

**CLAIM FORM FOR MALLINCKRODT  
NAS PI TRUST DISTRIBUTION PROCEDURES**

This proof of claim form (“**Claim Form**”) must be completed by each NAS PI Claimant seeking an Award from the Mallinckrodt Opioid NAS Personal Injury Trust (the “**PI Trust**”) on a NAS PI Claim.<sup>1</sup>

FAILURE TO TIMELY SUBMIT THIS CLAIM FORM AS PROVIDED IN THE NAS PI TDP MAY CAUSE THE NAS PI CLAIM TO BE DEEMED DISALLOWED UNDER THE NAS PI TDP. **To be timely filed, the Claim Form must be submitted by no later than the date that is three years from the Effective Date.**<sup>2</sup> Although that is the latest a Claim Form may be submitted to the Trust, a NAS PI Claimant may benefit from submitting the Claim Form earlier, because the Trust may issue installments or partial distributions to Allowed NAS Claims prior to that date.

Instructions:

If you represent the interests of an NAS Child and are seeking to recover money from the Mallinckrodt Opioid Personal Injury Trust (“**Trust**”) on account of that NAS Child’s NAS PI Claim, you must complete this Claim Form (“**Claim Form**”) and **return it to MNK PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930**. If you do not complete the Claim Form, you will NOT qualify to receive funds on behalf of the child you represent.

If you believe that the NAS Child you represent holds multiple NAS PI Claims against the Debtor on account of multiple injuries, then fill out only one Claim Form. One Claim Form submitted for a NAS PI Claim shall be deemed to be a Claim Form in respect of that NAS PI Claim and also any NAS PI Claims against a Released Person or Shareholder Released Person that are associated with that NAS PI Claim.

If you represent the interests of more than one NAS Child, you must file a Claim Form on behalf of each individual NAS Child. **YOU CANNOT FILE ONE CLAIM FORM ON BEHALF OF MULTIPLE CHILDREN.**

**Follow the instructions of each section carefully to ensure that your Claim Form is submitted correctly.** Except as otherwise indicated, all words shall be given their ordinary, dictionary meaning. Submitting this Claim Form does not guarantee that you will receive payment from the PI Trust. Whether you will receive payment depends on whether you provide the required submissions, as set forth in the NAS PI TDP and whether your claim meets the eligibility requirements set forth in the NAS PI TDP.

This Claim Form allows you to choose to “opt out” of the streamlined, expedited NAS PI TDP liquidation process with respect to any NAS PI Claim against one or more of the Debtors, and instead pursue that NAS PI Claim in the tort system by filing a lawsuit against the PI Trust at your own expense. You may litigate in court only with respect to a NAS PI Claim held against one or more Debtors, and may not litigate other NAS PI Claims. If you select the “opt out” option, you will not be eligible to receive any distribution under the streamlined liquidation procedures of the NAS PI TDP. Furthermore, you will not be allowed to opt back in to the liquidation provisions of the NAS PI TDP if your lawsuit is unsuccessful in the tort system.

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<sup>1</sup> Capitalized terms used but not defined herein have the meanings ascribed to them in the Mallinckrodt Opioid Personal Injury NAS Trust Distribution Procedures (“**NAS PI TDP**”) or, if not defined therein, then the meanings ascribed to them in the Plan.

<sup>2</sup> If a NAS PI Claimant checks the box on the Claim Form indicating its election to liquidate its NAS PI Claim in the tort system rather than under the liquidation procedures of these NAS PI TDP, then such NAS PI Claim will not be liquidated hereunder.

In other words, if you lose your lawsuit, you cannot return to the NAS PI Trust and ask for money. And importantly, if you do obtain a judgment in a court against the PI Trust, that award will be subject to reduction pursuant to the “opt out” procedures set forth in the NAS PI TDP. A CLAIMANT MAY OPT OUT ONLY BY CHECKING THE “OPT OUT” BOX AND TIMELY SUBMITTING THIS CLAIM FORM. FAILURE TO SUBMIT THIS CLAIM FORM TO THE PI TRUST DOES NOT CONSTITUTE OPTING OUT OF HAVING A NAS PI CLAIM LIQUIDATED UNDER THE NAS PI TDP.

For those who do not “opt out:” If your claim is Allowed by the PI Trust, your claim will be liquidated and paid according to the provisions of the NAS PI TDP. If your claim is Disallowed by the PI Trust, you will not receive a distribution from the PI Trust. All claimants whose NAS PI Claims are Allowed by the PI Trust shall receive an equal distribution from the PI Trust NAS Fund, subject to the deductions described in the NAS PI TDP.

Each NAS PI Claimant is responsible for satisfying any liens that health insurance companies, government entities (including Medicare and Medicaid), or any other third party may have against any Award that may be issued by the PI Trust. By submitting this Claim Form and choosing to liquidate your Claim under the NAS PI TDP, you understand that the PI Trust may enter into a lien resolution program (“LRP”) and, if the NAS PI TDP does enter into a LRP, you are deemed to consent to the LRP and the PI Trust’s release of information provided in connection with your NAS PI Claim as required under the LRP to identify any liens that may be asserted against an Award based on the PI. If any liens are identified against your Award, the PI Trust may reduce your Award by the amount required to satisfy the lien(s).

**Instructions for Submission: You may submit this completed Claim Form online at MNKPITRUST.COM or by mailing it to MNK PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930**

**PART ONE: PERSONAL INFORMATION OF NAS PI CLAIMANT AND HIS/HER REPRESENTATIVE**

**(All Claimants must complete this Part)**

**Section 1.A: Fill out the information for the NAS Child below:**

NAS Child's Name: \_\_\_\_\_

NAS Child's Date of Birth: \_\_\_\_\_

NAS Child's Address: \_\_\_\_\_

NAS Child's Social Security Number: \_\_\_\_\_

**Section 1.B: Fill out your own information below:**

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

State whether you are the natural parent, legal guardian, or other custodian of the NAS Child: \_\_\_\_\_

**PART TWO: "OPT OUT" OF THE NAS PI TDP LIQUIDATION PROCEDURES**

**(Complete this part only if you elect to "Opt Out" of the NAS PI TDP liquidation procedures and file a lawsuit to liquidate your claim in the tort system. If you choose to have your claim evaluated under the NAS PI TDP liquidation procedures, skip this Part Two).**

If you would like to forfeit all rights to have the NAS PI Claimant's NAS PI Claims liquidated under the NAS PI TDP and instead to pursue the NAS PI Claim by filing a lawsuit against the PI Trust in court at your own expense, check the following box.

Mark the following box **only if you elect to "opt out" of the NAS PI TDP liquidation procedures and instead pursue your NAS PI Claim in civil court through the tort system by filing a lawsuit in court at your own expense:**

\_\_\_\_\_ I elect to Opt-Out of the NAS PI TDP liquidation procedures and pursue my NAS PI Claim by filing a lawsuit against the PI Trust.

Holders of NAS PI Claims who elect to "Opt Out" of the NAS PI TDP must complete only Parts 1, 2 and 5 of this Claim Form.

**PART THREE: MEDICAL PROVIDER INFORMATION**  
**(If you selected “Opt Out,” then skip this Part Three.)**

**Section 3.A:** This section concerns licensed medical providers who have diagnosed the NAS Child with any medical, physical, cognitive or emotional conditions resulting from his/her intrauterine exposure to opioids or opioid replacement or treatment medication(s). The diagnoses may include, but are not limited to, the condition known as neonatal abstinence syndrome (“NAS”). Fill out and provide the following information, if known:

Name of Licensed Medical Provider	Address	City	State	Zip	Date of Diagnosis

**Section 3.B:** Even if you do not know the information sought in Section 3.A., **please include with your submission of this Claim Form Competent Evidence that a licensed medical provider has diagnosed the NAS PI Claimant with any medical, physical, cognitive or emotional condition resulting from the Claimant’s intrauterine exposure to opioids or opioid replacement or treatment medication(s).** The diagnoses may include, but are not limited to, the condition known as neonatal abstinence syndrome (“NAS”). The diagnosis can be made by any medical professional, specifically including physicians, nurses, physician assistants, mental health counselors or therapists, or professionals at a rehabilitation center. Evidence can include, among other things, medical records evidencing that the NAS Child had a NAS diagnosis, post-natal treatment for symptoms caused by opioid exposure, symptoms of post-natal withdrawal from opioids, medical scoring for NAS or NOWS which is positive or indicates fetal opioid exposure, a positive toxicology screen of the birth mother or infant for opioids or opioid-weaning drugs, or a maternal diagnosis of opioid use disorder by the birth mother.

**Section 3.C.:** Was the NAS Child born in a medical facility? If so:

Name of the Facility where the NAS Child was born: \_\_\_\_\_

Location (city and state) where the NAS Child was born: \_\_\_\_\_

**PART FOUR: MEDICAL LIENS**  
**(If you selected “Opt Out,” skip this Part Four).**

**Section 4.A:** Did any insurance company pay for medical treatment for the NAS Child’s opioid-related injuries?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Section 4.B:** In the last 20 years, was the NAS Child user eligible for coverage by any of the following, or did any of the following actually pay for his/her opioid-related health costs?

Respond by writing “Yes” or “No” next to each insurance provider name, and provide the requested information as to each. If any insurance carrier who provided coverage to the opioid user is not identified, please fill in that carrier’s information at the bottom of the chart.

Type of Insurance:	Yes/No	Street Address:	Phone Number	Policy Number (if any)	Policy Holder	Dates of Coverage
Medicare						
Medicaid						
Tricare						
VA						
Champus						
Private - List name(s) below: _____ _____						

**PART FIVE: SIGNATURE (You must complete this Part Five regardless of your elections above)**

**Please fill out and sign this section to complete this Claim Form.**

NAS Child’s Name: \_\_\_\_\_

NAS Child’s Email (if any): \_\_\_\_\_

NAS Child’s Phone Number (if any): \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

I am including the evidence requested in Part 3.B above in my submission of this form:

Yes \_\_\_\_\_ No \_\_\_\_\_.

I declare, under penalty of perjury, that the representations made and the information provided on this Claim Form are true, correct, and complete to the best of my knowledge.

Signature of NAS PI Claimant or individual acting on behalf of the NAS PI Claimant:

\_\_\_\_\_

Print name: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_