

INSTRUCTIONS

THIS FORM APPLIES TO ALL PLAINTIFFS WITH PERSONAL INJURY CLAIMS, FILED AND SERVED ON OR BEFORE MARCH 25, 2013, ALLEGING GALLBLADDER DISEASE AND/OR GALLBLADDER INJURIES PENDING IN STATE AND FEDERAL COURTS, OTHER THAN CASES PENDING IN MDL DOCKET NO. 2100 (“MDL”). THIS FORM ALSO APPLIES TO ALL PLAINTIFFS WITH CASES, FILED AND SERVED ON OR BEFORE MARCH 25, 2013, PENDING IN MDL NO. 2100 WHO ALLEGE 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 IN COMBINATION WITH A GALLBLADDER INJURY.

IF YOU WISH TO PARTICIPATE IN THE GALLBLADDER 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. C.T. ON APRIL 29, 2013 (UNLESS EXTENDED TO A LATER DATE PURSUANT TO THE TERMS OF THE SETTLEMENT AGREEMENT) AS FOLLOWS:

You must submit this Opt-In 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.

- 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;
 - (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:

Claims Administrator:

Yaz Settlement Claims Administrator
BrownGreer PLC
P.O. Box 85006
Richmond, VA 23285-5006

BHCP’s Counsel:

Jeff Fields
Shook, Hardy & Bacon L.L.P.
2555 Grand Blvd.
Kansas City, MO 64108-2613

NPC:

Roger C. Denton
Schlichter, Bogard & Denton, LLP
100 South Fourth Street, Suite 900
St. Louis, MO 63102

Y003**NOTICE OF INTENT TO OPT IN FORM**

BY OPTING IN, PLAINTIFFS WITH OTHER INJURIES IN ADDITION TO GALLBLADDER DISEASE AND/OR GALLBLADDER INJURY UNDERSTAND THAT THEY WILL HAVE TO PROVIDE TO DEFENDANTS A RELEASE OF ALL CLAIMS, INCLUDING THEIR NON-GALLBLADDER INJURIES.

By timely submitting this form, you agree to be bound by the terms of the Settlement Agreement and the jurisdiction of the Special Master and the MDL Court (or the state court in which the case is pending, should the MDL Court lack subject matter jurisdiction) with regard to all matters pertaining to the 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 pursuant to the Program. You agree that the Special Master will hear motions to dismiss claims that fail to comply with the 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 entitled to payment and, if so, the amount of that payment, 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 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 Settlement Agreement and elect to participate in the Program.

I elect to participate in 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 | | | | |

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 |