

NFL

CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

**INSTRUCTIONS FOR
COMPLETING THE NFL
CONCUSSION SETTLEMENT
CLAIM FORM**

TABLE OF CONTENTS

	TITLE	PAGE
1.	How to Fill Out the Claim Form	3
2.	How to Submit the Claim Form	10
3.	How to Ask Questions About the Claim Form	10
4.	Useful Settlement Agreement Definitions	11

1. HOW TO FILL OUT THE CLAIM FORM

GENERAL INSTRUCTIONS

These instructions will take you step-by-step through the hard copy Claim Form. It may be easier to complete this Claim Form online, which you can do by visiting the NFL Concussion Settlement website at www.nflconcussionsettlement.com and following the instructions there. If you are represented by counsel, consult with your attorney about your responses to the Claim Form and the requirements for a complete Claim Package.

Complete this Claim Form only if you are a **Retired NFL Football Player** or the **Representative Claimant** of a Retired NFL Football Player who is a Settlement Class Member and want to submit a claim for a Monetary Award. Do not use this Claim Form if you are a **Derivative Claimant** of a Retired NFL Football Player and want to submit a Derivative Claimant Claim Package. There is a separate Claim Form for Derivative Claimants available on the NFL Concussion Settlement website.

Type all responses or print clearly in blue or black ink. If there is not enough space for your responses, copy the applicable page to add the additional information and attach it to the completed Claim Form. The capitalized terms in this form are defined in the Settlement Agreement, which is available at <http://nflconcussionsettlement.com> or by calling toll free 1-855-887-3485. For your convenience, there also is a glossary of select terms included at the end of these instructions. Your Claim Package must include:

1. This Claim Form;
2. The Diagnosing Physician Certification Form (available on the NFL Concussion Settlement website);
3. All medical records created by or received from your diagnosing physician or medical professional in connection with your Qualifying Diagnosis;
4. The HIPAA Authorization for Disclosure of Medical Records and Disclosure of Protected Health Information; and
5. Records demonstrating your employment and participation in NFL Football.

Under limited circumstances, the absence of certain Claim Package materials may be excused, as set forth in Section 8.2(a)(i)-(iii) of the Settlement Agreement. **For Qualifying Diagnoses made on or before February 6, 2017, your Claim Package must have been submitted to the Claims Administrator by February 6, 2019. For Qualifying Diagnoses made after February 6, 2017, you must submit your Claim Package to the Claims Administrator no later than two years after the date your Qualifying Diagnosis was made. Failure to meet your deadline will preclude you from receiving a Monetary Award for that Qualifying Diagnosis unless you can: (1) show substantial hardship (beyond the Qualifying Diagnosis) that prevented your compliance; and (2) submit the Claim Package within two years of the missed deadline.**

If your claim is selected for audit, you may be required to submit additional records or information now or in the future. You are required to preserve all such additional records in your possession, custody or control and to instruct your health care providers to preserve such records that may be requested under Section 10.3(e) of the Settlement Agreement. These documents include but are not limited to historical medical records related to the underlying medical condition that is the basis for the claimed Qualifying Diagnosis. Unreasonable failure to preserve and provide all records and information requested by the Claims Administrator in connection with an audit within the time frame specified will result in the claim being denied without the right to an appeal.

1. HOW TO FILL OUT THE CLAIM FORM

I. RETIRED NFL FOOTBALL PLAYER INFORMATION

Enter the Retired NFL Football Player's information in Section I.

	Name of Field	Instructions
1.	Settlement Program ID	Enter the Retired NFL Football Player's nine-digit Settlement Program ID. You can find it in Section I of the Notice of Registration Determination.
2.	Player Name	Enter the Retired NFL Football Player's first name, middle initial, last name and suffix (if applicable).
3.	Player Date of Birth	Enter the Retired NFL Football Player's date of birth in this format: MM/DD/YYYY.
4.	Player Mailing Address	Enter the Retired NFL Football Player's mailing address as follows: (a) street address or P.O. box number in "Address 1"; (b) unit, suite, or apartment number in "Address 2"; (c) city; (d) state or province (if in a foreign country); (e) zip or postal code; and (f) country.
5.	Player Telephone	Enter the Retired NFL Football Player's area code and telephone number.
6.	Player Email Address	Enter the Retired NFL Football Player's email address.

II. REPRESENTATIVE CLAIMANT INFORMATION

If you are the Representative Claimant of a Retired NFL Football Player who is deceased, or legally incapacitated or incompetent, enter your information in Section II. Do not complete Section II if you are a Retired NFL Football Player and provided your information in Section I. If you are a Representative Claimant for a Retired NFL Football Player who died or became legally incapacitated or incompetent after he registered, you must inform us of the change and must register promptly as his representative to pursue any Monetary Award or Supplemental Monetary Award in the Program.

	Name of Field	Instructions
7.	Representative Name	Enter the Representative Claimant's first name, middle initial, last name and suffix (if applicable).
8.	Representative Date of Birth	Enter the Representative Claimant's date of birth in this format: MM/DD/YYYY.
9.	Representative Mailing Address	Enter the Representative Claimant's mailing address as follows: (a) street address or P.O. box number in "Address 1"; (b) unit, suite, or apartment number in "Address 2"; (c) city; (d) state or province (if in a foreign country); (e) zip or postal code; and (f) country.
10.	Representative Telephone	Enter the Representative Claimant's area code and telephone number.
11.	Representative Email Address	Enter the Representative Claimant's email address.

1. HOW TO FILL OUT THE CLAIM FORM

III. ATTORNEY INFORMATION

If you are represented by an attorney, enter the attorney's information in Section III. We will direct all future communications about this claim to the designated attorney.

12.	Attorney Name	Enter the attorney's first name, middle initial, last name and suffix (if applicable).
13.	Law Firm Name	Enter the name of the attorney's law firm.
14.	Law Firm Mailing Address	Enter the attorney's mailing address as follows: (a) street address or P.O. box number in "Address 1"; (b) unit, suite, or office number in "Address 2"; (c) city; (d) state or province (if in a foreign country); (e) zip or postal code; and (f) country.
15.	Attorney Telephone	Enter the attorney's area code and telephone number.
16.	Attorney Email Address	Enter the attorney's email address.

IV. NFL FOOTBALL EMPLOYMENT INFORMATION

Provide the Retired NFL Football Player's NFL Football employment history, including employment and participation records that show the number of Eligible Seasons. Examples of such records include: (1) reproductions of historical player profiles, career statistics, or game logs from the NFL's official website (currently, NFL.com); (2) relevant Bert Bell/Pete Rozelle NFL Player Retirement Plan documentation, or documentation from any successor plan; (3) pay stubs; (4) employment records of Member Clubs; and (5) verifiable game records of Member Clubs. If the Retired NFL Football Player was employed by more than ten teams, copy page 3 to provide the additional information and attach it to the completed Claim Form.

17.	Retired NFL Football Player's Employment History	Provide the Retired NFL Football Player's team(s) and year(s) of employment by entering the: (a) League; (b) Member Club/Team; (c) Start Date; (d) End Date; and (e) Squad Type (Active List or Active Roster, injured reserve list, inactive list, or taxi, practice, and/or developmental squads). List the specific years rather than the seasons using this format: MM/YYYY. If a Retired NFL Football Player played for a given team during non-consecutive seasons, record the team employment separately for each time period. Similarly, if the Squad Type varied for a particular season, record separate entries for each Squad Type.
-----	---	---

V. QUALIFYING DIAGNOSIS/ES

18.	Qualifying Diagnosis/es Information	Check the applicable Qualifying Diagnosis/es and enter the date of diagnosis for each using this format: MM/DD/YYYY. Enter the state in which the Retired NFL Football Player was domiciled at the time of the Qualifying Diagnosis. Identify the medical professional who diagnosed each condition and enter his or her first name, middle initial, last name and suffix (if applicable). If the Retired NFL Football Player was diagnosed with either Level 1.5 or Level 2 Neurocognitive Impairment during the Baseline Assessment Program ("BAP"), provide the name of both the diagnosing neuropsychologist and the diagnosing board-certified neurologist.
-----	--	--

1. HOW TO FILL OUT THE CLAIM FORM

VI. ADDITIONAL MEDICAL INFORMATION

Section VI addresses whether the Retired NFL Football Player suffered a Stroke or Traumatic Brain Injury **before** his Qualifying Diagnosis. Check the appropriate box for each injury. If the Retired NFL Football Player was diagnosed with more than one Stroke or Traumatic Brain Injury before the Qualifying Diagnosis, copy page 5 to provide the additional information and attach it to the completed Claim Form.

VI.A. Stroke

If the Retired NFL Football Player suffered a Stroke before the Qualifying Diagnosis, check YES. If the Retired NFL Player did **not** suffer a Stroke before the Qualifying Diagnosis, check NO. If you check YES, you must provide the following information.

19.	Date of Stroke Diagnosis	Enter the date of the Stroke using this format: MM/DD/YYYY.
20.	Medical professional who diagnosed the Stroke	Identify the medical professional who diagnosed the Stroke. Enter his or her first name, middle initial, last name and suffix (if applicable).
21.	Causal Relation of Qualifying Diagnosis to Stroke	If you suffered a prior Stroke, but you believe that the Qualifying Diagnosis for which you are making a claim is not causally related to the Stroke, check the box. You must also submit medical records and other evidence supporting this assertion. If these records establish by clear and convincing evidence that the Qualifying Diagnosis is not causally related to the Stroke, no Offset will apply. If you provide information regarding a Stroke but do not check this box, we will apply an Offset, which will result in a 75% reduction of any Monetary Award.

VI.B. Traumatic Brain Injury

If the Retired NFL Football Player suffered a *severe* traumatic brain injury unrelated to NFL Football play that occurred during or after the time he played NFL Football and before the Qualifying Diagnosis, check YES. A severe traumatic brain injury is one that caused the Retired NFL Football Player to lose consciousness for more than 24 hours. If the Retired NFL Player did **not** suffer a severe traumatic brain injury before the Qualifying Diagnosis, check NO. If you check YES, you must provide the following information.

22.	Date of Traumatic Brain Injury	Enter the date of the Traumatic Brain Injury using this format: MM/DD/YYYY.
23.	Medical professional who diagnosed the Traumatic Brain Injury	Identify the medical professional who diagnosed the Traumatic Brain Injury. Enter his or her first name, middle initial, last name and suffix (if applicable).
24.	Causal Relation of Qualifying Diagnosis to Traumatic Brain Injury	If you suffered a prior Traumatic Brain Injury, but you believe that the Qualifying Diagnosis for which you are making a claim is not causally related to the Traumatic Brain Injury, check the box. You must also submit medical records and other evidence supporting this assertion. If these records establish by clear and convincing evidence that the Qualifying Diagnosis is not causally related to the Traumatic Brain Injury, no Offset will apply. If you provide information regarding a Traumatic Brain Injury but do not check this box, we will apply an Offset, which will result in a 75% reduction of any Monetary Award.

1. HOW TO FILL OUT THE CLAIM FORM

VII. MEDICARE, MEDICAID AND OTHER LIEN INFORMATION

Section VII addresses whether the Retired NFL Football Player: (1) has participated in a government or private medical plan; or (2) has any Liens that could be asserted against a potential Monetary Award. If so, and there is a potential Lien to be asserted against the Monetary Award, check YES then complete the appropriate section or sections. If you need to identify multiple programs, entities, or lienholders, copy the applicable page to provide the additional information and attach it to the completed Claim Form. If the Retired NFL Football Player has no potential Lien that could be asserted against the Monetary Award, check NO.

VII.A. Medicare

25.	Has the Retired NFL Football Player been enrolled at any time in a Medicare Part A or Part B program?	If the Retired NFL Football Player has been enrolled at any time in either a Medicare Part A or Part B plan, enter the following information about the Medicare plan: (a) HICN (Medicare Claim #); and (b) enrollment date using this format: MM/DD/YYYY.
26.	Has the Retired NFL Football Player been enrolled at any time in a Medicare Part C program?	If the Retired NFL Football Player has been enrolled at any time in a Medicare Part C program, enter the following information about the Medicare plan: (a) name of the plan; (b) member number for the plan; and (c) enrollment date using this format: MM/DD/YYYY.
27.	Has the Retired NFL Football Player been enrolled at any time in a Medicare Part D program?	If the Retired NFL Football Player has been enrolled at any time in a Medicare Part D program, enter the following information about the Medicare plan: (a) name of the plan; and (b) member number for the plan.

VII.B. Medicaid

28.	If the Retired NFL Football Player is currently enrolled in a state Medicaid Program, provide the following information	Enter the following information about the state Medicaid Program: (a) Medical ID number; (b) abbreviation for the state of issuance; and (c) enrollment date using this format: MM/DD/YYYY.
29.	If the Retired NFL Football Player has been enrolled in any other state Medicaid Program at any time, provide the following information	Enter the following information about any additional state Medicaid Program(s): (a) Medical ID number; (b) abbreviation for the state of issuance; and (c) enrollment date using this format: MM/DD/YYYY.

VII.C. Department of Veterans Affairs, TRICARE, or Indian Health Service

30.	Department of Veterans Affairs health care or prescription drug benefits	Check the box labeled "Department of Veterans Affairs health care or prescription drug benefits," if applicable, and enter the following information: (a) Claim Number; (b) Dates of Enrollment using this format: MM/DD/YYYY; (c) Branch; (d) Sponsor; (e) Sponsor SSN; and (f) Treating Facility.
31.	TRICARE health care or prescription drug benefits	Check the box labeled "TRICARE health care or prescription drug benefits," if applicable, and enter the following information: (a) Claim Number; (b) Dates of Enrollment using this format: MM/DD/YYYY; (c) Branch; (d) Sponsor; (e) Sponsor SSN; and (f) Treating Facility.

1. HOW TO FILL OUT THE CLAIM FORM

32.	Indian Health Service health care or prescription drug benefits	Check the box labeled “Indian Health Service health care or prescription drug benefits,” if applicable, and enter the following information: (a) Claim Number; (b) Dates of Enrollment using this format: MM/DD/YYYY; (c) Branch; (d) Sponsor; (e) Sponsor SSN; (f) Tribe; and (g) Treating Facility.
------------	--	---

VII.D. Other Governmental Payor

33.	If at any time the Retired NFL Football Player was entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs not previously listed above, provide the following information	Enter the following information about any Other Governmental Payors: (a) name of each entity; (b) policyholder name; (c) policy number; and (d) the medical condition for which the entity provided assistance.
------------	--	---

VII.E. Private Healthcare Insurance

34.	If the Retired NFL Football Player has received medical treatment for the Qualifying Diagnosis/es that was covered by a private insurance plan or other form of payment, provide the following information for every such plan or entity	<p>Enter the following information about the additional medical treatment you received: (a) name of each entity; (b) policyholder name; (c) policy number; and (d) the medical condition for which the entity provided medical treatment.</p> <p>Do not record disability or medical benefits available under the NFL Collective Bargaining Agreement, including the benefits available under the Bert Bell/Pete Rozelle NFL Player Retirement Plan; NFL Player Supplemental Disability Plan, including the Neuro-Cognitive Disability Benefit provided for under Article 65 of the Collective Bargaining Agreement; the 88 Plan; Gene Upshaw NFL Player Health Reimbursement Account Plan; Former Player Life Improvement Plan; NFL Player Insurance Plan; and/or the Long Term Care Insurance Plan.</p>
------------	---	---

1. HOW TO FILL OUT THE CLAIM FORM

VII.F. Other Lien Information

35. Identify any known Lien of any nature whatsoever not identified previously in Section VII

Such a Lien may include, without limitation, any mortgage, lien, pledge, charge, security interest, or legal encumbrance held by any person or entity (such as an attorney, child support agency, federal or state tax agency, or judgment creditor), where that person or entity may be legally entitled to a share of any Monetary Award that you may receive.

Enter the name of the lienholder and the amount of the Lien. Enter whatever contact information you have for the lienholder, including mailing address, email address, and telephone number. Provide a brief description of the lien (e.g., child support garnishment). You must also provide a copy of the letter, form, or writing from the lienholder that informed you of the Lien.

VIII. BANKRUPTCY INFORMATION

36. If at any time the Retired NFL Football Player has been a debtor in a bankruptcy proceeding, provide the following information

If at any time the Retired NFL Football Player was a debtor in a bankruptcy proceeding, check YES. Enter the District Name and State for the U.S. Bankruptcy Court overseeing the case. Enter the seven-digit case number and check the appropriate box to indicate the bankruptcy chapter. Enter the bankruptcy filing date (i.e., the date the petition was filed to begin the case) using this format: MM/DD/YYYY. If the bankruptcy is closed, enter the closing date using the same MM/DD/YYYY format. If the case is still open, leave this space blank, even if you already received a discharge. If the Retired NFL Football Player has never been a debtor in a bankruptcy proceeding, check NO.

IX. RELEASE

By signing this Claim Form you acknowledge that you have released the National Football League, NFL Properties LLC and any Member Club, among others, from all claims and liabilities arising out of, or relating to, the allegations in the Class Action Complaint and other similar lawsuits. Read this section carefully, but **DO NOT** delete, modify, or otherwise redact any language in this section. **You must submit all pages of the Claim Form.**

X. DUTY TO UPDATE

It is your responsibility to notify the Claims Administrator of any changes or updates to your information. You must promptly notify the Claims Administrator of any changes or updates to the information in your Claim Form, including any changes in your medical condition, whether a person or entity asserts a lien or entitlement to any monies received under the Settlement Agreement, and any change in mailing address.

1. HOW TO FILL OUT THE CLAIM FORM

XI. SIGNATURE

A **Personal Signature** is required from either the Retired NFL Player or the Representative Claimant, as applicable, in Section XI of the Claim Form. A Personal Signature is an actual original “wet ink” signature on a hard copy of this Claim Form, or a PDF or other electronic image of an actual signature. Attorneys **cannot** sign this Claim Form on behalf of their clients as it is prohibited by Section 30.2(a) of the Settlement Agreement.

31.	Signature	Sign your full name.
32.	Date	Enter the date that you signed the Claim Form using this format: MM/DD/YYYY.
33.	Printed Name	Enter your first name, middle initial, last name and suffix (if applicable).

2. HOW TO SUBMIT THE CLAIM FORM

Submit the Claim Form using one of these methods. **Do not return this instruction booklet with the Claim Form.**

By Mail: (must be postmarked on or before the deadline date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery: (must be placed with the carrier on or before the deadline date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

3. HOW TO ASK QUESTIONS ABOUT THE CLAIM FORM

If you have any questions about the Claim Form or the Settlement Program, contact the Claims Administrator using one of these methods, or visit www.nflconcussionsettlement.com to view a list of Frequently Asked Questions.

U.S. Mail	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
Email	ClaimsAdministrator@NFLConcussionSettlement.com
Toll-Free Telephone Number	1-855-887-3485
Law Firm Contacts	If you are an attorney, call or email your law firm contact directly.

4. USEFUL SETTLEMENT AGREEMENT DEFINITIONS

1.	Active List means the list of all players physically present, eligible and under contract to play for a Member Club on a particular game day within any applicable roster or squad limits set forth in the applicable NFL or American Football League Constitution and Bylaws.
2.	Active Roster means the list of all players physically present, eligible and under contract to play on a World League of American Football, NFL Europe League, or NFL Europa League team. For the avoidance of any doubt, a player on the Active Roster is not assigned to the Inactive List or Injured List.
3.	Derivative Claimants mean spouses, parents, children who are dependents, or any other persons who properly under applicable state law assert the right to sue independently or derivatively by reason of their relationship with a Retired NFL Football Player or deceased Retired NFL Football Player.
4.	Eligible Season means a season in which a Retired NFL Football Player or deceased Retired NFL Football Player was: (i) on a Member Club's Active List on the date of three or more regular season or postseason games; or (ii) on a Member Club's Active List on the date of one or more regular or postseason games, and then spent at least two regular or postseason games on a Member Club's injured reserve list or inactive list due to a concussion or head injury. A "half of an Eligible Season" means a season in which a Retired NFL Football Player or deceased Retired NFL Football Player was: (i) on a Member Club's practice, developmental, or taxi squad roster for at least eight regular or postseason games; or (ii) on a World League of American Football, NFL Europe League, or NFL Europa League team's active roster on the date of three or more regular season or postseason games or on the active roster on the date of one or more regular or postseason games, and then spent at least two regular or postseason games on the World League of American Football, NFL Europe League, or NFL Europa League injured reserve list or team inactive list due to a concussion or head injury.
5.	Governmental Payor means any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs, including, but not limited to, the Medicare Program, the Medicaid Program, TRICARE, the Department of Veterans Affairs, and the Indian Health Service.
6.	Lien means any statutory lien of a Government Payor or Medicare Part C or Part D Program sponsor; or any mortgage, lien, pledge, charge, security interest, or legal encumbrance, of any nature whatsoever, held by any person or entity, where there is a legal obligation to withhold payment of a Monetary Award, Supplemental Monetary Award, Derivative Claimant Award, or some portion thereof, to a Settlement Class Member under applicable federal or state law.
7.	Member Club means any past or present member club of the NFL or any past member club of the American Football League.
8.	Monetary Award means the payment of money from the Monetary Award Fund to a Settlement Class Member, other than a Derivative Claimant, as set forth in ARTICLE VI of the Settlement Agreement. The term "Monetary Award" shall also include "Supplemental Monetary Award" with respect to the claims process set forth in the Settlement Agreement, including, without limitation, relating to submission and approval of claims, calculation and distribution of awards, and appeals.
9.	NFL Football means the sport of professional football as played in the NFL, the American Football League, the World League of American Football, the NFL Europe League, and the NFL Europa League. NFL Football excludes football played by all other past, present or future professional football leagues, including, without limitation, the All-American Football Conference.

4. USEFUL SETTLEMENT AGREEMENT DEFINITIONS

10.	NFL Medical Committees mean the various past and present medical committees, subcommittees and panels that operated or operate at the request and/or direction of the NFL, whether independent or not, including, without limitation, the Injury and Safety Panel, Mild Traumatic Brain Injury Committee, Head Neck and Spine Medical Committee, General Medical Committee, Musculoskeletal Committee, Foot and Ankle Subcommittee, Cardiovascular Health Subcommittee, and Medical Grants Subcommittee, and all persons, whether employees, agents or independent of the NFL, who at any time were members of or participated on each such panel, committee, or subcommittee.
11.	NFL Parties mean the National Football League and NFL Properties LLC.
12.	Offsets mean downward adjustments to Monetary Awards, as set forth in Section 6.7(b) of the Settlement Agreement.
13.	Personal Signature means the actual signature by the person whose signature is required on the document, which may be submitted by an actual original “wet ink” signature on hard copy (either on the Claim Form or on an acknowledgement form verifying the contents of the Claim Form), or a PDF or other electronic image of such actual signature, but cannot be submitted by an electronic signature within the meaning of the Electronic Records and Signatures in Commerce Act, 15 U.S.C. §§7001, et seq., the Uniform Electronic Transactions Act, or their successor acts.
14.	Qualifying Diagnosis means Level 1.5 Neurocognitive Impairment, Level 2 Neurocognitive Impairment, Alzheimer’s Disease, Parkinson’s Disease, ALS, and/or Death with CTE, as set forth in Exhibit 1 (Injury Definitions) of the Settlement Agreement.
15.	Released Parties , for purposes of the Released Claims, mean (i) the NFL Parties (including all persons, entities, subsidiaries, divisions, and business units composed thereby), together with (ii) each of the Member Clubs, (iii) each of the NFL Parties’ and Member Clubs’ respective past, present, and future agents, directors, officers, employees, independent contractors, general or limited partners, members, joint venturers, shareholders, attorneys, trustees, insurers (solely in their capacities as liability insurers of those persons or entities referred to in subparagraphs (i) and (ii) above and/or arising out of their relationship as liability insurers to such persons or entities), predecessors, successors, indemnitees, and assigns, and their past, present, and future spouses, heirs, beneficiaries, estates, executors, administrators, and personal representatives, including, without limitation, all past and present physicians who have been employed or retained by any Member Club and members of all past and present NFL Medical Committees; and (iv) any natural, legal, or juridical person or entity acting on behalf of or having liability in respect of the NFL Parties or the Member Clubs, in their respective capacities as such; and, as to (i) and (ii) above, each of their respective Affiliates, including their Affiliates’ officers, directors, shareholders, employees, and agents. For the avoidance of any doubt, Riddell is not a Released Party.
16.	Representative Claimants mean authorized representatives, ordered by a court or other official of competent jurisdiction under applicable state law, of deceased or legally incapacitated or incompetent Retired NFL Football Players.
17.	Retired NFL Football Players mean all NFL Football players who, prior to the date of the Preliminary Approval and Class Certification Order, retired, formally or informally, from playing professional football with the NFL or any Member Club, including American Football League, World League of American Football, NFL Europe League and NFL Europa League players, or were formerly on any roster, including preseason, regular season, or postseason, of any such Member Club or league and who no longer are under contract to a Member Club and are not seeking active employment as players with any Member Club, whether signed to a roster or signed to any practice squad, developmental squad, or taxi squad of a Member Club.

4. USEFUL SETTLEMENT AGREEMENT DEFINITIONS

18.	Riddell means Riddell, Inc.; All American Sports Corporation; Riddell Sports Group, Inc.; Easton-Bell Sports, Inc.; Easton-Bell Sports, LLC; EB Sports Corp.; and RBG Holdings Corp., and each of their respective past, present, and future Affiliates, directors, officers, employees, general or limited partners, members, joint venturers, shareholders, agents, trustees, insurers (solely in their capacities as such), reinsurers (solely in their capacities as such), predecessors, successors, indemnitees, and assigns.
19.	Settlement Class Member means each Retired NFL Football Player, Representative Claimant and/or Derivative Claimant in the Settlement Class; provided, however, that the term Settlement Class Member as used herein with respect to any right or obligation after the Final Approval Date does not include any Opt Outs.
20.	State of Domicile means the state where the Retired NFL Football Player primarily lived and intended to make his home at the time of the Qualifying Diagnosis.
21.	Stroke means stroke, as defined by the World Health Organization's International Classification of Diseases, 9th Edition (ICD-9) or the World Health Organization's International Classification of Diseases, 10th Edition (ICD-10), which occurs prior to or after the time the Retired NFL Football Player played NFL Football and is unrelated to NFL Football play. A medically diagnosed Stroke does not include a transient cerebral ischaemic attack and related syndromes, as defined by ICD-10.
22.	Traumatic Brain Injury means severe traumatic brain injury unrelated to NFL Football play, that occurs during or after the time the Retired NFL Football Player played NFL Football, consistent with the definitions in the World Health Organization's International Classification of Diseases, 9th Edition (ICD-9), Codes 854.04, 854.05, 854.14 and 854.15, and the World Health Organization's International Classification of Diseases, 10th Edition (ICD-10), Codes S06.9x5 and S06.9x6 whereunder you lost consciousness for more than 24 hours and did not return to pre-existing conscious level.