

CLAIM FORM FOR MALLINCKRODT NON-NAS PI TRUST DISTRIBUTION PROCEDURES

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

FAILURE TO SUBMIT THIS CLAIM FORM AS PROVIDED IN THE PI TDP MAY CAUSE THE PI CLAIM TO BE DEEMED NON-COMPENSABLE UNDER THE PI TDP.

Instructions:

If you hold multiple PI Claims against the Debtors on account of injuries to more than one opioid user, then fill out one Claim Form for each of those PI Claims. If you hold multiple PI Claims on account of multiple injuries to the same opioid user, then fill out only one Claim Form. One Claim Form submitted for a PI Claim shall be deemed to be a Claim Form in respect of that PI Claim and also any PI Claims against a Released Person or Shareholder Released Person that are associated with that PI Claim.

Follow the instructions of each section carefully to ensure that your Claim Form is submitted correctly. If any section does not pertain to your claim, leave it blank. 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 PI TDP and whether your claim meets the eligibility requirements set forth in the PI TDP.

This Claim Form allows you to choose to “opt out” of the streamlined, expedited PI TDP liquidation process with respect to any PI Claim against one or more of the Debtors, and instead pursue that 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 PI Claim held against one or more Debtors, and may not litigate other PI Claims. **If you select the “opt out” option, you will not be eligible to receive an award based on the liquidation provisions of the TDP.**

Furthermore, you will not be allowed to opt back in to the PI TDP if your lawsuit is unsuccessful in the tort system. Any final judgment you obtain in the tort system against the PI Trust will be subject to reduction pursuant to the “opt out” procedures set forth in the PI TDP.

A CLAIMANT MAY OPT OUT ONLY BY CHECKING THE “OPT OUT” BOX AND SUBMITTING THIS CLAIM FORM. FAILURE TO SUBMIT THIS CLAIM FORM TO THE PI TRUST DOES NOT CONSTITUTE OPTING OUT OF HAVING A PI CLAIM LIQUIDATED UNDER THE PI TDP. If you choose to “Opt Out” and litigate your claim in the tort system, the PI Trust will be able to raise any available defenses to your claim, including any defenses based on whether your claim was timely filed under the applicable statute of limitations.

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

Each 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 PI TDP, you understand that the PI Trust may enter into a lien resolution program (“LRP”) and, if the 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 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).

Claim Form 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 PI CLAIMANT

(All Claimants must complete this Part)

Please fill out only **one** of the following sections (Section 1.A or 1.B).

- If you hold a PI Claim arising from your own use of opioids (or if such holder is alive and you are completing this form as his/her representative), fill out Section 1A.
- If you hold a PI Claim due to use of opioids by a deceased person (or you are completing this form on behalf of such a holder as his/her representative), fill out Section 1.B.

Section 1.A: If you hold a PI Claim arising from your own use of opioids (or if such holder is alive and you are completing this form as his/her representative), then the term “Claimant” in this Claim Form refers to the person who used opioids, whether that is you or the person you represent. Please fill out the information below:

Claimant’s Name: _____

Claimant’s Date of Birth: _____

Claimant’s Address: _____

Claimant’s Social Security Number or
Taxpayer ID or Social Insurance Number (Canada): _____

Representative Name (if applicable): _____

Legal Authority for Representative (if applicable): _____
(e.g., POA, Legal Guardian, Conservator)

Section 1.B: If you are filing a PI Claim for a deceased person with a claim due to the deceased person’s use of opioids, or you are completing this form as the representative of an individual with a claim for a deceased person’s use of opioids, please fill out the information below:

Name of Deceased Person Who Used Opioids: _____

Date of Birth of Deceased Person Who Used Opioids: _____

Date of Death: _____

Cause of Death: _____

Social Security Number (or Taxpayer ID or Social Insurance Number (Canada)) of Person Who Used Opioids: _____

Name of Claimant Filing Claim on behalf of the Person Who Used Opioids:

Claimant’s Address: _____

Claimant’s Relationship to Person Who Used Opioids: _____
(i.e., parent, sibling, child, spouse, etc.)

Representative Name (if applicable): _____

Legal Authority for Representative (if applicable): _____
(e.g., POA, Legal Guardian, Conservator)

If a Court has appointed you as Executor, Administrator or Personal Representative of the Deceased Person’s Estate, then submit the Court Order so appointing you along with your Claim Form. If a Court has not appointed you as Executor, Administrator, or Personal Representative of the Deceased Person’s Estate, then also execute and submit the appropriate Heirship Declaration attached.

PART TWO: “OPT OUT” OF THE PI TDP LIQUIDATION PROCEDURES
(Complete this part only if you elect to “Opt Out” of the 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 PI TDP liquidation procedures, skip this Part Two).

If you would like to forfeit all rights to have your PI Claims liquidated under the PI TDP and instead to pursue your PI Claim by filing a lawsuit against the PI Trust in court at your own expense, check the following box. **If you “opt out,” you will not be eligible to receive an Award from the PI Trust based upon the TDP liquidation procedures.**

Mark the following box **only if you elect to “opt out” of the PI TDP liquidation procedures and instead pursue your 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 PI TDP liquidation procedures and pursue my PI Claim by filing a lawsuit against the PI Trust.

Holders of PI Claims who elect to “Opt Out” of the PI TDP must complete only Parts 1, 2 and 7 of this Claim Form.

PART THREE: PRESCRIBED MEDICATIONS
(If you selected “Opt Out,” skip this Part Three).

Section 3: Identify the Qualifying Opioids that the opioid user who is the subject of this PI Claim was prescribed. *Include evidence of the prescriptions when submitting this Claim Form.*

	Date of First Prescription:	Date of Last Prescription:	Length of Use (in months):
Roxicodone <input type="checkbox"/>			
Exalgo <input type="checkbox"/>			
Methadose <input type="checkbox"/>			
Anexsia <input type="checkbox"/>			
Mallinckrodt / SpecGx Generic (name) <input type="checkbox"/>			
_____ <input type="checkbox"/>			
_____ <input type="checkbox"/>			

PART FOUR: OPIOID USER AND OPIOID CLAIMANT INJURIES
(If you selected “Opt Out,” skip this Part Four).

WARNING: IF YOU DO NOT CHECK ANY INJURIES ON THIS LIST OTHER THAN JAIL, THEN YOUR PI CLAIMS WILL BE DISALLOWED AND YOU WILL RECEIVE NO RECOVERY

Section 4: Please mark ALL that are applicable to your claim.

- ADDICTION
- OPIOID USE DISORDER
- WITHDRAWALS
- OVERDOSE
- JAIL
- REHAB

Please enter the earliest date of injury for any injuries checked above: _____

PART FIVE: TIERING AND LEVEL DESIGNATION
(If you selected “Opt Out”, skip this Part Five).

Section 5.A: In this section, please check the tier that applies to your PI Claim. ONLY CHECK ONE. Please refer to the PI TDP for full definitions and qualifying criteria.

Tier 1: You can demonstrate use of a Qualifying Opioid for 6 months or more (does not have to be consecutive use).

Tier 2 You can demonstrate use of a Qualifying Opioid for less than 6 months and otherwise do not meet the criteria of Tier 1.

Section 5.B: If you selected **Tier 1** above, please mark the designation that applies to your PI Claim. ONLY CHECK ONE. IF BOTH BASE PAYMENT AND LEVEL A APPLY TO YOU, CHOOSE LEVEL A. Please refer to the PI TDP for full definitions and qualifying criteria.

Level A: You can demonstrate death caused by an opioid (e.g., death caused by overdose or withdrawal).

Base Payment: You can demonstrate use of a Qualifying Opioid for 6 months or more.

PART SIX: MEDICAL LIENS
(If you selected “Opt Out,” skip this Part Six).

Section 6.A: Did any insurance company pay for medical treatment for the opioid-related injuries that gave rise to your PI Claim?

Yes: _____ No: _____

Section 6.B: In the last 20 years, was the opioid user who is the subject of your claim 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 SEVEN: SIGNATURE (You must complete this Part Seven regardless of your elections above)

This Claim form must be signed by the Injured Party or the Injured Party’s Personal Representative.

Name of person who is signing this form: _____
 E-mail address of person who is signing this form: _____
 Phone Number of person who is signing this form: _____

I am including the evidence requested 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 Non-NAS PI Claimant (or signature of Representative Completing this Form for a Non-NAS PI Claimant)