CLAIMS PROTOCOL

Canadian National DePuy ASR Hip Class Action Settlement

I. INTRODUCTION

1. On August 24, 2010, artificial hip implants referred to as the ASR XL Acetabular Hip System and ASR Hip Resurfacing System ("**ASR Implant**" or "**ASR Implants**") were subject to a worldwide recall (the "**Recall**").

2. On August 27, 2013, the Ontario Superior Court of Justice (the "**Court**") certified a class proceeding in Civil Action No. 10-415755-00CP against DePuy Orthopaedics Inc., DePuy International Limited, DePuy Inc., and Johnson & Johnson Inc. (the "**Defendants**") on behalf of the following individuals ("Class"):

> All persons resident in Canada other than British Columbia and Québec who have been implanted with DePuy ASR XL Acetabular Hip System and/or the DePuy ASR Hip Resurfacing System (the "ASR Implants") which were variously designed, developed, tested, manufactured, licensed, assembled, labeled, marketed, distributed and/or sold by one or more Defendants (individually the "ASR Implant Class"); and
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> All persons residents in Canada who by virtue of a personal relationship to one or more members of the ASR Implant Class have standing pursuant to section 61(1) of the *Family Law Act*, R.S.O. 1990, c. F.3 as amended (or the similar legislation in the other provinces and territories) (individually the "Family Class").

3. The Defendants have agreed to pay a lump sum of $15.5 Million to settle the claims of all members of the Class (the "**Settlement**"). The Settlement is subject to the approval of the Court.

4. Court approval is also requested for the payment of legal fees, disbursements including expert fees, honoraria for the representative plaintiffs, administration and notice costs, and applicable taxes ("**Settlement Deductions").** Settlement Deductions, to the extent approved, shall be paid out of the Settlement within 30 days of their approval by the Court. Court approval will also be requested for the Class Proceedings Fund levy, to be paid out of the Settlement in accordance with paragraph 6 below. Any ongoing administration costs incurred by the Claims Administrator during the Claims Period and approved by Class Counsel shall be invoiced and paid out of the Settlement from time to time.

5. In addition, the Settlement will be used to pay the subrogated claims of certain provincial health insurers ("**Health Insurers**") in respect of Approved ASR Claimants (the "**Health Insurer Claims**" and "**BC Health Insurer Claims**") in accordance with Sections VII and VIII, respectively, below.

6. The remainder of the Settlement amount (the "**Net Settlement Fund**") will be distributed to the members of the Class who submit valid proofs of claim, in accordance with the claims procedure set forth below. The Class Proceedings Fund levy as required under Regulation 771/92, s. 10 (3)(b) will be deducted from each of the payments made to Class Members ("**CPF Levy**") and transmitted to the Law Foundation of Ontario.

7. Pursuant to the Settlement, Class Counsel is solely responsible for establishing a claims administration protocol and award schedule to distribute the Net Settlement Fund to the Class, without any involvement of the Defendants (the "**Claims Protocol**").

8. The Claims Protocol will govern the claims made by members of the Class pursuant to the Settlement, subject to approval of the Court.

9. Class Counsel has engaged RicePoint Administration Inc. to serve as Claims Administrator (the "**Claims Administrator**"), subject to the approval of the Court.

II. ELIGIBILITY

10. Only a member of the Class whose claim has been approved by the Claims Administrator will be eligible to receive compensation out of the Net Settlement Fund ("**Approved Claimant**").

11. An Approved Claimant may be an Approved ASR Claimant, an Approved Medically Precluded Claimant, an Approved Family Claimant, or an Approved Unrevised Claimant.

12. In order to be an Approved ASR Claimant, the Class Member must meet the following requirements:

    (a) have been implanted with at least one ASR Implant subject to the Recall, during hip replacement surgery that took place before August 24, 2010 ("**Initial ASR Surgery**"); and

    (b) have, more than 180 days but within eleven (11) years following their Initial ASR Surgery (subject to any discretionary waiver of the 180 day requirement by Class Counsel),

i.) undergone one or more medically necessary operations to replace the cup or any component of an ASR Implant not necessitated by any of the following exclusions:

a.) a trauma (such as a car accident, sports injury, a fall, etc.);
b.) a fracture of the femoral neck within two (2) months of Initial ASR Surgery in which an ASR Resurfacing Hip Implant System was implanted;

("**Revision Surgery**"); or

ii.) received a recommendation from their physician or surgeon to undergo Revision Surgery (as reflected in contemporaneous medical records), but did not undergo the Revision Surgery until later due to waiting lists and/or hospital/operating/surgeon availability.

13. An Approved ASR Claimant may have experienced a single Revision Surgery, or a Bilateral Revision Surgery, which means Revision Surgery undergone on both hips, within eleven (11) years following their Initial ASR Surgery.

14. In order to be an Approved Medically Precluded Claimant, the Class Member must have, in the opinion of the Class Member's physician, required either a single or Bilateral Revision Surgery within eleven (11) years of Initial ASR Surgery, but been precluded from undergoing Revision Surgery for a medical reason (such as a heart condition or cancer, for example).

15. In order to be an Approved Family Claimant, the Class Member must be a spouse, child, grandchild, parent, grandparent, brother, or sister of an Approved ASR Claimant.

16. In order to be an Approved Unrevised Claimant, the Class Member must meet the following requirements:

(a) have undergone an Initial ASR Surgery;

(b) fall outside the Approved ASR Claimant or Approved Medically Precluded Claimant categories set out above; and

(c) between the date of the recall of the ASR Implants on August 24, 2010 up until the settlement approval hearing date of May 11, 2021, suffered serious and prolonged psychological injury arising from the fear of having been implanted with a potentially defective ASR Implant.

III. COMPENSATION

A. General

17. The Net Settlement Fund will be divided into 4 segregated categories: 1.) Injuries Compensation; 2.) Financial Losses Compensation; 3.) Family Claims Compensation; and 4.) Psychological Injuries Compensation.

18. From the Net Settlement Fund, $546,977.50 will be allocated to the Financial Losses Compensation category, $300,755 will be allocated to the Family Claims category, and $120,302 to the Psychological Injuries Compensation category. These figures represent a gross Financial Losses Compensation allocation of $827,500, a gross Family Claims Compensation allocation of $455,000, and a gross Psychological Injuries Compensation of $182,000 less 30% class counsel fees and HST. The remainder of the Net Settlement Fund will be allocated to the Injuries Compensation category.

B. Injuries Compensation

19. Only Approved ASR Claimants and Approved Medically Precluded Claimants will be entitled to Injuries Compensation.

20. The amount of compensation to be received by Approved ASR Claimants and Approved Medically Precluded Claimants under this category will be determined proportionally by the allocation of points as outlined below.

21. Approved ASR Claimants and Approved Medically Precluded Claimants will be allocated the following base points:

Event	Points
Single Revision Surgery	120
Bilateral Revision Surgery	145

22. An Approved ASR Claimant will receive additional points if they experienced an Extraordinary Medical Complication, which is defined as one of the following events:

    (a) any complication from a Revision Surgery resulting in the need for a further surgery on the same hip within 6 months of the Revision Surgery ("Re-Revision Surgery");

    (b) a stroke associated with and taking place within one (1) week of the Revision Surgery or Re-Revision Surgery ("Stroke");

(c) a heart attack associated with and taking place within one (1) week of the Revision Surgery or Re-Revision Surgery ("Heart Attack");

(d) a deep vein thrombosis or pulmonary embolism associated with and taking place within one (1) month of the Revision Surgery and/or Re-Revision Surgery ("Blood Clot");

(e) a femoral nerve palsy associated with the Revision Surgery and/or Re-Revision Surgery which has not resolved within three (3) months thereof ("Femoral Nerve Palsy");

(f) a foot drop associated with the Revision Surgery and/or Re-Revision Surgery ("Foot Drop");

(g) a luxation/dislocation requiring a closed reduction medical procedure after the Revision Surgery or Re-Revision Surgery ("Dislocation");

(h) an infection in the revised hip that is diagnosed within 30 days of the Revision Surgery or Re-Revision Surgery ("Infection");

(i) death associated with and taking place within one (1) month of the Revision Surgery or Re-Revision Surgery ("Death").

No other event shall constitute an Extraordinary Medical Complication.

23. The points allocation for Extraordinary Medical Complications are as follows:

Event	Points
Re-Revision Surgery	60
Infection	20
Foot Drop	40
Dislocation	40
Stroke	60
Heart Attack	60
Blood Clot	60
Femoral Nerve Palsy	60
Death	80

24. The points above are cumulative, but in no event shall more than 80 points be awarded to an Approved ASR Claimant for Extraordinary Medical Complications, regardless of how many Extraordinary Medical Complications the Approved Claimant may have experienced.

C. Financial Losses Compensation

25. Only Approved ASR Claimants may be eligible for Financial Losses Compensation.

26. Financial Losses Compensation consists of compensation for Income Loss and Out-of-Pocket Expenses.

27. Income Loss means an amount lost by an Approved ASR Claimant due to a Revision Surgery, as determined below.

28. An Approved ASR Claimant may only claim a Base Income Loss or an Enhanced Income Loss (not both).

29. Each Approved ASR Claimant who 1.) was under the age of 65 and 2.) employed (including self-employed) at the time of their Revision Surgery will be entitled to a base compensation for Income Loss ("Base Income Loss") up to a net maximum of $3305 (after deduction of court approved Class Counsel fees and applicable taxes).

30. If the Approved ASR Claimant is 1.) 65 or older and wishes to claim compensation for Income Loss, or 2.) wishes to claim compensation for Income Loss in excess of the Base Income Loss amount, or 3.) was unemployed at the time of their Revision Surgery due solely to injuries from their ASR Implant, the Approved ASR Claimant may submit documentary evidence showing an Income Loss in excess of 20% of the aggregate gross income for the two highest earning years in the four years preceding the Revision Surgery ("Enhanced Income Loss') The net maximum award for Enhanced Income Loss shall be $13,220 (after deduction of court approved Class Counsel fees and applicable taxes).

31. Out-of-Pocket Expenses means documented expenses, up to a net maximum of $1,652.50 (after deduction of court approved Class Counsel fees and applicable taxes), associated with the Revision Surgery which were incurred by the Approved ASR Claimant and were not later reimbursed.

32. If, after all of the approved claims for Financial Losses Compensation are assessed, there remains residue in the Financial Losses Compensation category, that residue shall revert to the Injuries Compensation category, and be allocated amongst Approved ASR Claimants and Approved Medically Precluded Claimants in accordance with the points allocation set out section III. B. above.

33. However, if, after all of the eligible claims for Financial Losses Compensation are assessed, the aggregate amount of the approved claims in this category exceeds the $546,977.50 of the Net Settlement Fund allocated for this category, each of the approved claims will be reduced proportionately so as not to exceed the allocated aggregate cap.

D. Family Claims Compensation

34. Only one (1) Approved Family Claimant per Approved ASR Claimant (as designated by the Approved ASR Claimant in their claim form) will be eligible for Family Claims Compensation.

35. The Approved Family Claimant will be eligible for a net award, after deduction of court approved Class Counsel fees and applicable taxes, of $4,627.

36. If, after all of the eligible claims for Family Claims Compensation are assessed, there remains residue in the Family Claims Compensation category, that residue shall revert to the Injuries Compensation category, and be allocated amongst Approved ASR Claimants and Approved Medically Precluded Claimants in accordance with the points allocation set out section III. B. above.

37. However, if, after all of the eligible claims for Family Claims Compensation are assessed, the aggregate amount of the net approved claims in this category exceeds the $300,755 of the Net Settlement Fund allocated for this category, each of the approved claims will be reduced proportionately so as not to exceed the allocated aggregate cap.

E. Psychological Injuries Compensation

38. Only Approved Unrevised Claimants will be eligible for Psychological Injuries Compensation.

39. An Approved Unrevised Claimant will be eligible for a net award, after deduction of court approved Class Counsel fees and applicable taxes, of $3,305.

40. If, after all of the eligible claims for Psychological Injuries Compensation are assessed, there remains residue in the Psychological Injuries Compensation category, that residue shall revert to the Family Claims Compensation category, and be allocated amongst Approved Family Claimants up to their individual maximum net awards of $4,627, with any further residue to be allocated in accordance with paragraph 36 above.

41. However, if after all of the eligible claims for Psychological Injuries Compensation are assessed, the aggregate amount of the net approved claims in this category exceeds the $120,302 of the Net Settlement Fund allocated for this category, each of the approved claims will be reduced proportionately so as not to exceed the allocated aggregate cap.

IV. CLAIM FORMS

42. In order to receive compensation from the Settlement, members of the Class must submit valid claims to the Claims Administrator by completing and signing the Claim Form attached as Schedule "A", and providing supporting documents and medical records, as set forth below. If the member of the Class has passed away, the Estate of the deceased member of the Class may submit a claim.

43. If the Settlement is approved, Class Members must submit their Claim Form to the Claims Administrator no later than 180 days after the Effective Date as defined in the Settlement Agreement (the "**Claims Deadline**"). **Any Claim Form postmarked after the Claims Deadline will be rejected**.

44. Claim Forms will be available on the website of the Claims Administrator (**www.DepuyASRClassAction.ca**), on the website of Class Counsel, or prospective claimants may contact the Claims Administrator at info@DepuyASRClassAction.ca or 1-888-724-2414 to receive a Claim Form by mail.

45. The Claim Form and supporting documentation must be sent to the Claims Administrator before the Claims Deadline by email, or by mail to the Claims Administrator, to the following coordinates:

RicePoint Administration Inc.
PO Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1
T: 1-888-724-2414
E: info@DePuyASRClassAction.ca

V. DOCUMENTS TO BE SUBMITTED WITH THE CLAIM FORM

A. General

46. The ASR Implants subject to the Recall are identified by labels or stickers indicating the following Product codes / Lot codes (the "**Labels**"):

Product Code Listing:

DePuy ASR™ Acetabular Shells:

9998-03-944	9998-04-146	9998-04-348	9998-04-550
9998-04-652	9998-04-754	9998-04-956	9998-05-158
9998-05-360	9998-05-562	9998-05-764	9998-05-966
9998-06-168	9998-06-370		

DePuy ASR™ 300 Spiked Acetabular Shells:

9998-30-744	9998-30-746	9998-30-748	9998-30-750
9998-30-752	9998-30-754	9998-30-756	9998-30-758
9998-30-760	9998-30-762	9998-30-764	9998-30-766
9998-30-768	9998-30-770		

DePuy ASR™ Articular Surface Replacement Heads

9998-03-239	9998-03-441	9998-03-643	9998-03-845
9998-03-946	9998-04-047	9998-04-249	9998-04-451
9998-04-653	9998-04-855	9998-05-057	9998-05-359
9998-05-561	9998-05-763		

DePuy ASR™ XL Monoblock MoM System Sleeve Adaptors

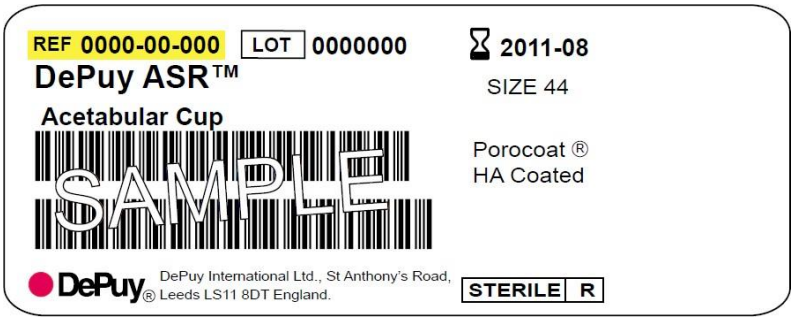
9998-00-102	9998-00-105	9998-00-108	9998-00-200
9998-00-203	9998-00-206	9998-00-209	9998-00-300
9998-00-303	9998-00-313		

DePuy ASR™ XL Monoblock MoM Heads

9998-90-139	9998-90-141	9998-90-143	9998-90-145
9998-90-146	9998-90-147	9998-90-149	9998-90-151
9998-90-153	9998-90-155	9998-90-157	9998-90-159
9998-90-161	9998-90-163		

47. The medical records associated with a claimant's Initial ASR Surgery should contain the Labels.

48. The image below is an *example* of a Label that normally appears in a patient's medical records.



49. If claimants do not know what type of hip implant received during hip replacement surgery, they should immediately contact their orthopaedic surgeon.

B. Documents required to become an Approved ASR Claimant

50. A claimant who wishes to become an Approved ASR Claimant must submit the following medical records (the "**Medical Records**") to the Claims Administrator together with his/her/their Claim Form before the Claims Deadline:

    (a) The operative report of the Initial ASR Surgery;

    (b) The Labels (i.e. ASR Lot Code / Product Code stickers associated with the artificial hip implant the claimant received during each Initial ASR Surgery) or, if the Labels are not contained in the Medical Records, a signed declaration from the surgeon who performed the Initial ASR Surgery confirming that the claimant received an ASR Implant subject to the Recall;

    (c) The operative report of any and all Revision Surgeries; and

    (d) The hospitalization summary sheets from the time of the Initial ASR Surgery and from the time of any and all Revision Surgeries.

51. A claimant who is claiming an Extraordinary Medical Complication, as defined in paragraph 22 above, must also provide the Claims Administrator with operative reports and/or hospitalization summary sheets associated with any and all Extraordinary Medical Complications.

52. A claimant who is claiming any Enhanced Income Loss, in addition to providing the Medical Records listed at paragraph 50, must also provide the Claims Administrator with documentation, (including all tax documentation) substantiating income during the two years preceding the claimant's Revision Surgery referenced in paragraph 30 above, and income lost due to a Revision Surgery.

53. A claimant who is claiming any Out-of-Pocket expenses, in addition to providing the Medical Records listed at paragraph 50, must also provide the Claims Administrator with receipts to substantiate all of the expenses claimed.

54. A claimant who has already provided Class Counsel with their Medical Records and/or authorization to obtain Medical Records should contact Class Counsel in order to obtain the Medical Records to submit with their Claim Form, rather than obtaining them again.

55. A claimant who has not provided his or her Medical Records to Class Counsel should complete and sign the medical authorization form attached as Schedule "B", and

bring/send the medical authorization form to the hospital(s) where the claimant underwent Initial ASR Surgery, Revision Surgery, Re-Revision Surgery and/or was treated for an Extraordinary Medical Complication, in order to obtain their Medical Records.

56. If the claim is submitted by the Estate of a deceased member of the Class, in addition to providing the Medical Records and documentation listed above, the following documentation must also be submitted with the Claim Form:

    (a) A copy of the deceased Class member's death certificate; and

    (b) A formal document confirming that the person submitting the claim has the status to represent the Estate of the deceased Class member (in the case of a testamentary succession, for example, the Notarial will, or any other form of will with a copy of the probate proceedings).

C. Documents required to become an Approved Medically Precluded Claimant

57. A claimant who wishes to become an Approved Medically Precluded Claimant must submit the following medical records (the "**Medical Records**") to the Claims Administrator together with the Claim Form before the Claims Deadline:

    (a) The operative report of the Initial ASR Surgery; and,

    (b) The Labels (i.e. ASR Lot Code / Product Code stickers associated with the artificial hip implant the claimant received during each Initial ASR Surgery) or, if the Labels are not contained in the Medical Records, a signed declaration from the surgeon who performed the Initial ASR Surgery confirming that the claimant received an ASR Implant subject to the Recall; and

    (c) Medical records that confirm the claimant required a Revision surgery, but was precluded from undergoing Revision Surgery due to a medical reason. If no such contemporaneous records are available, a signed letter from the claimant's physician confirming the above will suffice.

58. If the claim is submitted by the Estate of a deceased member of the Class, in addition to providing the Medical Records listed above, the following documentation must also be submitted with the Claim Form:

    (a) A copy of the deceased Class member's death certificate; and,

    (b) A formal document confirming that the person submitting the claim has the status to represent the Estate of the deceased Class member (in the case of a testamentary succession, for example, the Notarial will, or any other form of will with a copy of the probate proceedings).

D. Documents required to become an Approved Family Claimant

59. A claimant who wishes to become an Approved Family Claimant must submit to the Claims Administrator a completed Family Claim Form attached as Schedule "C" before the Claims Deadline, affirming that claimant's relationship to a specific claimant seeking to become an Approved ASR Claimant.

60. As noted in paragraph 34 above, there can only be one Approved Family Claimant per Approved ASR Claimant. This means only the individual designated by the Approved ASR Claimant in their own Claim Form will be eligible for Family Claim compensation if all other requirements are met.

E. Documents required to become an Approved Unrevised Claimant

61. A claimant who wishes to become an Approved Unrevised Claimant must submit a completed Unrevised Claimant Form attached as Schedule "D", together with the following medical records (the "**Unrevised Medical Records**") to the Claims Administrator before the Claims Deadline:

(a) The operative report of the Initial ASR Surgery;

(b) The Labels (i.e. ASR Lot Code / Product Code stickers associated with the artificial hip implant the claimant received during each Initial ASR Surgery) or, if the Labels are not contained in the Medical Records, a signed declaration from the surgeon who performed the Initial ASR Surgery confirming that the claimant received an ASR Implant subject to the Recall; and

(c) Contemporaneous medical records from a licensed psychiatrist and/or a board-certified psychologist that confirm the claimant:

i. mentioned their ASR Implant (in connection with its recall and concerns over the ASR Implant's potential causation of future or ongoing health risks) during treatment sessions on at least 2 separate occasions ("Events") within a span of six months between August 24, 2010 and May 11, 2021; and

ii. was prescribed medication during one or more of the Events to treat the claimant's psychological injury.

VI. THE CLAIMS ADMINISTRATOR'S DECISION AND APPEAL PROCESS

62. Within thirty (30) days of receipt of a claimant's Claim Form, Medical Records and any additional documentation ("Claims Package"), the Claims Administrator will notify the claimant in writing ("Notification Date") that they have received their Claims Package, whether the claimant's Claims Package is incomplete and if so, what specifically is still required to complete the claim. At this time, the Claims Administrator will also forward to Class Counsel for review any Claims Packages in which the claimant underwent a medically necessary operation to replace the cup or any component of an ASR Implant within 180 days of their Initial ASR Surgery.

63. The claimant will then have an additional sixty (60) days from the Notification Date to complete the Claims Package and submit any additional documentation required.

64. Within sixty (60) days of receipt of a claimant's completed Claims Package, the Claims Administrator will inform the claimant in writing whether the claim has been rejected or whether the claim has been approved or partially approved (the "**Claims Administrator's Decision**").

65. The Claims Administrator's Decision shall include the following information:

    a.) If the claim is not approved, a brief explanation of the reason;

    b.) If the claim is approved or partially approved:

        i.) a listing of each of the compensation categories and subcategories set out in Section III above which the claimant is approved for; and

        ii.) the total points allocation and breakdown for Injuries Compensation (if applicable).

66. Subject to paragraph 93 below, for Approved ASR Claimants and Approved Medically Precluded Claimants, the Claims Administrator's Decision will enclose a cheque in the amount of $20,000 less the CPF Levy as a partial payment of the Approved Claimant's compensation under the settlement ("Partial Payment"). The balance of the compensation payment will be made in accordance with paragraphs 89-93.

67. The Claims Administrator shall be entitled to consult with Dr. Paul Mathew (the "**Medical Consultant**") if the Claims Administrator needs assistance understanding the Medical Records in order to make the Claims Administrator's Decision.

68. If any claimant, other than a Family Claimant or an Unrevised Claimant (defined as an ASR Implant Class Member who never received a recommendation by their physician to undergo one or more medically necessary operations to replace the cup or any component of an ASR Implant), disagrees with the Claims Administrator's Decision

not to approve the claim in its entirety, the claimant shall have the right to appeal the Claims Administrator's Decision to the Honourable Giovanna Toscano Roccamo (Ret'd). (the "**Appeal Adjudicator**"). For clarity, there is no right of appeal from quantum of compensation, only entitlement.

69. In order to appeal the Claims Administrator's decision to the Appeal Adjudicator, the claimant must send a letter to the Appeal Adjudicator, with a copy to the Claims Administrator and to Class Counsel, within forty five (45) days from the date of the Claims Administrator's Decision, after which the right to appeal is forfeited (the "**Appeal Letter**"). The Appeal Letter may not exceed 500 words.

70. The Appeal Letter may be sent to the Appeal Adjudicator by email, telecopier/facsimile or by mail (with confirmation of the date of transmission) to the following coordinates:

The Honourable Giovanna Toscano Roccamo (Ret'd)
Capital ADR Experts (CADRE)
99 Kakulu Road, Suite 205
Kanata, Ontario
K2L 3C8

F: 613-470-1400
E: appeals@the-cadre.ca

71. The Appeal Letter must state that the claimant is appealing the Claims Administrator's Decision, and must explain why.

72. Upon receipt of a claimant's Appeal Letter, the Claims Administrator shall send to the Appeal Adjudicator the entire Claims Package that the claimant submitted to the Claims Administrator.

73. The Appeal Adjudicator shall have the right to consult the Medical Consultant for assistance with the Medical Records.

74. The Appeal Adjudicator shall render a decision disposing of the appeal in a letter not exceeding two (2) pages within thirty (30) days of receipt by the Appeal Adjudicator of the Appeal Letter (the "**Appeal Adjudicator's Decision**"). The Appeal Adjudicator's Decision shall be made de novo, based solely on the claimant's Appeal Letter, Claims Package, and the prior Claims Administrator's Decision. No additional records may be submitted on appeal, and there will be no oral hearing.

75. The Appeal Adjudicator's Decision shall be final, binding and not subject to further appeal.

76. In the event that the Appeal Adjudicator's Decision confirms the Claims Administrator's Decision, the claimant who instituted the appeal will be responsible for the payment of the fees charged by the Appeal Adjudicator in deciding the appeal, up

to a maximum of $500.

77. In the event that the Appeal Adjudicator's Decision revises the Claims Administrator's Decision, the fees of the Appeal Adjudicator shall be paid out of the Settlement Fund.

78. The fees and expenses of the Appeal Adjudicator and of the Medical Consultant shall be paid out of the Settlement Fund.

VII. HEALTH INSURER CLAIMS

79. Within 15 days from the end of the Claims Deadline and the determination of all pending Appeals (whichever is later), the Claims Administrator will compile and provide to Class Counsel a list of all Approved Claimants who had their Revision Surgery(ies) and/or Re-Revision Surgeries performed in one of the following provinces/territories: Alberta, Saskatchewan, Manitoba, Newfoundland & Labrador, Nova Scotia, Prince Edward Island, New Brunswick, Nunavut, Northwest Territories, or the Yukon (collectively, the "**Health Insurers**").

80. Health Insurers are entitled to $17,000 all-inclusive (prior to deduction of legal fees and applicable tax) for each single Revision or Re-Revision Surgery performed in their respective province/territory, and $34,000 all-inclusive (prior to deduction of legal fees and applicable tax) for each Bilateral Revision Surgery performed in their respective province/territory, up to a maximum of $34,000 all-inclusive per Approved Claimant (prior to deduction of legal fees and applicable tax).

81. Upon receipt of the list set out at paragraph 79 above, Class Counsel will provide to the Claims Administrator instructions containing: 1.) an aggregate net amount of payments to be made to each Health Insurer after deduction of legal fees and applicable taxes ("**Net Health Insurer Payments**"); 2.) a corresponding breakdown of how Class Counsel arrived at the Net Health Insurer Payment amounts, including the amount of legal fees and applicable taxes deducted ("**Health Insurer Legal Fees**"); and 3.) information on how to transmit those Net Health Insurer Payments to the applicable Health Insurers.

82. The Claims Administrator or Class Counsel will transmit the Net Health Insurer Payments from the Settlement to the Health Insurers within 30 days of receiving Class Counsel's instructions set out in paragraph 81 above ("**Health Insurer Payment Date**").

83. The Claims Administrator will transmit the Health Insurer Legal Fees to Class Counsel within 30 days of receiving Class Counsel's instructions set out in paragraph 81 above.

VIII. BC HEALTH INSURER CLAIMS

84. Within 14 days from the end of the Claims Deadline and the determination of all pending Appeals (whichever is later), the Claims Administrator will compile and provide to Class Counsel a list of all Approved Claimants who had their Revision Surgery(ies) and/or Re-Revision Surgeries performed in British Columbia ("BC Approved Claimants"), together with their Claims Packages.

85. The BC Ministry of Health ("**BC Health Insurer**") will be entitled to:

> a.) $17,000 all-inclusive (prior to deduction of legal fees and applicable tax) for each single Revision or Re-Revision Surgery of an Approved Claimant performed in British Columbia, whose subrogated claim was not released in the BC Healthcare Costs Agreement entered into between the BC Ministry of Health and the parties in *Wilson v. DePuy International Ltd. et. al*., and;
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> b.) $34,000 all-inclusive (prior to deduction of legal fees and applicable tax) for each Bilateral Revision Surgery of an Approved Claimant performed in British Columbia, whose subrogated claim was not released in the BC Healthcare Costs Agreement entered into between the BC Ministry of Health and the parties in *Wilson v. DePuy International Ltd. et. al*.

The BC Health Insurer shall be entitled to a maximum of $34,000 all-inclusive per Approved Claimant, regardless of how many Revision or Re-Revision or Bilateral Revision Surgeries are performed in B.C. on an Approved Claimant.

86. Upon receipt of the list set out at paragraph 84 above, and upon receiving a signed release from the BC Health Insurer in respect of the BC Approved Claimants, Class Counsel will provide to the Claims Administrator instructions containing: 1.) an aggregate net amount of payments to be made to the BC Health Insurer after deduction of legal fees and applicable taxes ("**Net BC Health Insurer Payment**"); 2.) a corresponding breakdown of how Class Counsel arrived at the Net BC Health Insurer Payment amounts, including the amount of legal fees and applicable taxes deducted ("**BC Health Insurer Legal Fees**"); and 3.) information on how to transmit the BC Net Health Insurer Payment to the BC Health Insurer.

87. The Claims Administrator or Class Counsel will transmit the BC Net Health Insurer Payments from the Settlement to the BC Health Insurer within 15 days of receiving Class Counsel's instructions set out in paragraph 86 above ("**BC Health Insurer Payment Date**").

88. The Claims Administrator will transmit the BC Health Insurer Legal Fees to Class Counsel within 30 days of receiving Class Counsel's instructions set out in paragraph 86 above.

IX. DISTRIBUTION OF COMPENSATION

89. Subject to paragraph 93 below, within 30 days from the Health Insurer Payment Date, unless otherwise advised by Class Counsel, the Claims Administrator will notify in writing all Approved Claimants (except for BC Approved Claimants), Approved Medically Precluded Claimants, and Approved Family Claimants, of the total amount of compensation they will receive from the Net Settlement Fund once the 10% CPF Levy is deducted ("Compensation Letter"), and enclose a cheque containing that amount less the Partial Payment made pursuant to paragraph 66 above.

90. Subject to paragraph 93 below, within 30 days from the BC Health Insurer Payment Date, the Claims Administrator will provide all BC Approved Claimants with a Compensation Letter, and enclose a cheque containing that amount less the Partial Payment made pursuant to paragraph 66 above.

91. Subject to paragraph 93 below, the Claims Administrator will mail the Compensation Letter and cheque to the mailing address that the Approved Claimant has listed on their claim form. The Claims Administrator or Class Counsel, as applicable, will transmit the CPF Levy collected on behalf of the Approved Claimants to the Law Foundation of Ontario at regular intervals.

92. It will be the responsibility of the Approved Claimants to notify the Claims Administrator of any change in mailing address after they have submitted their Claims Package.

93. Where an Approved Claimant is represented by counsel, the payments set out in paragraphs 66, and 89-91 above shall be paid to the Approved Claimant's lawyer, in trust.