

<b>RC005</b>	<b>SUBSTITUTION OF REPRESENTATIVE CLAIMANT FORM</b>
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If a Retired NFL Football Player ("Player") or a person acting as the Representative Claimant of a Player dies or becomes legally incapacitated or incompetent after registering, someone new must register to serve as the Representative Claimant going forward in the Settlement Program. To do so, the new Representative Claimant is to complete this form and submit it along with the documents identified in Section III below.

**I. RETIRED NFL FOOTBALL PLAYER INFORMATION**

<b>Player's Name</b>	First Name	M.I.	Last Name
<b>Settlement Program ID</b>			
<b>Player's Social Security Number</b>	_____ - _____ - _____	<b>Date of Death</b> (if applicable)	____/____/____ (Month/Day/Year)
<b>Player's Current or Last Known Residence Address</b>	Street		
	City	State	Zip Code
<b>Is the Player deceased or legally incapacitated or incompetent?</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Legally Incapacitated or Incompetent		

**II. NEW REPRESENTATIVE CLAIMANT INFORMATION**

<b>Your Name</b>	First Name	M.I.	Last Name
<b>Your Social Security Number</b>	_____ - _____ - _____	<b>Your Date of Birth</b>	____/____/____ (Month/Day/Year)
<b>Your Address</b>	Street		
	City	State	Zip Code
<b>Your Telephone Number</b>	Telephone _____ - _____ - _____	<b>Your Email Address</b>	
<b>Preferred Method for Us to Communicate with You</b> (If you are represented by a lawyer, we will communicate with him or her instead. Include your lawyer's contact information below or write N/A if you do not have a lawyer.)	<input type="checkbox"/> Online Portal <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail		

<b>Your Lawyer</b>	Law Firm Name		
	Lawyer First Name	M.I.	Lawyer Last Name
	Street		
	City	State	Zip Code
	Telephone _____ - _____ - _____	Email	

### III. REQUIRED DOCUMENTS

Along with this form, you must submit the following documents if you have not already done so:

- A. A Monetary Award Claim Package HIPAA Authorization Form (“HIPAA Form”).** Even if the Player or previous Representative Claimant submitted a signed HIPAA Form, you must submit a HIPAA Form signed by you and authorizing continued use and disclosure of the Player’s Protected Health Information.
- B. Representative Claimant Proof Documents.** You must submit a copy of the court order or other document issued by an official of competent jurisdiction that gives you legal authority to act on behalf of the deceased or legally incapacitated or incompetent Player. There are two ways to be authorized as the Representative Claimant:
  - 1. Proof of Appointment:** You can submit a copy of an order or other document showing that a state court or other official has appointed you as the representative of the Player. For a legally incapacitated or incompetent Player, you can also submit a copy of a “durable” or “springing” power of attorney (“POA”) signed by the Player and naming you as authorized to act for him if he became legally incapacitated or incompetent. A POA is not sufficient to show authority to act on behalf of a deceased Player.
  - 2. Centralized Appointment Process in the Federal Court:** If you do not have the documents identified in Section B.1, you can be appointed by the federal court overseeing this settlement. However, to take advantage of this process, the Player or Representative Claimant for whom you will be substituted must have started registering on or before the August 7, 2017 Registration Deadline. To use this process, send us the following documents:
    - (a) A completed Petition for Appointment of Representative Claimant;
    - (b) A completed Representative Claimant Declaration;
    - (c) A medical record or other document showing that the Player is deceased, legally incapacitated or incompetent; and
    - (d) The document(s) you listed in the Declaration to support your authority to act on behalf of the Player.

Blank copies the HIPAA Form and Centralized Appointment Process forms and instructions are available on the Settlement Website at <https://nflconcuSSIONsettlement.com/Forms.aspx>. There are separate versions of the Petition and Declaration for deceased Players and for legally incapacitated or incompetent Players.

### IV. DUTY TO UPDATE

You must promptly notify the Claims Administrator of any changes or updates to the information in this Substitution of Representative Claimant Form or any changes to the Registration Form or Claim Form information previously submitted, including any additional changes in the Player’s medical condition, whether a person or entity asserts a lien or entitlement to any monies received under the Settlement Agreement and any change in your mailing address.

### V. REPRESENTATIVE CLAIMANT SIGNATURE

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>	<hr/>	<b>Date</b>	<hr/> (Month/Day/Year)
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## VI. HOW TO SUBMIT THIS FORM AND RELATED DOCUMENTS

Complete this Form fully, sign it, scan the signed copies and upload them to your NFL Concussion Settlement Portal. If you do not have access to a scanner or do not use the NFL Concussion Settlement Portal, you may submit the signed forms using one of the methods below. If you have not already done so, you must also submit: (1) a HIPAA Form signed by you; and (2) Representative Claimant Proof Documents. Section III above includes additional details on each.

<b>By Mail:</b>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Delivery:</b>	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

## VII. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you are represented by a lawyer, consult with your lawyer if you have questions or need assistance. If you are unrepresented and have any questions about this Notice or need help, contact us at 1-855-887-3485 or send an email to [ClaimsAdministrator@NFLConcussionSettlement.com](mailto:ClaimsAdministrator@NFLConcussionSettlement.com). If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at [www.NFLConcussionSettlement.com](http://www.NFLConcussionSettlement.com) to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.