

**COOK OPTIONALLY RETRIEVABLE IVC FILTER
CLASS ACTION SETTLEMENT**

**Must Be Postmarked
No Later Than
November 11, 2024**

**CLAIM FORM
PRIVATE & CONFIDENTIAL**

This Claim Form is for the Settlement Class Members who wish to claim compensation under the Settlement Agreement. **“Settlement Class Members”** means all persons resident in Canada (including their estates) who were implanted with an IVC filter product, namely: (1) the Cook Gunter Tulip Vena Cava Filter Set, (2) the Cook Celect Vena Cava Filter Set, and (3) the Cook Celect Platinum Vena Cava Filter Set, at any time on or before January 8, 2020, as well as their family members (i.e., spouses, common law spouses, children, grandchildren, grandparents, brothers and sisters of Class Members at the time of Injury or Injuries).

To receive a payment from the Settlement Fund, each Claimant **MUST** complete this Claim Form and submit it and any supporting documentation to the Claims Administrator, postmarked or submitted online no later than: **11:59 PM ET ON November 11, 2024**.

Late claims submissions, and/or incomplete Claim Forms and/or unsigned Claim Forms, may not be accepted or valid.

DO NOT COMPLETE THIS CLAIM FORM IF YOU ARE A FAMILY MEMBER OF A SETTLEMENT CLASS MEMBER, PLEASE COMPLETE THE **FAMILY MEMBER CLAIM FORM**.

HOW TO SUBMIT YOUR CLAIM:

You may choose any **one** of the following ways to submit a Claim Form (including any supporting documentation). All Forms and documents **must** be postmarked no later than **November 11, 2024** and sent to:

1. Mail or Courier	Mail or courier your complete Claim Form and any supporting documentation to the Claims Administrator at: <p style="text-align: center;">RicePoint Administration Inc. CO9 Settlement P.O. Box 3355 London, Ontario N6A 4K3</p>
2. Online	Upload your complete Claim Form and any supporting documentation to: https://ivcsettlement.ca/

Questions? Call Toll-Free Telephone: 1-877-257-8346 or visit www.ivcsettlement.ca

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

SECTION I: CLAIMANT IDENTIFICATION

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

YOU MUST ENCLOSE A COPY OF A VALID, GOVERNMENT-ISSUED PHOTO ID THAT MATCHES THE NAME AND CONTACT INFORMATION ENTERED BELOW (OR DEATH CERTIFICATE IF THE PERSON WHO WAS IMPLANTED WITH AN IVC FILTER PRODUCT IS DECEASED).

First Name

Last Name

Maiden or Other Prior Names

Date of Birth (DD-MM-YYYY)

Street Address

City

Province

Postal Code

Country

Email Address

Telephone Number

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

SECTION III: LEGAL COUNSEL IDENTIFICATION (IF APPLICABLE)

Please complete this section only if a lawyer is representing the Claimant.

Note: If this section is completed, all correspondence will be sent to your lawyer, who must notify the Claims Administrator of any change in mailing address. If you change lawyers, you must notify the Claims Administrator in writing of the new information.

Lawyer's First Name

Lawyer's Last Name

Law Firm Name

Law Firm Street Address

City

Province

Postal Code

Country

Lawyer's Email Address

Lawyer's Telephone Number

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

SECTION IV: CLAIM INFORMATION

You should complete this Claim Form if you are a person resident in Canada (including their estate) who was implanted with an IVC filter product, namely: (1) the Cook Gunter Tulip Vena Cava Filter Set, (2) the Cook Celect Vena Cava Filter Set, or (3) the Cook Celect Platinum Vena Cava Filter Set, at any time on or before January 8, 2020.

PRODUCT IDENTIFICATION

Check one or more of the boxes below to indicate the type(s) of Cook IVC Filters you received:

- Cook Gunter Tulip Vena Cava Filter Set;
- Cook Celect Vena Cava Filter Set; or
- Cook Celect Platinum Vena Cava Filter Set.

Date(s) of Implant(s):	Name of Doctor and/or Hospital:

INJURIES & EVENT DOCUMENTATION

Check one or more of the boxes below to indicate the type of injury(ies) you received as a result of the Cook IVC Filter(s). Please note that you must submit supporting documentation for each category claimed (i.e., each type of injury claimed) (see "Supporting Documentation" below).

- Qualifying Fracture Claimant:** Any instance of loss of a Cook IVC Filter Product's structural integrity resulting in fragmentation, breaking, or separating of the implanted device.

Date(s):	Name of Doctor(s) and/or Hospital(s):

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

- Qualifying Death Claimant:** Any instance of death attributable in writing to medical symptoms, conditions, and/or complications directly associated with a Cook IVC Filter Product, including but not limited to: fracture, migration, penetration, perforation, embolization, thrombotic occlusion, hemorrhage, recurrent pulmonary embolism, deep vein thrombosis or other blood clot, infection, cardiac arrhythmia, and retrievals.

Date(s):	Name of Doctor(s) and/or Hospital(s):

- Qualifying Open Surgery Claimant:** Any instance of an Open Retrieval Procedure being performed for a Cook IVC Filter Product, including Open Retrieval Procedures that do not result in the removal or complete removal of a Cook IVC Filter Product.

Date(s):	Name of Doctor(s) and/or Hospital(s):

- Other Qualifying Claimants (check ALL that apply):**

- A physician has expressly recommended against retrieval due to risk:** Where a physician has expressly recommended against retrieval due to risk attributed to the Cook IVC Filter Product as shown by Evidence. Additional points where a medical provider finds long-term anti-coagulation is necessary as a result of Cook IVC Filter Product being irretrievable as shown by Evidence.
- Symptom resulting in Percutaneous Retrieval Procedure:** A successful or attempted Cook IVC Filter Product retrieval procedure that uses solely endovascular or percutaneous techniques (“Percutaneous Retrieval Procedure”) due to symptomatic migration, penetration, perforation, tilting, embolization, thrombotic occlusion,

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

stenosis, hemorrhage, recurrent pulmonary embolism, deep vein thrombosis or other blood clot, infection, or cardiac arrhythmia, as shown by Evidence.

- Symptom without Percutaneous Retrieval Procedure:** A symptomatic perforation, penetration, tilting, migration or embolization of the filter that has occurred where no removal has been attempted, as shown by Evidence.

- Symptom as a result of Percutaneous Retrieval Procedure:** A successful or attempted Percutaneous Retrieval Procedure of a Cook IVC Product that as shown by Evidence has resulted in a perioperative medical symptom, condition, and/or complication, including but not limited to: inferior vena cava dissection, inferior vena cava intussusception, injury to the inferior vena cava occurring during retrieval with hemorrhage, inferior vena cava thrombus or stenosis, injury to adjacent artery occurring during retrieval, venous pseudoaneurysm, cardiac tamponade, or hematoma.

Date(s):	Other Qualifying Injury (i.e., Recommendation against retrieval; Symptom resulting in retrieval; Symptom without retrieval; or Retrieval resulting in Symptom)	Name of Doctor(s) and/or Hospital(s):

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

SUPPORTING DOCUMENTATION

FAILURE TO PROVIDE SUPPORTING DOCUMENTATION WILL RESULT IN YOUR CLAIM BEING REJECTED.

Attach to this Claim Form documentation from the medical professional(s) and/or medical facility(ies) in which you received the Cook IVC Filter implant **and** treatment(s) for the above-noted injuries you are claiming under the Settlement. Please note that you **must** submit supporting documentation for each category claimed (i.e., each type of injury claimed).

- Qualifying Fracture Claimant:** The Injury or Treatment Evidence must document the Qualifying Fracture by imaging with accompanying report or operative report.
- Qualifying Death Claimant:** Attribution of an instance of death to a symptom, condition and/or complication directly associated with a Cook IVC Filter Product, as demonstrated from Injury or Treatment Evidence.
- Qualifying Open Surgery Claimant:** Where the Injury or Treatment Evidence indicates an open surgical procedure performed under general anesthesia, to remove or attempt to remove the Cook IVC Filter Product.
- Other Qualifying Claimants:**
 - A physician has expressly recommended in writing against retrieval due to risk attributed to the Cook IVC Filter Product.
 - Symptom attributed to the Cook IVC Filter Product resulting in a Percutaneous Retrieval Procedure, as demonstrated from Injury or Treatment Evidence.
 - Symptom attributed to the Cook IVC Filter Product without Percutaneous Retrieval Procedure, as demonstrated from Injury or Treatment Evidence.
 - Symptom as a result of Percutaneous Retrieval Procedure, but does not include a single, successful percutaneous retrieval procedure that does not result in or is not the result of a medical symptom, condition and/or complication, as demonstrated from Injury or Treatment Evidence.
 - Family Class Members of Qualifying Claimants: Supporting evidence of personal relationship to a Filing Claimant with a Qualifying Event. **(Note: A Family Member Claim Form is required to be completed and submitted for any Family Class Members.)**

Supporting documentation should only include the relevant documents (not your full medical file). For medical records consisting more than five (5) pages, please provide page references to the relevant documents when you describe your injuries in the box above.

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

SECTION V: PAYMENT INFORMATION

ALL CLAIMANTS MUST COMPLETE THE SECTION V: PAYMENT INFORMATION BELOW.

IF YOU ARE APPROVED TO RECEIVE PAYMENT UNDER THIS SETTLEMENT, YOU WILL RECEIVE A CHEQUE IN THE MAIL AFTER THE CLAIMS REVIEW PROCESS IS COMPLETE.

WHERE A SETTLEMENT CLASS MEMBER IS REPRESENTED BY A LAWYER, ALL PAYMENTS IN RELATION TO THAT APPROVED CLAIM, INCLUDING ANY FAMILY MEMBER CLAIM FOR A FAMILY MEMBER REPRESENTED BY THAT LAWYER, WILL BE PAID TO THE CLAIMANT'S LAWYER IN TRUST.

IF YOU ARE NOT REPRESENTED BY A LAWYER, DO YOU WANT YOUR CHEQUE DELIVERED TO A DIFFERENT ADDRESS THAN THAT INDICATED IN SECTION I?

Yes

No

If "No", your cheque will be delivered to the address indicated in Section I, unless you notify the Claims Administrator in writing of a change of address.

If "Yes", please provide address below:

Street Address

City

Province

Postal Code

Country

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

SECTION VI: DECLARATION

ALL CLAIMANTS MUST COMPLETE SECTION VI: DECLARATION BELOW.

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT I AM A SETTLEMENT CLASS MEMBER (OR THE REPRESENTATIVE OF A SETTLEMENT CLASS MEMBER AS DISCLOSED IN SECTION II OF THIS CLAIM FORM) AND THAT THE INFORMATION SUBMITTED IN THIS CLAIM FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS CLAIM FORM AND THE SUPPORTING DOCUMENTATION ATTACHED HERETO MAY BE SUBJECT TO AUDIT, VERIFICATION, AND REVIEW BY THE CLAIMS ADMINISTRATOR AND/OR COURT. I ALSO UNDERSTAND THAT I WILL NOT RECEIVE ANY PAYMENT IF THE INFORMATION IN THIS CLAIM FORM OR THE SUPPORTING DOCUMENTATION ATTACHED HERETO IS BELIEVED OR FOUND TO BE FRAUDULENT. I AGREE TO PARTICIPATE IN THE SETTLEMENT IN THIS MATTER.

Individuals signing below on behalf of a living Claimant: **IN ADDITION TO THE ABOVE DECLARATION, I HEREBY DECLARE THAT I HAVE REVIEWED THE CLAIM FORM AND ANY SUPPORTING DOCUMENTATION WITH THE CLAIMANT, AND APPROVAL OF THE INFORMATION AND MY REPRESENTATION HAS BEEN GRANTED.**

Date (dd/mm/yyyy)

Signature of Claimant
(or Claimant's Representative, if any)

Date (dd/mm/yyyy)

Signature of Claimant's Lawyer (if any)

COOK IVC FILTER CLASS ACTION SETTLEMENT
CLAIM FORM

**COOK IVC FILTER PRODUCTS NATIONAL SETTLEMENT
REMINDER CHECKLIST**

This checklist will help you to ensure that your claim submission is complete and includes all supporting documents.

All Claims must include:

- A complete and signed Claim Form.
- A copy of valid government-issued photo ID.
- Medical Records: Product Identification (as listed in Supporting Documentation).
- Medical Records: Injury/Event Documents (as listed in Supporting Documentation).
- Other: _____

THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL (OR EMAIL WHERE POSSIBLE) WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT 1-877-257-8346.

IF YOU MOVE, IT IS YOUR RESPONSIBILITY TO NOTIFY THE CLAIMS ADMINISTRATOR OF YOUR NEW ADDRESS.

SUBMIT YOUR CLAIM FORM BY MAIL/COURIER/ONLINE

All Forms and documents **must** be postmarked or submitted online (with all documents uploaded) no later than **November 11, 2024**, and sent to:

**RicePoint Administration Inc.
CO9 Settlement
P.O. Box 3355
London, Ontario N6A 4K3**

Online: www.ivcsettlement.ca

Questions? Call Toll-Free Telephone: 1-877-257-8346 or visit www.ivcsettlement.ca

The Claims Administrator will keep strictly confidential the identity of all Settlement Class Members and all information regarding any claims and submissions made by Settlement Class Members.

Where necessary, the Claims Administrator will contact Claimants directly to obtain further information.