

**NFL**

**CONCUSSION SETTLEMENT**

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

**INSTRUCTIONS FOR  
COMPLETING THE DERIVATIVE  
CLAIM FORM**

## TABLE OF CONTENTS

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

## 1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM

### GENERAL INSTRUCTIONS

These instructions take you step-by-step through the Derivative Claim Form. The easiest way to submit this Form is to complete it online. If you are represented by an attorney, consult with your attorney about your responses and the requirements for a complete Derivative Claim Package.

Complete this Derivative Claim Form only if you are a Derivative Claimant or a Derivative Claimant Representative. Do not use this Form if you are a Retired NFL Football Player or Representative Claimant and want to submit a claim for a Monetary Award. There is a different Claim Form for Retired NFL Football Players and Representative Claimants available on the Settlement Website.

Type all responses or print in blue or black ink. If there is not enough space for your responses, copy the applicable page to add more information and attach it to your completed Derivative Claim Form. The capitalized terms in this Form are defined in a glossary section at the end of these instructions. Some of the definitions are also included in the Settlement Agreement, which you can view on the Settlement Website, [www.nflconcessionsettlement.com](http://www.nflconcessionsettlement.com).

**Your Derivative Claim Package must include:**

1. This Derivative Claim Form; and
2. A Derivative Claimant HIPAA Authorization Form.

Complete all applicable sections of this Derivative Claim Form, including the Medicare Part C and Part D, Medicaid, and Other Lien Information in Section V. **If you leave any section of this Form blank, we will presume that section does not apply and that there is no information to provide.** If you are an attorney or Derivative Claimant Representative, respond as if you were the Derivative Claimant you represent, except as otherwise specified. By signing this Derivative Claim Form you are attesting that all information is true and correct under penalty of perjury.

**Your Derivative Claim Package must be submitted to the Claims Administrator no later than 30 days after the Retired NFL Football Player receives a Notice of Monetary Award Claim Determination indicating that he is entitled to a Monetary Award.**

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. These records include, but are not limited to, those related to any information you provide in your Derivative Claim Form. Unreasonable failure to preserve, and later provide upon request, such records and information will result in the claim being denied without the right to an appeal.

## 1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM

### I. DERIVATIVE CLAIMANT INFORMATION

Enter the Derivative Claimant's information in Section I.

	Name of Field	Instructions
1.	<b>Settlement Program ID</b>	Enter the nine-digit Settlement Program ID. You can find it in Section I of the Notice of Registration Determination.
2.	<b>Derivative Claimant Name</b>	Enter the first name, middle initial, last name, and suffix (if applicable).
3.	<b>Derivative Claimant Social Security Number, Taxpayer ID, or Foreign ID (if not a U.S. Citizen)</b>	Enter the Social Security Number or Taxpayer ID. If not a U.S. Citizen, enter in the second field the Foreign ID Number.
4.	<b>Derivative Claimant Date of Birth</b>	Enter the date of birth in this format: MM/DD/YYYY.
5.	<b>Derivative Claimant Date of Death</b>	Enter the date of death in this format: MM/DD/YYYY, if applicable. A deceased person cannot qualify as a Derivative Claimant in the Settlement program.
6.	<b>Derivative Claimant Gender</b>	Select the appropriate check box. This will be used for Lien purposes only.
7.	<b>Derivative Claimant Mailing Address</b>	Enter the 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.
8.	<b>Derivative Claimant Telephone</b>	Enter the area code and telephone number.
9.	<b>Derivative Claimant Email Address</b>	Enter the email address.

### II. DERIVATIVE CLAIMANT REPRESENTATIVE INFORMATION

If you are an authorized representative ordered by a court or other official of competent jurisdiction under applicable state law of a living Derivative Claimant who is a minor, legally incapacitated, or incompetent, fill out this Section II with your own information. Do not complete Section II if you are a Derivative Claimant and provided your information in Section I.

	Name of Field	Instructions
10.	<b>Representative Name</b>	Enter the first name, middle initial, last name, and suffix (if applicable).
11.	<b>Representative Date of Birth</b>	Enter the date of birth in this format: MM/DD/YYYY.
12.	<b>Representative Mailing Address</b>	Enter the 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.

## 1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM

13.	<b>Representative Telephone</b>	Enter the area code and telephone number.
14.	<b>Representative Email Address</b>	Enter the email address.

### 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. If you are not represented by an attorney, leave this section blank.

15.	<b>Attorney Name</b>	Enter the first name, middle initial, last name, and suffix (if applicable).
16.	<b>Law Firm Name</b>	Enter the name of the attorney's law firm.
17.	<b>Law Firm Mailing Address</b>	Enter the 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.
18.	<b>Attorney Telephone</b>	Enter the area code and telephone number.
19.	<b>Attorney Email Address</b>	Enter the email address.

### IV. RETIRED NFL FOOTBALL PLAYER INFORMATION

Enter in this Section IV the information for the Retired NFL Football Player with whom you assert a relationship for this claim. Everyone must complete this section.

20.	<b>Retired NFL Football Player Name</b>	Enter his first name, middle initial, last name, and suffix (if applicable).
21.	<b>Social Security Number, Taxpayer ID or Foreign ID Number or Retired NFL Football Player</b> (if he is/was not a U.S. Citizen)	Enter his Social Security Number or Taxpayer ID. If he is/was not a U.S. Citizen, enter in the second field his Foreign ID Number. If you do not have this information, you do not need to provide it.
22.	<b>Retired NFL Football Player Date of Birth</b>	Enter his date of birth in this format: MM/DD/YYYY.
23.	<b>Retired NFL Football Player Last Known Mailing Address</b>	Enter his last known 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.
24.	<b>Retired NFL Football Player Telephone</b>	Enter his area code and telephone number.
25.	<b>Retired NFL Football Player Email Address</b>	Enter his email address.

## 1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM

26.	<b>Your Relationship to Retired NFL Football Player</b>	<p>Check the box that most accurately describes your relationship to the Retired NFL Football Player. If the relationship is not described by one of the boxes, check Other and describe the relationship in the space provided.</p> <p>You are not required to submit records proving the claimed relationship to the Retired NFL Football Player at this time. However, you may be asked later to provide such proof. If you are asked to do so, these documents may be sufficient based on your claimed relationship:</p> <ol style="list-style-type: none"><li><b>1. Married Spouse:</b> Marriage certificate or marriage license.</li><li><b>2. Common Law Spouse:</b> Jointly-filed tax returns, utility bills, or other documents showing cohabitation for the length of your common law marriage and identifying the state where it was validly formed.</li><li><b>3. Domestic Partnership:</b> Proof of registration with the appropriate state agency to show legality of the relationship.</li><li><b>4. Civil Union:</b> Proof that you lawfully entered into a civil union in a state that allowed civil unions.</li><li><b>5. Birth parent or child:</b> Birth certificate or other legal document establishing a blood relationship.</li><li><b>6. Adoptive parent or child:</b> Adoption papers.</li><li><b>7. Step-parent or step-child:</b> Birth certificate or other legal document establishing a blood relationship and proof of marital relationship.</li><li><b>8. Other familial relationships:</b> Any other proof you have to show that the claimed relationship existed (e.g., birth records, family tree, obituary, newspaper articles, etc.).</li><li><b>9. Other dependent persons:</b> Any other proof you have to show that the claimed relationship existed (e.g., tax returns listing you as a dependent).</li></ol> <p>We will notify you if you need to submit proof of your relationship to the Retired NFL Football Player.</p>
-----	---	--

## 1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM

### V. MEDICARE PART C AND PART D, MEDICAID, AND OTHER LIEN INFORMATION

Section V addresses whether you participated in a governmental or private medical plan. If so, and there is a potential Lien to be asserted against your Derivative Claimant Award, we are required to deduct those amounts along with any other deductions required by state or federal law. If you need to identify multiple programs or entities for any part of Section V, copy the applicable page to provide the additional information and attach it to your completed Derivative Claim Form.

#### V.A. General Background

27.	<b>Potential Lien</b>	If you are aware of a potential Lien, select "Yes." If you are not aware of a potential Lien, select "No."
28.	<b>Treatment for injury or condition tied to Retired NFL Football Player's Qualifying Diagnosis</b>	If you received medical treatment or other services for an injury or condition tied to the Retired NFL Football Player's Qualifying Diagnosis, select "Yes." If the question does not apply to you, select "No."
29.	<b>Injury or condition</b>	List the specific injury or medical condition for which you received medical treatment or other services, if applicable.

#### V.B. Medicare Part C and Part D

30.	<b>If you have ever been enrolled in a Medicare Part C program</b>	Enter the (a) name of the plan; (b) member number for the plan; and (c) enrollment date using this format: MM/DD/YYYY.
31.	<b>If you have ever been enrolled in a Medicare Part D program</b>	Enter the (a) name of the plan; (b) member number for the plan; and (c) enrollment date using this format: MM/DD/YYYY.

#### V.C. Medicaid

32.	<b>If you are currently enrolled in a state Medicaid Program</b>	Enter the (a) Medical ID number; (b) abbreviation for the state of issuance; and (c) enrollment date using this format: MM/DD/YYYY.
33.	<b>If you have ever been enrolled in any other state Medicaid Program at any time</b>	Enter the (a) Medical ID number; (b) abbreviation for the state of issuance; and (c) enrollment date using this format: MM/DD/YYYY.

#### V.D. Department of Veterans Affairs, TRICARE, or Indian Health Service

34.	<b>Department of Veterans Affairs health care or prescription drug benefits</b>	Check the box labeled "Department of Veterans Affairs health care or prescription drug benefits," if applicable, and enter the (a) claim number; (b) enrollment dates using this format: MM/DD/YYYY; (c) branch; (d) sponsor; (e) sponsor SSN; and (f) treating facility.
-----	---	---

**1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM**

35.	<b>TRICARE health care or prescription drug benefits</b>	Check the box labeled “TRICARE health care or prescription drug benefits,” if applicable, and enter the (a) claim number; (b) enrollment dates using this format: MM/DD/YYYY; (c) branch; (d) sponsor; (e) sponsor SSN; and (f) treating facility.
36.	<b>Indian Health Service health care or prescription drug benefits</b>	Check the box labeled “Indian Health Service health care or prescription drug benefits,” if applicable, and enter the (a) claim number; (b) enrollment dates using this format: MM/DD/YYYY; (c) branch; (d) sponsor; (e) sponsor SSN; (f) tribe; and (g) treating facility.
<b>V.E. Other Governmental Payor</b>		
37.	<b>If at any time you were 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</b>	Enter the (a) name of each plan/entity; (b) policyholder name; and (c) policy number for any Other Governmental Payors.
<b>V.F. Private Healthcare Insurance</b>		
38.	<b>If you identified an injury or condition for Question 2 in Section V.A</b>	Enter the (a) name of the plan/payor; (b) policyholder name; and (c) policy number for any private healthcare insurance plan that paid for your treatment.

## 1. HOW TO FILL OUT THE DERIVATIVE CLAIM FORM

### V.G. Other Lien Information

39.	<b>Identify any known Lien of any nature whatsoever not identified previously in Section V, including any mortgage, 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) that may be entitled to a share of any Derivative Claimant Award you may receive.</b>	Enter (a) the name of the lienholder; (b) the amount of the Lien; (c) whatever contact information you have for the lienholder, including mailing address, email address, and telephone number; and (d) 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.
-----	---	--

### VI. BANKRUPTCY INFORMATION

40.	<b>If at any time you have been a debtor in a bankruptcy proceeding</b>	Select "Yes" if you are or have ever been a debtor in a bankruptcy proceeding. Select "No" if you have never been a debtor in a bankruptcy proceeding. If you select "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>i.e.</i> , 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.
-----	---	--

### VII. RELEASE

By signing this Derivative 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 Derivative Claim Form.**

## VIII. 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 Derivative Claim Form, including whether a person or entity asserts a Lien or entitlement to any monies received under the Settlement Agreement, and any change in mailing address or other contact information.

## IX. SIGNATURE

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

41.	<b>Signature</b>	Sign your full name.
42.	<b>Date</b>	Enter the date that you signed the Derivative Claim Form using this format: MM/DD/YYYY.
43.	<b>Printed Name</b>	Enter your first name, middle initial, last name, and suffix (if applicable).

## 2. HOW TO SUBMIT THE DERIVATIVE CLAIM FORM

Submit the Derivative Claim Form using one of these methods. **Do not return these instructions with the Derivative Claim Form.**

<b>By Mail:</b> (must be postmarked on or before the deadline date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Delivery:</b> (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 DERIVATIVE CLAIM FORM

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

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

### 4. USEFUL SETTLEMENT AGREEMENT AND OTHER DEFINITIONS

1.	<b>Derivative Claim Package</b> means the Derivative Claim Form and other documentation, as set forth in Section 8.2(b) of the Settlement Agreement.
2.	<b>Derivative Claimants</b> 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.
3.	<b>Derivative Claimant Award</b> means the payment of money from the Monetary Award of the subject Retired NFL Football Player to a Settlement Class Member who is a Derivative Claimant, as set forth in Article VII of the Settlement Agreement.
4.	<b>Derivative Claimant Representative</b> means an authorized representative, ordered by a court or other official of competent jurisdiction under applicable state law, of a living Derivative Claimant who is a minor, legally incapacitated, or incompetent.
5.	<b>Governmental Payor</b> 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.	<b>Lien</b> 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.	<b>Member Club</b> means any past or present member club of the NFL or any past member club of the American Football League.
8.	<b>Monetary Award</b> 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.	<b>NFL Football</b> 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.
10.	<b>NFL Parties</b> mean the National Football League and NFL Properties LLC.
11.	<b>Personal Signature</b> 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.
12.	<b>Qualifying Diagnosis</b> 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.
13.	<b>Released Parties</b> , 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.
14.	<b>Representative Claimants</b> 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.
15.	<b>Retired NFL Football Players</b> 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.
16.	<b>Riddell</b> 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.

17.

**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.