

EXHIBIT B UNREPRESENTED DUROM CUP CLAIMANT REGISTRATION FORM

On or before April 29, 2016, claimants who are not represented by counsel and who wish to participate in the Settlement Program must register by serving Exhibit B on Zimmer.

INSTRUCTIONS

1. If the claimant is eligible for the Settlement Program, he/she must also serve on Zimmer a Categorization and Award Amount Form for each claimant by May 31, 2016 (Exhibit C).
2. Service on Zimmer must be completed by mail to the address below or by using the Submit Your Forms button at duromsettlement.com.
Attn: Durom Settlement Program
Faegre Baker Daniels LLP
110 W. Berry Street, Ste. 2400
Fort Wayne, Indiana 46802
3. For more information, please visit www.duromsettlement.com, or contact counsel for Zimmer at info@duromsettlement.com.

CLAIMANT INFORMATION

1. Name	Last	First	Middle Initial
2. DOB (MM/DD/YYYY)	3. SSN		
4. U.S. Citizen on Date of Implant	<input type="checkbox"/> Yes or <input type="checkbox"/> No		
5. Jurisdiction	Court _____ Case No. _____		<input type="checkbox"/> Unfiled
LEFT HIP			
6. Date of Implant Surgery (MM/DD/YYYY)	<input type="checkbox"/> N/A, skip 7 - 13		
7. Product ID	Name	Catalog No.	Lot No.
8. Implant Hospital	Name & Street		
	City	State	Zip
9. Implant Surgeon	Last	First	Middle Initial
10. Date of Revision Surgery, defined as the removal of the Durom Cup (MM/DD/YYYY)	<input type="checkbox"/> N/A, skip 11 - 13		
11. Revision Hospital	Name & Street		
	City	State	Zip
12. Revision Surgeon	Last	First	Middle Initial

13. Revision Product ID	Name	Catalog No.	Lot No.
RIGHT HIP			
14. Date of Implant Surgery (MM/DD/YYYY)			<input type="checkbox"/> N/A, skip 15 - 21
15. Product ID	Name	Catalog No.	Lot No.
16. Implant Hospital	Name & Street		
	City	State	Zip
17. Implant Surgeon	Last	First	Middle Initial
	18. Date of Revision Surgery, defined as the removal of the Durom Cup (MM/DD/YYYY)		
			<input type="checkbox"/> N/A, skip 19 - 21
19. Revision Hospital	Name & Street		
	City	State	Zip
20. Revision Surgeon	Last	First	Middle Initial
	21. Revision Product ID		

CERTIFICATION BY CLAIMANT			
<p>I declare under penalty of perjury under the laws of the United States of America that all of the information provided in and with this Unrepresented Durom Cup Claimant Registration Form is true and correct to the best of my knowledge and belief.</p> <p>I am not represented by an attorney, and I understand that if I retain an attorney to represent me in the Settlement Program after the date that the Settlement Agreement was executed, the 29% reduction in my award, as set out in Section II(A)(2)(e) and Section II(B)(3) of the Settlement Agreement, will continue to apply to my claim regardless of the representation.</p>			
Claimant's Signature		Date	
Printed Name			