EXHIBIT F - MEDIATION REQUEST FORM

Claimants who do not reach a settlement after completing the categorization process in the Settlement Program, must participate in mandatory mediation by serving Exhibit F on Zimmer, on or after September 15, 2016.

on	on or after September 15, 2016.								
INSTRUCTIONS									
1.	A Claimant must amount by Septe	_	he or she does not accept Z	immer's offered award					
2.		on at duromsettlement.c tlement Program niels LLP reet, Ste. 2400	y mail to the address below om.	or by using the Submit					
3.	For more information, please visit www.duromsettlement.com, or contact counsel for Zimmer at info@duromsettlement.com.								
		CI	LAIMANT						
1.	Name	Last	First	Middle Initial					
2.	DOB (MM/DD/YYYY)		3. SSN						
	COUNSEL								
1.	Represented	☐ Yes or ☐ No, skip 2	- 3						
2.	Primary Attorney	Last	First	Middle Initial					
3.	Law Firm								
		A. M	EDIATORS						
1.	Select the mediat	elect the mediator that claimant requests:							
	☐ Gary H. Larse	ary H. Larsen, Dickinson & Gibbons, P.A., Sarasota, Florida;							
	☐ Faustin A. Pipal, Jr., Resolute Systems, LLC, Chicago, Illinois;								

 \square Alexander S. Polsky, JAMS, Orange, California

B. SCOPE OF MEDIATION						
2. Select the iss	sue(s) claimant wishes to mediate:					
☐ Whether	or not claimant is eligible for the Settlement Program					
☐ Whether	☐ Whether claimant is eligible for the Fixed Award Program or the Base Award Program					
☐ Whether	☐ Whether or not claimant under the Base Award Program is subject to a reduction					
☐ Whether	or not claimant under the Base Award Program is entitled to	o an enhancement				
	or not claimant under the Base Award Program is entitled to nary injury or economic loss	o compensation for				
	or not claimant's total award after application of all other remembers exceeds the amount of damages he or she is entitled to					
REQUIRED SUBMISSIONS						
Except for unrepresented claimants, each claimant must provide the following complete records, bates-labeled and in the following order in addition to the records provided with exhibits C or D.						
• X-rays taken during and between the date of implant and revision surgery						
• First x-rays taken after revision surgery						
• Physical therapy records after the date of implant and the revision surgery						
• Medical records relevant to the analysis of any extraordinary injuries claimed						
• Psychotherapy records relevant to the analysis of any emotional injury claimed						
• The Durom Cup or high resolution photographs of the Durom Cup						
CERTIFICATION						
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 Mediation Request Form is true and correct.						
I understand that Zimmer and I will split the cost of the mediator equally.						
Claimant's Signature	D	ate				
Printed Name						

Exhibit F

Counsel's Signature	or □Unrepresented	Date	
Printed Name			