

PART 2: CLAIM CATEGORY

The following definitions apply in determining your claim category.

“Pacemaker Lead” means a pacemaker lead model numbers 4004, 4004M or 4012 manufactured by Medtronic Inc. or Medtronic of Canada Ltd.

“Additional Monitoring” means two or more medical monitoring assessments of the Pacemaker Lead in any year after August 1991 in relation to Pacemaker Lead model number 4012; and in any year following October 1993 in relation to the Pacemaker Lead Models 4004 or 4004M.

“Pacemaker Lead Replacement” means that the Pacemaker Lead has been surgically replaced with another pacemaker lead with the original Pacemaker Lead being left in the Claimant’s body.

“Pacemaker Lead Extraction” means that the Pacemaker Lead has been surgically extracted from the Claimant’s body and may include replacement of the extracted Pacemaker Lead with a new pacemaker lead.

Place an “X” in the category or categories which apply to you:

- a. I experienced Additional Monitoring (mark X if correct): _____
- b. I experienced one or more Pacemaker Lead Replacements (mark X if correct): _____
- c. I experienced one or more Pacemaker Lead Extractions (mark X if correct): _____

NOTE: While multiple categories may apply, Claimants are only entitled to recover under one of the above categories, which will be the category yielding the highest point value for that class member.

PART 3: MEDICAL DOCTOR'S STATEMENT

I confirm that to the best of my knowledge:

- (a) the Claimant is or was my patient;**
- (b) the Claimant has been implanted with one or more of the Pacemaker Leads manufactured by Medtronic Inc. or Medtronic of Canada Ltd., and specifically, lead model 4012, 4004 and/or 4004M; and**
- (c) the Claimant is alive.**

I have reviewed the Claimant's answers to Part 1 and 2. I confirm that to the best of my knowledge, the Claimant has accurately described his/her experience with the Pacemaker Lead(s).

Signature of Medical Doctor: _____

Name of Medical Doctor: _____

Address of Medical Doctor: _____

Phone Number of Medical Doctor: _____

PART 4: DECLARATION

YOU ARE NOT ELIGIBLE TO RECEIVE ANY COMPENSATION UNLESS YOU SIGN THE FOLLOWING DECLARATION AND HAVE IT WITNESSED BEFORE YOUR MEDICAL DOCTOR.

I solemnly declare that:

1. I was implanted with a pacemaker lead manufactured by Medtronic Inc. or Medtronic of Canada Ltd., model number 4004, 4004M and/or 4012.
2. My answers in Parts 1 and 2 of this Claim Form are true and correct.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Declared before me at _____, this ____ day of _____, 2005

Signature of Claimant

Medical Doctor's Signature

Doctor's Name and Address (print)

(Phone #)_____

IMPORTANT INSTRUCTION TO MEDICAL DOCTOR:

1. DECEASED PERSONS ARE NOT ELIGIBLE TO RECOVER. THEREFORE, THE CLAIMANT MUST BE ALIVE WHEN YOU COMPLETE THIS FORM.

2. THE CLAIMANT MUST BE PRESENT BEFORE YOU WHEN YOU COMPLETE THIS FORM.

Once the Claim Form is completed, send it by mail or fax to:

Pacemaker Lead Class Action Settlement
Branch MacMaster
1210-777 Hornby St.
Vancouver, BC V6Z 1S4
Attn: Shayna Cohene
Fax: 604-684-3429
Phone: 604-654-2952

THE CLAIM FORM MUST BE RECEIVED BY BRANCH MACMASTER BEFORE 5 P.M. ON SEPTEMBER 6, 2005. YOUR CLAIM WILL NOT BE CONSIDERED UNLESS IT IS RECEIVED BY BRANCH MACMASTER BY 5 P.M. ON SEPTEMBER 6, 2005.