

Stryker Modular Hip 2020 Settlement

c/o Epiq

Claims Processor

P.O. Box 10130

Dublin, OH 43017-3130

Toll Free: 1-855-382-6404

www.StrykerModularHipSettlement.com

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NOTICE OF APPEAL

To appeal an Enrollment or Enhancements Benefit Program Award Determination or Notice of Denial, this Notice of Appeal form must be filed with the Claims Processor by the Enrolled Claimant or his/her Legal Representative (if unrepresented) or the Enrolled Claimant's Principal Responsible Attorney (if represented), along with the \$2,500 Appeal Deposit required by Section 4.4.1. **Under no circumstances will any appeal be reviewed until the Claims Processor receives the Appeal Deposit in full.** Pursuant to Section 4.4.2.1 of the 2020 Master Settlement Agreement, you cannot submit any new or additional evidence in connection with an appeal. If an Enrolled Claimant or Principal Responsible Attorney does not file an appeal within thirty (30) days of the date of the Enrollment or Enhancements Benefit Program Award Determination or Notice of Denial that is the subject of the appeal, the determination is **final, binding, and Non-Appealable** pursuant to Section 4.4.2 of the 2020 Master Settlement Agreement.

The Special Master, in his or her sole discretion, may assess costs of up to **\$10,000** to an Enrolled Claimant or his/her Principal Responsible Attorney upon a finding of no legitimate grounds for the appeal pursuant to Section 4.4.2.5 of the 2020 Master Settlement Agreement. In addition, in the event an Enrolled Claimant is the **losing party** to an appeal, the Special Master's administrative costs and expenses related to that appeal shall be borne by the **Principal Responsible Attorney** pursuant to Section 4.4.2.4 of the 2020 Master Settlement Agreement. If you appeal **any** part your Settlement Program Award (including a Base Award or Enhancements Benefit Program Award), your accepted award(s) **will not** be funded by HOC until all appeals are resolved pursuant to Sections 7.1 and 7.2 of the 2020 Master Settlement Agreement.

THIS COMPLETED NOTICE OF APPEAL FORM ALONG WITH THE \$2,500 APPEAL DEPOSIT MUST BE FILED WITH THE CLAIMS PROCESSOR WITHIN THIRTY (30) DAYS OF EITHER THE ENROLLMENT OR ENHANCEMENTS BENEFIT PROGRAM AWARD DETERMINATION OR NOTICE OF DENIAL THAT IS THE SUBJECT OF THE APPEAL.

A. Enrolled Claimant Information

1. Patient ID:

2. Program Type:

- Qualified Revision Surgery
 Enhancements Benefit Program

3. Name:

First

M.I.

Last

To view Epiq's Privacy Notice, please visit <https://www.epiqglobal.com/en-us/privacy-statement>



4. Current Address:

Street

City

State

Zip

**5. Telephone Number
(If Not Represented by an Attorney):**

**6. Email Address
(If Not Represented by an Attorney):**

7. Does the Enrolled Claimant have a Legal Representative? Yes No

8. Reason for Legal Representative? Claimant is Deceased Claimant is Incapacitated

9. Legal Representative's Relationship to Claimant*:

Estate Executor Administrator Guardian Conservator Other

(specify)

*Unless previously provided to the Claims Processor, Court Approval or Other Legal Authorization to represent the Enrolled Claimant must be attached to this Notice of Appeal.

10. Legal Representative's Name:

First

M.I.

Last

11. Current Address:

Street

City

State

Zip

Country

**12. Legal Representative's Telephone Number
(If Not Represented by an Attorney):**

**13. Legal Representative's Email Address
(If Not Represented by an Attorney):**

B. Principal Responsible Attorney Information

14. Is this Notice of Appeal being filed by the Enrolled Claimant's Principal Responsible Attorney?

Yes No

15. Principal Responsible Attorney:

First

M.I.

Last

Firm Name



16. Current Address:

Street

City

State

Zip

Country

17. Telephone Number:

18. Fax Number:

19. Email Address:

20. Date of Enrollment or Enhancements Benefit Program Award Determination or Notice of Denial:

21. Please provide a brief explanation for the basis of your appeal (2000 Character Limit):

You must submit the completed Notice of Appeal and the \$2,500 Appeal Deposit to the Claims Processor **within thirty (30) days of the date of the Enrollment or Enhancements Benefit Program Award Determination or Notice of Denial that is the subject of the appeal**, along with a copy of the Enrollment or Enhancements Benefit Program Award Determination or Notice of Denial, in one of the following ways:

1. Upload the Notice of Appeal through the 2020 Online Portal on the Settlement Program's website, www.StrykerModularHipSettlement.com **and mail the Appeal Deposit to the address listed below**. In order to login, you will need your Registration ID Number and the password created when you initially logged on to the 2020 Online Portal. Once you login, follow the directions on how to upload the Notice of Appeal.
2. Send the Notice of Appeal and deposit to:

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c/o Epiq
Claims Processor
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Dublin, OH 43017-3130