St. Jude ICD Class Action Settlement

www.stjudeicdclaim.ca

PATIENT CLASS MEMBER CLAIM FORM

To receive a payment from the Settlement Fund, each **Patient Class Member** must complete and submit this Form and all required documentation to the Claims Administrator by **no later than 11:59 pm EST on January 10, 2020**.

Late claim submissions will not be accepted or valid.

Important: you must submit **a separate claim** for each affected Defibrillator.

SUBMITTING INSTRUCTIONS

You may choose one of **four (4) ways** to submit a *Patient Class Member Claim Form* including all required supporting documentation:

1. ONLINE	Visit the dedicated website at **www.stjudeicdclaim.ca** and submit your Claim **online**
1. MAIL	**Mail** your complete Claim to: St. Jude ICD Class Action Claims Administrator Nelson P.O. Box 20187 – 322 Rideau Street Ottawa ON K1N 5Y5 Mailed claim submissions must be postmarked **no later than January 10, 2020.**
2. EMAIL	**Email** your complete Claim to **info@stjudeicdclaim.ca**
3. FAX	**Fax** your duly complete Claim to **1-866-262-0816**

Questions? Call Toll-Free Telephone: **1-833-414-8043**

Important: This Claim Form is for Patient Class Members only. If you are claiming as a Derivative Class Member, you must complete the Derivative Class Member Claim Form.

St. Jude ICD Class Action Settlement
PATIENT CLASS MEMBER CLAIM FORM

SECTION A: PATIENT NAME AND CURRENT CONTACT INFORMATION

The Claims Administrator will use the information that you provide to process your claim. If this information changes, you **MUST** notify the Claims Administrator in writing.

First Name | Last Name

Street Address

City | Province | Postal Code

Email | Telephone

Provincial Health Insurance Number | Date of Birth (Month Day, Year)

SECTION B: REQUIRED DEFIBRILLATOR INFORMATION

You must have been implanted in Canada with one (1) of the affected Defibrillators from the list on page 3.

Important: You must submit **a separate claim** for each affected Defibrillator that was implanted.

Make of the Defibrillator | Model of the Defibrillator | Serial Number of the Defibrillator

Implant Date (Month Day, Year) | Implant Location

If applicable, Date and Location of when/where the Defibrillator was replaced or removed

St. Jude ICD Class Action Settlement
PATIENT CLASS MEMBER CLAIM FORM

INSTRUCTIONS

Indicate **the benefit(s) that you are claiming** by completing either Section C or Section D.

If you were implanted with more than one (1) affected Defibrillator, you must complete a separate Claim Form to be compensated for your claims regarding each device.

If you suffered complications following explant surgery, you may claim for additional compensation in Section D, Further Benefits for Explant Patients.

If you are claiming Out of Pocket Expenses, you must complete Section E.

AFFECTED DEFIBRILLATORS

Trade Name	Model	Trade Name	Model
Fortify Assura™ DR	CD2259-40Q	Quadra Assura MP™	CD3371-40C
Fortify Assura™ DR	CD2259-40	Quadra Assura MP™	CD3371-40QC
Fortify Assura™ DR	CD2359-40C	Quadra Assura™	CD3265-40Q
Fortify Assura™ DR	CD2359-40QC	Quadra Assura™	CD3367-40QC
Fortify Assura™ VR	CD1359-40QC	Quadra Assura™	CD3267-40
Fortify Assura™ VR	CD1259-40	Quadra Assura™	CD3267-40Q
Fortify Assura™ VR	CD1259-40Q	Quadra Assura™	CD3367-40C
Fortify Assura™ VR	CD1359-40C	Unify Assura™	CD3261-40Q
Fortify™ DR	CD2233-40Q	Unify Assura™	CD3361-40QC
Fortify™ DR	CD2233-40	Unify Assura™	CD3261-40
Fortify™ ST DR	CD2235-40	Unify Assura™	CD3361-40C
Fortify™ ST DR	CD2235-40Q	Unify Quadra™	CD3251-40
Fortify™ ST VR	CD1235-40	Unify Quadra™	CD3251-40Q
Fortify™ ST VR	CD1235-40Q	Unify™	CD3231-40
Fortify™ VR	CD1233-40	Unify™	CD3235-40
Fortify™ VR	CD1231-40	Unify™	CD3235-40Q
Fortify™ VR	CD1233-40Q		

SECTION C: BENEFITS FOR NON EXPLANT CLAIMANTS

Check one (1) of the boxes below if any of the following describe your situation:

- your defibrillator has not been explanted,
- your defibrillator was explanted, but the reason for the replacement was NOT related to a premature and rapid battery depletion, and was also NOT because of the St. Jude advisory issued on October 10, 2016 about lithium cluster formations in the affected Defibrillators,
- your defibrillator was explanted in response to the St. Jude advisory issued on October 10, 2016 but the replaced Defibrillator had been implanted for more than five (5) years at the time of the replacement, or
- your defibrillator was explanted as a result of a premature battery depletion, but the cause of the battery failure was determined to be something other than a short circuit that may have been due to the formation of lithium clusters.

√ if claiming	Benefit Eligibility Criteria
☐	Implanted **prior to** December 1, 2013 ▪ Claimants will receive a pro-rata share from a pool of $500,000.00, up to a maximum of $100.00 per Claim
☐	Implanted **on or after** December 1, 2013 ▪ Claimants will receive a pro-rata share from a pool of $1,100,000.00, up to a maximum of $500.00 per Claim

If your defibrillator was replaced due to premature battery depletion where the battery depletion occurred earlier than expected based on the Defibrillator usage and there was no indication that the depletion was related to a cause other than a short circuit that may have been due to the formation of lithium clusters DO NOT complete this section, you are an Eligible Explant Claimant, and should complete **Section D** on page 5.

St. Jude ICD Class Action Settlement
PATIENT CLASS MEMBER CLAIM FORM

SECTION D: BENEFITS FOR EXPLANT CLAIMANTS

Eligible Explant Claimants means Patient Class Members who either

(i) had a Defibrillator replaced due to premature battery depletion where the battery depletion occurred earlier than expected based on the Defibrillator usage and there was no indication that the depletion was related to a cause other than a short circuit that may have been due to the formation of lithium clusters, **OR**

(ii) had a Defibrillator replaced between October 10,2016 and August 8, 2017 on an elective basis in response to the St. Jude advisory issued in Canada on October 10, 2016 provided that the electively replaced Defibrillator had been implanted for less than five years at the time of the replacement.

Check the box below if you are claiming an Explant Claimant Benefit.

√ if claiming	Benefit	Required Supporting Documentation
☐	**Explant Pool Pro-Rata Payment**	You must submit documentary **proof** demonstrating that (i) you had an affected Defibrillator that was replaced due to premature battery depletion and • the battery depletion occurred earlier than expected based on the Defibrillator usage, and • there was no indication that the depletion was related to a cause other than a short circuit that may have been due to the formation of lithium clusters, **OR** (ii) you had a Defibrillator replaced **between October 10, 2016 and August 8, 2017** on an elective basis in response to the St. Jude advisory issued in Canada on October 10, 2016 provided that the electively replaced Defibrillator had been implanted for less than five (5) years at the time of the replacement. **Proof of eligibility may include** a written narrative on **page 7**, and Doctor, Physician, Clinical or Hospital records/notes.
Explant Claimants will receive a pro-rata share from a pool of approximately $1,300,000.00 CAD, or more depending upon whether all of the non-explant pools of funds are disbursed.		

St. Jude ICD Class Action Settlement
PATIENT CLASS MEMBER CLAIM FORM

SECTION D: FURTHER BENEFITS FOR EXPLANT CLAIMANTS

Only check one (1) of the boxes below if you suffered complications arising from your explant surgery.

√ if claiming	Benefit	Required Supporting Documentation
Only check one (1) box	**Complications Benefit**	You must submit sufficient proof demonstrating that you suffered complications arising from the explant surgery, which could include such things as abnormal bleeding, infection, pneumothorax, damage to the heart or to a blood vessel. **May include** a written narrative on **page 7**, Doctor, Physician, Clinical or Hospital records/notes or such other documentation acceptable to the Referee to demonstrate that the you qualify for this benefit.
☐	**$1,000.00** same day treatment	
☐	**$5,000.00** 1-3 days of hospitalization	
☐	**$12,500.00** for + 3 days of hospitalization	

SECTION E: OUT OF POCKET EXPENSES (NON EXPLANT AND EXPLANT CLAIMANTS)

Important: If you are claiming Out of Pocket Expenses, they **must exceed $100.00 CAD** in total. You may be reimbursed for up to a maximum of $500.00.

The expenses **must** be related to actions that you took in response to the receipt of the St. Jude advisory released on October 10, 2016.

Expenses for which compensation will be paid, include, but are not limited to the costs of attending any additional clinic appointments, hospital visits, or surgery.

Check the box below if you are claiming Out of Pocket Expenses, and indicate the total amount that you are claiming.

√ if claiming	Benefit	Required Documentation	Total Amount Claiming
☐	**Out of Pocket Expenses**	Receipts	$_____**CAD** (maximum $500.00 CAD)

St. Jude ICD Class Action Settlement
PATIENT CLASS MEMBER CLAIM FORM

SECTION F: Explain what happened to you and why you are making a claim as an Explant Claimant, and, if relevant for the complication benefit.

St. Jude ICD Class Action Settlement
PATIENT CLASS MEMBER CLAIM FORM

In order to receive a payment from the Settlement Fund, each Patient Class Member **must** submit a Claim Form, and all required supporting documentation, which must be received by the Claims Administrator **no later than January 10, 2020**.

SECTION G: SOLEMN DECLARATION

I solemnly declare that I have read and understand the contents of this Claim Form. I declare under penalty of perjury that the statements I have made in this Claim Form are true, correct and complete to the best of my knowledge, information and belief.

Executed on_____, in_____, _____
Date (Month Day, Year) City Province

_____ _____
Claimant Printed Name Claimant Signature