

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

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

**FAMILY MEMBER CLAIM FORM
PRIVATE & CONFIDENTIAL**

Please proceed to complete the Family Member Claim Form if you meet the following criteria:

- You were a spouse, common law spouse, child, grandchild, parent, brother or sister of a Qualifying Claimant¹ at the time of their injury or injuries due to their Cook IVC Filter;
- You have gathered all evidence required to substantiate your relationship to the Qualifying Claimant (please see page 5 of the Family Member Claim Form for a list of suggested supported documents);
- If you have previously submitted a Family Member Claim Form for the Cook IVC Filter Class Action Settlement or a legal representative has previously done so on your behalf, **there is no need to submit multiple forms. Your claim will only be evaluated once.**

Family Class means:

All persons in Canada who by virtue of personal relationships to Class Members have claims for damages, including those defined in the Compensation Protocol attached to the Settlement Agreement as Schedule "E". For greater certainty, Family Class includes the spouses, common law spouses, children, grandchildren, parents, brothers, and sisters of Approved Qualifying Claimants at the time of their Injury or Injuries (pursuant to section 61(1) of the *Family Law Act*, RSO 1990, c.F.3 or analogous provincial legislation).

A Family Class Member, or their guardian, may complete the following form to apply for compensation under the Cook IVC Filter Class Action Settlement Agreement.

IF NO CLAIM FORM IS SUBMITTED BY OR ON BEHALF OF THE QUALIFYING CLAIMANT, OR THE QUALIFYING CLAIMANT IS DEEMED TO BE INELIGIBLE BY THE CLAIMS ADMINISTRATOR, FAMILY MEMBERS ARE NOT ELIGIBLE FOR COMPENSATION UNDER THE SETTLEMENT.

DEADLINE TO SUBMIT ALL CLAIM DOCUMENTATION: NOVEMBER 11, 2024

¹ "Qualifying Claimant": Means the Qualifying Death Claimants, Qualifying Fracture Claimants and the Qualifying Open Surgery Claimants who are finally approved pursuant to the Compensation Protocol as eligible to receive funds from the Claims-Made Settlement Amount.

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FAMILY MEMBER CLAIM FORM

FAMILY MEMBER CLAIM FORM

PRIVATE & CONFIDENTIAL

(PLEASE TYPE OR USE BLUE OR BLACK PEN AND WRITE LEGIBLY)

A. This is a “Family Member Claim Form” referred to in the Class Action Canada-Wide Settlement Agreement dated February 27, 2024, relating to Cook IVC Filters, for the resolution in Canada, and with respect to all residents of Canada, of all Claims against, and all Liabilities of the Cook Defendants and the other Releasees Connected With Cook IVC Filters² (the “Settlement Agreement”).

B. This form is to be used for submitting a claim by or on behalf of the spouses, common law spouses, children, grandchildren, parents, brothers, and sisters of Settlement Class Members at the time of the Injury or Injuries (pursuant to section 61(1) of the *Family Law Act*, RSO 1990, c.F.3 or analogous provincial legislation).

C. Only Family Members of Approved Qualifying Claimants³ are eligible to receive compensation from the Settlement Payment. Please read this Family Member Claim Form in its entirety and answer all inquires on the Family Member Claim Form itself (add additional pages if necessary), and then sign and date the Family Member Claim Form. **YOU MUST ANSWER ALL INQUIRIES AND SIGN THE FAMILY MEMBER CLAIM FORM, INCLUDING PROVIDING ALL REQUIRED DOCUMENTATION, OR YOUR CLAIM FORM MAY BE FOUND DEFICIENT.**

D. DEADLINE TO SUBMIT ALL FAMILY MEMBER CLAIM DOCUMENTATION: NOVEMBER 11, 2024.

This Family Member Claim Form, fully completed and properly signed, and all requisite documentation, including proof of your relationship (i.e., marriage certificate, birth certificate, baptismal papers, separation agreement, adoption papers, custody judgment, divorce judgment, affidavit) to the Qualifying Claimant, must be submitted (as proven by either the postmark date (if standard letter-mail service is used)) or the date received by the Claims Administrator (where same-day or overnight courier service is used) or the date the submission is capable of being accessed from the Claims Administrator no later than **November 11, 2024**. Failure to submit these materials accordingly by this deadline may result in you not being entitled to any compensation pursuant to the Settlement Agreement (but you shall nonetheless remain bound by the terms thereof, including the Release set forth therein).

E. To the extent that the person submitting this Family Member Claim Form on behalf of a putative Eligible Family Member is representing a minor, an incapable person, a person under a disability or the estate of a deceased person, such person must represent and warrant that they are duly authorized as the proper representative to submit the claim and provide proof of same. It is the sole responsibility of the person submitting a claim to take the necessary steps to be appointed as the proper representative by court order, if the applicable law so requires. Additionally, all such persons must comply with all provisions of the Settlement Agreement. If the properly approved representative is required to report any award to any court, the amount of such award shall be

² “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).

³ “Approved Qualifying Claimant”: a Class Member who successfully completes the Claim Form, has provided all required documentation, and has been determined by the Claims Administrator to be eligible for compensation under the Settlement Agreement will be deemed to be an Approved Claimant. Approved Claimants will receive benefits in accordance with the Compensation Protocol.

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maintained in the strictest confidence, and all papers shall be filed under seal and all hearings held in private to the extent allowable under the applicable law.

F. The signatories to this Family Class Member Claim Form, the law firms with which they are affiliated (if any) and the putative Eligible Family Member identified herein specifically agree to maintain the confidentiality of any awards that might result from the Settlement Agreement.

G. **Notice:** In order to possibly be eligible for compensation (in the event that your related Qualifying Claimant is determined to be an Approved Qualifying Claimant), you must properly and fully complete and submit to the Claims Administrator this Family Member Claim Form and provide to the Claims Administrator proof of one's relationship to your related Qualifying Claimant, all prior to the Claims Deadline Date. For example:

(a) Spouses must provide a copy of their marriage certificate or other document evidencing the relationship to the relevant Qualifying Claimant;

(b) Children of Qualifying Claimants must provide a birth certificate or other relevant documentation which establishes the date of birth of the Eligible Family Member, and, if the last name of the child is different from that of the Qualifying Claimant, documentation which establishes that the Eligible Family Member is the child of the Qualifying Claimant.

H. You are encouraged to submit this Family Member Claim Form and proof of relationship together with the Claims Package submitted by your related Qualifying Claimant for ease of administration.

I. Notice: The submission of a Family Member Claim Form and/or any other documentation to the Claims Administrator does not mean that you will receive any payment under the Settlement Agreement. An Approved Family Member Claimant will be entitled to receive a payment pursuant to the Settlement Agreement only if the related Qualifying Claimant becomes entitled to receive such a payment as an Approved Qualifying Claimant. There are strict eligibility criteria which have been approved by the Courts that a Qualifying Claimant must first satisfy in order to be entitled to payment under the Settlement Agreement.

COOK IVC FILTER CLASS ACTION SETTLEMENT
FAMILY MEMBER CLAIM FORM

SECTION I: INFORMATION RE: QUALIFYING CLAIMANT

Note: If you are a family member or representative of a person who was implanted with a Cook IVC filter product, please fill in the implanted person's information in this first section and fill in your information in the relevant section below.

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.

Qualifying Claimant's First Name

Qualifying Claimant's Last Name

Qualifying Claimant's
Maiden or Other Prior Names

Qualifying Claimant's Date of Birth
(DD-MM-YYYY)

Qualifying Claimant's Street Address

City

Province

Postal Code

Country

Qualifying Claimant's Email Address

Qualifying Claimant's Telephone Number

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SECTION II: FAMILY CLASS MEMBER IDENTIFICATION

Before you complete this section, you **MUST** complete Section I and identify the Qualifying Claimant who is your source of entitlement to make this claim.

_____ First Name	_____ Last Name
_____ Maiden or Other Prior Names	_____ Date of Birth (DD-MM-YYYY)
_____ Qualifying Claimant's Name	_____ Relationship to Qualifying Claimant
_____ Street Address	
_____ City	_____ Province
_____ Postal Code	_____ Country
_____ Email Address	_____ Telephone Number

By checking this box, I confirm that I am a **Family Class Member** of a Qualifying Claimant and have attached the supporting documentation.

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Custody Judgment |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Adoption Papers |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Affidavit |
| <input type="checkbox"/> Separation Contract | <input type="checkbox"/> Divorce Judgment |

YOU MUST ENCLOSE A COPY OF A VALID, GOVERNMENT-ISSUED PHOTO ID THAT MATCHES THE NAME AND CONTACT INFORMATION ENTERED BELOW (OR BIRTH CERTIFICATE IF THE FAMILY CLASS MEMBER IS A MINOR WHO DOES NOT HAVE PHOTO ID).

PROOF OF RELATIONSHIP MUST BE PROVIDED WITH YOUR FAMILY MEMBER CLAIM FORM IN ORDER TO COMPLETE YOUR CLAIM. IF NO DOCUMENTATION IS PROVIDED, YOUR CLAIM MAY BE FOUND DEFICIENT.

COOK IVC FILTER CLASS ACTION SETTLEMENT
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Representative's Street Address

City

Province

Postal Code

Country

Representative's Email Address

Representative's Telephone Number

SECTION V: PAYMENT INFORMATION

ALL FAMILY MEMBERS MUST COMPLETE 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 FAMILY MEMBER CLAIMANT IS REPRESENTED BY A LAWYER, ALL PAYMENTS IN RELATION TO AN APPROVED CLAIM 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 II?

Yes

No

If "No", your cheque will be delivered to the address indicated in Section II, 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

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SECTION VI: FAMILY MEMBER VERIFICATION SIGNATURE

A. BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- (i) YOU ARE AN ELIGIBLE FAMILY MEMBER WITH RESPECT TO THE PERSON IDENTIFIED IN SECTION I ABOVE OR THEIR LEGAL REPRESENTATIVE DISCLOSED IN SECTION IV ABOVE;

- (ii) ALL THE INFORMATION PROVIDED AND SUBMITTED IN THIS FAMILY MEMBER CLAIM FORM IS TRUE AND CORRECT; AND

- (iii) ALL COPIES OF RECORDS SUBMITTED WITH THIS FORM ARE TRUE, COMPLETE AND CORRECT COPIES OF RECORDS PROVIDED BY APPLICABLE RECORDS CUSTODIANS.

B. IF YOU HAD NOT PREVIOUSLY OPTED OUT OF THE CLASS ACTION, YOU HEREBY ELECT TO PARTICIPATE IN AND TO BE BOUND BY THE TERMS AND CONDITIONS OF THE SETTLEMENT AGREEMENT. THIS MEANS, WITHOUT LIMITATION, THAT, BY EXECUTION OF THIS FAMILY MEMBER CLAIM FORM, PURSUANT TO THE SETTLEMENT AGREEMENT, YOU ARE GRANTING EACH RELEASEE (AS DEFINED IN THE SETTLEMENT AGREEMENT) A COMPLETE AND FINAL RELEASE OF ALL RELEASED CLAIMS/LIABILITIES (AS DEFINED IN THE SETTLEMENT AGREEMENT).

PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM.

Please sign only the appropriate lines. Signatures on all lines may not be required.

Date (dd/mm/yyyy)

Family Member's Signature (or Guardian)

Printed Name of Family Member (or Guardian)

Date (dd/mm/yyyy)

Signature of Family Member's Legal Counsel (if any)

Printed Name of Family Member's Legal Counsel (if any)

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**COOK IVC CLASS ACTION SETTLEMENT
REMINDER CHECKLIST**

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

All Family Member Claims must include:

- A completed and signed Family Member Claim Form.
- A copy of valid government-issued photo ID.
- Supporting Documentation re Proof of Relationship.
- Other: _____

THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR FAMILY MEMBER 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 FAMILY MEMBER 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.

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FAMILY MEMBER CLAIM FORM

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