



**REGISTRATION FORM**

**SECTION II. FOR RETIRED NFL FOOTBALL PLAYER CLAIMANTS ONLY**

If you are a Retired NFL Football Player, complete this section. If you are NOT a Retired NFL Football Player, skip this section and go to Section III

<b>Settlement Program ID</b> (if known)			
<b>Your Mailing Address</b>	Address 1		
	Address 2		
	City		
	State/Province		
	Postal Code	Country	
<b>Your Telephone Number</b>	_ _ _  -  _ _ _  -  _ _ _		
<b>Your Email Address</b>			
<b>Preferred Method for Us to Communicate with You</b>	<input type="checkbox"/> Online Portal	<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail

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# REGISTRATION FORM

## SECTION IV. FOR DERIVATIVE CLAIMANTS ONLY

If you are a Derivative Claimant, complete this section. If you are NOT a Derivative Claimant, skip this section and go to Section V.

A Derivative Claimant is a spouse, parent, child who is a dependent, or any other person who properly under applicable state law asserts the right to sue independently or derivatively by reason of their relationship with a Retired NFL Football Player.

<b>Settlement Program ID</b> (if known)	
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<b>Your Name</b>	First	M.I.	Last	Suffix
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<b>Your Mailing Address</b>	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code	Country		

<b>Your Telephone Number</b>	_ _ _  -  _ _ _  -  _ _ _ _ _
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<b>Your Email Address</b>	
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<b>Preferred Method for Us to Communicate with You</b>	<input type="checkbox"/> Online Portal	<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail
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<b>What is your relationship to the Retired NFL Football Player?</b>	
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**REGISTRATION FORM**

**SECTION V. ATTORNEY INFORMATION  
FOR ALL REGISTRANTS**

If an attorney is representing you in connection with the NFL Concussion Settlement, complete this section. If an attorney is NOT representing you in connection with the NFL Concussion Settlement, skip this section and go to Section VI.

<b>Attorney Name</b>	First	M.I.	Last	Suffix
<b>Law Firm Name</b>				
<b>Attorney Mailing Address</b>	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code	Country		
<b>Attorney Telephone</b>	_ _ _  -  _ _ _  -  _ _ _ _			
<b>Attorney Fax</b>	_ _ _  -  _ _ _  -  _ _ _ _			
<b>Attorney Email Address</b>				
All future communications related to the NFL Concussion Settlement will be directed to your attorney.				

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**REGISTRATION FORM**

**SECTION VI. SIGNATURE  
FOR ALL REGISTRANTS**

This Form is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation*, No. 2:12-md-2323 (E.D. Pa.). **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Registration Form is true and correct to the best of my knowledge, information and belief.**

<b>Signature</b>		<b>Date</b>	_ _ / _ _ / _ _ _ _ _  (Month/Day/Year)	
<b>Printed Name</b>	First	M.I.	Last	Suffix

**SECTION VII. HOW TO SUBMIT THIS REGISTRATION FORM**

<b>By Email:</b>	ClaimsAdministrator@NFLConcussionSettlement.com
<b>By Mail:</b>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Delivery:</b> (FedEx, UPS, etc.)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

**If you are a valid Settlement Class Member you will be REGISTERED once you submit this form. The Claims Administrator will contact you if there are any additional questions about the information you have provided.**

**END OF REGISTRATION FORM**

