



# Claim Package Submission Deadlines

The deadline to submit a Claim Package based on pre-Effective Date diagnoses is approaching. Under Section 8.3(a)(i) of the Settlement Agreement, Claim Packages must be submitted no later than two years after the date of the Qualifying Diagnosis or within two years after the Settlement Supplemental Class Notice is posted on the Settlement Website, whichever is later. We posted the Supplemental Class Notice to the Settlement Website on February 6, 2017.

The date of your Qualifying Diagnosis sets your deadline to submit a Claim Package.



If you received a Qualifying Diagnosis on or before February 6, 2017, and wish to submit a claim based on it, you must do so by **February 6, 2019**. If you received a Qualifying Diagnosis after February 6, 2017, you do not need to submit a claim by the February 6, 2019 deadline but must do so within two years after the date of your diagnosis.

There is no reason to wait to submit your Claim Package if you received a Qualifying Diagnosis. We will notify you if you do not submit everything that we need.

*Be sure to get your Claim Package submitted on time!*



## A Message From the Claims Administrator

*Please continue sending us topic suggestions for future newsletters. We want to cover the things of most interest to you so this newsletter provides you with useful information each month. Call 1-855-887-3485 or [email us](#) if you have questions, want to provide feedback, or just need help. We are here for you!*

*Remember, the best source of information is the [Settlement Website](#), where you can find the Settlement Agreement, important alerts, Frequently Asked Questions ("FAQs"), official forms and a report about registrations and claims. I encourage you to check the Settlement Website often for Program updates.*

**Orran Brown**

Founding Partner BrownGreer PLC

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## Published Special Master and Court Decisions

The Rules Governing Appeals of Claim Determinations (in Rule 33), Rules Governing Statute of Limitations Proceedings (in Rule 32), Rules Governing Appeals of Player Challenges to Derivative Claimants (in Rule 26), Rules Governing the Audit of Claims (in Rule 35) and Rules Governing Registration Determinations and Appeals (in Rule 40) allow the Special Masters and Court to designate in a decision whether the decision is to be published (that is, made public) or unpublished (that is, kept private) (click [here](#) to read these Rules).



We post to the Settlement Website and portals all decisions they designate should be published (click [here](#) to read the decisions published so far). To preserve confidentiality, we remove all personal identifying information before publishing such decisions. All published decisions will serve as guidance for the consideration of the same or similar issues and principles in later decisions and, where the Special Masters and Court direct, have preclusive effect, meaning that issues decided in past decisions cannot be relitigated, or debated again in the future.



### Documents for BAP Diagnoses

The BAP Administrator, Garretson Resolution Group ("GRG"), now uploads directly through a secure online portal all medical records related to Level 1.5 and Level 2 Neurocognitive Impairment diagnoses made in the BAP. If you received one of these Qualifying Diagnoses through your BAP exam, you should see the documents in your portal. If you do not use a portal and want to check if we have the documents, call or email us so we can look for you.

Even though we may have records related to your Qualifying Diagnosis, you still must fill out a Claim Form and HIPAA Form and submit your Claim Package to us. We will not review any of the materials until you submit a Claim Package. If you were diagnosed with Level 1 Neurocognitive Impairment or did not receive a diagnosis through your BAP exam, GRG will not give us the records from your exam.



### Changes to Legal Representation

Although there is no requirement that you have a personal lawyer to participate in the Settlement Program, if you do decide to hire a lawyer, tell us right away. You can use the Request for Change in Representation Status Form on the Settlement Website to do this (click [here](#) to view it).

You would fill out Sections I, IV and V of the form and can send it to us by [email](#) or mail at one of the addresses on page 4 of this newsletter. The last page of the form also lists options for submitting it to us. As soon as you tell us you have a lawyer, we will communicate with that lawyer instead of you. The Lawyers [FAQs](#) on the Settlement Website provide more information about legal representation.

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## Funding Requests vs. Disbursement Reports



We submit a monthly “Funding Request” to the NFL Parties and Co-Lead Class Counsel (the “Parties”) on the 10th day of each

month (or the next business day if the 10th falls on a weekend or holiday). The Funding Request is the first step in the payment process, and it is how we get the NFL to deposit dollars into the settlement fund for those claims that are eligible for potential payment. Claims are included on a Funding Request only when: (1) the appeal deadline has expired with no appeal having been filed, or when the appeal process is complete; and (2) there are no administrative holds, such as when a claim is in Audit.

After the Funding Request has been reviewed by the Parties and the NFL has deposited the

applicable dollars into the settlement fund, we can then proceed to the next step, which is preparing and sending a “Disbursement Report” to the Special Masters for approval. The Disbursement Report includes only claims that can be paid as of the date it is sent to the Special Masters and may not include all claims that were on the preceding Funding Request. Claims on Funding Requests cannot always be paid right away because documents required for payment have not yet been submitted or there is some other underlying issue. After the Disbursement Report has been approved by the Special Masters, we forward it to Citibank (the Trustee), who issues the payments.

**The [Payment Process Timeline](#) and [Payment FAQs on the Settlement Website](#) provide more details about how and when claims get paid and the required payment documents.**

## Investigative Authority

On July 13, 2018, the Special Masters entered an Order related to Audit investigations (click [here](#) to read it). The Order defines the scope of our Audit investigations and authority in carrying them out. Specifically, the Order states that we need not find a deliberate intent to deceive but must, instead, determine whether there is a reasonable basis to conclude that there has been any misrepresentations, omissions or concealments of material fact relating to a claim.

During an Audit investigation, we suspend all other processing of a claim and can require the production of information and/or documents by Settlement Class Members and other persons or entities involved in the investigation.



**Click [here](#) to read a Trending Topic on the Settlement Website with more details about this Order.**

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## Portal Enhancement



We developed a new portal feature to make it easier for you (if you use a portal) to find and access documents. This sort option appears as a drop-down box where you see documents in your portal. You can sort documents by 17 different subjects, like Monetary Award, Audit and Appeals. This categorical sort option is an enhancement to the existing sort functionality, which already allows you to sort documents using the main column headers.

On August 22, 2018, we posted an [Alert](#) to the Settlement Website with more details about this feature, including screenshots. We regularly evaluate portal functionality to find ways to make it more user-friendly. If you have suggestions for potential future enhancements, let us know.

## New Evidence on Appeal vs. New Claims

If your claim is denied and you submit new evidence on appeal, the Special Master may remand (that is, send back) the claim to us. We then would re-review the claim based on that new evidence. We have seen new evidence submitted on appeal that relates to a different type of Qualifying Diagnosis, different diagnosis date, or a different diagnosing physician than was the basis of the original claim.

Documents submitted on appeal should relate to the Qualifying Diagnosis on which the denied claim was based, not a different Qualifying Diagnosis. Our re-reviews on remand will focus on the Qualifying Diagnosis



that was denied, not a different diagnosis asserted through new evidence. If you want to submit new documents in support of a different diagnosis, instead of submitting an appeal of the denied claim, you have the option to submit an entirely new claim.

If you submit a new claim, we will review it to determine whether it shows materially changed circumstances from the earlier claim, which may include (a) a different type of Qualifying Diagnosis than the one that was denied, or (b) the same type of Qualifying Diagnosis but with a different diagnosis date supported by additional medical records. If a new claim is submitted within 365 days after a denial, Section 10.3(d)(ii) of the Settlement Agreement requires that we audit it if it is based on the same Qualifying Diagnosis as the denied claim but the new diagnosis was made by a different physician.

### You can send materials to us at one of these addresses:

**U.S. Mail:**

NFL Concussion Settlement  
 Claims Administrator  
 P.O. Box 25369  
 Richmond, VA 23260

**Delivery (ex., FedEx, UPS):**

NFL Concussion Settlement  
 c/o BrownGreer PLC  
 250 Rocketts Way  
 Richmond, VA 23231

If you call us at 1-855-887-3485 with questions about the BAP, select Option 2 to speak to the BAP Administrator.

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