10, 2014 (UNLESS EXTENDED TO A LATER DATE PURSUANT TO THE TERMS OF THE SETTLEMENT AGREEMENT) AS FOLLOWS:

Online: Go to www.nuvaringofficialsettlement.com, which is the official website of the Claims Administrator, and follow the instructions provided there. The date of submission will be the date the form is provided online.

NOTICE OF INTENT TO OPT IN FORM FOR FILED CLAIMS

By timely submitting this form, you agree to be bound by the terms of the Master Settlement Agreement and the jurisdiction of the Special Master and the MDL Court or the New Jersey Coordinated Proceeding Court with regard to all matters pertaining to the Master Settlement Agreement and the Program contained therein. You acknowledge that you will not be eligible for an award unless you also timely submit a completed Claim Package that meets the requirements set forth in the Master Settlement Agreement. You agree that the Special Master will hear motions to dismiss claims that fail to comply with the Master Settlement Agreement and make recommendations to the court in which your case is pending. You also agree that appeals of determinations by the Claims Administrator as to whether a Claimant is eligible for payment under the terms of the Settlement Agreement will be resolved by the Special Master and that the Special Master's decisions will be binding on the parties. You acknowledge that the Special Master's rulings on these appeals are separate from recommendations he makes as a Special Master on appointment from the MDL Court, New Jersey Coordinated Proceeding Court, or other court. By checking the box below and executing this form, you acknowledge that you have been fully advised of your rights under the Master Settlement Agreement and elect to participate in the Program, and that such election is irrevocable.

I elect to participate in the NuvaRing Resolution Program.

CLAIMANT INFORMATION (NuvaRing Product User)

Claimant Name	<small>Last</small>	<small>First</small>	<small>Middle</small>
Social Security Number	_ _ _ _ - _ _ _ _ - _ _ _ _ _		
Case Number			
Address	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip</small> <small>Country</small>
Telephone Number	(____) _____ - _____	Email	
Alleged Injury (check all that apply)	<input type="checkbox"/> VTE (e.g. pulmonary embolism or deep vein thrombosis) <input type="checkbox"/> Wrongful Death <input type="checkbox"/> ATE (e.g., heart attack or stroke) <input type="checkbox"/> Other (Define) _____		
Date of Alleged Injury (Month/Day/Year)	____/____/____	Dates of NuvaRing Usage	State of Residence at Time of Injury

ATTORNEY INFORMATION (If Applicable)

Attorney Name	<small>Last</small>	<small>First</small>	<small>Middle</small>
Firm Name			
Address	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip</small> <small>Country</small>
Telephone Number	(____) _____ - _____	Facsimile	(____) _____ - _____
Email			

CLAIMANT'S SIGNATURE

IMPORTANT: This form must be signed by Claimant (the NuvaRing product user or the legal representative of a deceased or incapacitated product user). Attorneys may not sign on Claimant's behalf.

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