

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

IN RE: YASMIN AND YAZ (DROSPIRENONE) MARKETING, SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION))))))	3:09-md-02100-DRH-PMF MDL No. 2100
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Y002	NOTICE OF INTENT TO OPT OUT FORM	
INSTRUCTIONS		
<p>ALL MDL PLAINTIFFS WITH PERSONAL INJURY CLAIMS ALLEGING GALLBLADDER DISEASE AND/OR GALLBLADDER INJURIES, EITHER ALONE OR IN COMBINATION WITH ANOTHER INJURY, FILED AND SERVED ON OR BEFORE MARCH 25, 2013 ARE AUTOMATICALLY ENROLLED IN THE MDL GALLBLADDER RESOLUTION PROGRAM (the “Program”) UNLESS: (1) THE CASE ALLEGES A GALLBLADDER INJURY AND A VENOUS THROMBOEMBOLISM (INCLUDING, BUT NOT LIMITED TO, DEEP VEIN THROMBOSIS OR PULMONARY EMBOLISM) OR ARTERIAL THROMBOEMBOLISM (INCLUDING, BUT NOT LIMITED TO, HEART ATTACK OR ARTERIAL THROMBOEMBOLIC STROKE) INJURY, PENDING IN MDL DOCKET NO. 2100; OR (2) THE PLAINTIFF SUBMITS THIS FORM OPTING OUT OF THE PROGRAM.</p> <p>IF YOU DO <u>NOT</u> WISH TO PARTICIPATE IN THE GALLBLADDER RESOLUTION PROGRAM, YOU <u>MUST</u> SUBMIT THIS FORM ON OR BEFORE <u>11:59 p.m. CT ON APRIL 29, 2013 (UNLESS EXTENDED TO A LATER DATE PURSUANT TO THE TERMS OF THE SETTLEMENT AGREEMENT) AS FOLLOWS:</u></p> <p>You must submit this Opt-Out Form using one of the following methods on or before 11:59 p.m. CT. on April 29, 2013 (unless extended to a later date). Choose only one method for submission.</p> <ol style="list-style-type: none"> 1. Online: Go to www.yazofficialsettlement.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; OR 2. By Email: Email it to each of the following. The date of submission will be the date of your email; <ol style="list-style-type: none"> (a) The Claims Administrator at OptInOptOutNotice@yazofficialsettlement.com; (b) BHCP’s Counsel at OptInOptOutNotice@shb.com; and (c) NPC at YazGBClaimNotice@uselaws.com; OR 3. By United States Mail or Other Carrier: Send it to each of the following, return receipt requested. The date of submission will be the postmarked date or the date you place this form in the hands of another carrier. If there is no postmark or date present, the Claims Administrator will use the date it receives the form as the applicable date: 		
<p><u>Claims Administrator:</u> Yaz Settlement Claims Administrator BrownGreer PLC P.O. Box 85006 Richmond, VA 23285-5006</p>	<p><u>BHCP’s Counsel:</u> Jeff Fields Shook, Hardy & Bacon L.L.P. 2555 Grand Blvd. Kansas City, MO 64108-2613</p>	<p><u>NPC:</u> Roger C. Denton Schlichter, Bogard & Denton, LLP 100 South Fourth Street, Suite 900 St. Louis, MO 63102</p>

Y002**NOTICE OF INTENT TO OPT OUT FORM**

By timely submitting this form, you acknowledge and agree that you will not be entitled to seek an award under the Gallbladder Resolution Program. Failure to timely submit this form means that you will automatically be enrolled in the Program (unless your case alleges a gallbladder injury and a venous thromboembolism or arterial thromboembolism injury), although you will not be eligible for an award unless you also timely submit a completed Claim Package pursuant to the Program. By checking the box below and executing this form, you acknowledge that you have been fully advised of your rights under the Settlement Agreement and elect to opt out of the Program.

I elect to opt out of the Gallbladder Resolution Program

CLAIMANT INFORMATION (Yaz Product User)

Claimant Name	Last	First	Middle
Case Number			

ATTORNEY INFORMATION (If Applicable)

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

PLAINTIFF'S SIGNATURE

IMPORTANT: The Plaintiff must personally sign. Attorneys may not sign on the Plaintiff's behalf.

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