



CONCUSSION SETTLEMENT

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

NFL CONCUSSION SETTLEMENT CLAIM FORM FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS

Complete this Claim Form if you are a **Retired NFL Football Player** or the **Representative Claimant** of a Retired NFL Football Player and want to apply for a Monetary Award under the NFL Concussion Settlement Program. You must fill out Section II only if you are a **Representative Claimant**.

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.

Certain Claim Packages may be selected for audit pursuant to Section 10.3 of the Settlement Agreement. 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 healthcare 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 Qualifying Diagnosis. 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.

I. RETIRED NFL FOOTBALL PLAYER INFORMATION

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

Settlement Program ID															
Player Name	First	M.I.	Last								Suffix				
Player Date of Birth		 (Month/Day/Year)													
Player Date of Death (if applicable)		 (Month/Day/Year)													
Player Social Security Number, Taxpayer ID or Foreign ID Number (if not a U.S. Citizen)		 or 													
Player Mailing Address	Address 1														
	Address 2														
	City														
	State/Province														
	Postal Code										Country				
Player Telephone											Player Email Address				

NFL CONCUSSION SETTLEMENT CLAIM FORM FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS

II. REPRESENTATIVE CLAIMANT INFORMATION

If you are a **Representative Claimant** of a Retired NFL Football Player who is deceased, or legally incapacitated or incompetent, fill out this Section II with your own information.

Representative Name	First	M.I.	Last	Suffix
Representative Date of Birth	 / / (Month/Day/Year)			
Representative Social Security Number				
Representative Mailing Address	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code		Country	
Representative Telephone	 - - 		Representative Email Address	

III. ATTORNEY INFORMATION

If you are represented by an attorney, enter the attorney's information in this Section III.

Attorney Name	First	M.I.	Last	Suffix
Law Firm Name				
Law Firm Mailing Address	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code		Country	
Attorney Telephone	 - - 		Attorney Email Address	

NFL CONCUSSION SETTLEMENT CLAIM FORM FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS

IV. NFL FOOTBALL EMPLOYMENT INFORMATION

List the seasons in which the Retired NFL Football Player was employed by or participated in NFL Football, which 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.

Attach employment and participation records that show the Retired NFL Football Player's Eligible Seasons.

	League	Member Club/Team	Season	Number of Games	Squad Type
Ex.	NFL	Carolina Panthers	2003	16	Active Roster
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

NFL CONCUSSION SETTLEMENT CLAIM FORM FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS

V. QUALIFYING DIAGNOSIS/ES

Check the Qualifying Diagnosis/es for which the Retired NFL Football Player seeks an award and provide the date of each diagnosis and his State of Domicile at the time of that diagnosis. If the Retired NFL Football Player was diagnosed with either Level 1.5 or Level 2 Neurocognitive Impairment through the Baseline Assessment Program ("BAP"), you must provide the name of **both** the diagnosing neuropsychologist and the diagnosing board-certified neurologist.

Qualifying Diagnosis/es	Date of Diagnosis/es	State of Domicile at Time of Diagnosis
☐ Level 1.5 Neurocognitive Impairment	 _ _ _ _ _ _ (Month/Day/Year)	 _ _ (State)
Diagnosing medical professional:		
Name	First	M.I.
Last		Suffix
Second diagnosing medical professional (if diagnosis was made through the BAP):		
Name	First	M.I.
Last		Suffix
☐ Level 2 Neurocognitive Impairment	 _ _ _ _ _ _ (Month/Day/Year)	 _ _ (State)
Diagnosing medical professional:		
Name	First	M.I.
Last		Suffix
Second diagnosing medical professional (if diagnosis was made through the BAP):		
Name	First	M.I.
Last		Suffix
☐ Alzheimer's Disease	 _ _ _ _ _ _ (Month/Day/Year)	 _ _ (State)
Diagnosing medical professional:		
Name	First	M.I.
Last		Suffix
☐ Parkinson's Disease	 _ _ _ _ _ _ (Month/Day/Year)	 _ _ (State)
Diagnosing medical professional:		
Name	First	M.I.
Last		Suffix
☐ ALS (Amyotrophic Lateral Sclerosis, or "Lou Gehrig's Disease")	 _ _ _ _ _ _ (Month/Day/Year)	 _ _ (State)
Diagnosing medical professional:		
Name	First	M.I.
Last		Suffix
☐ Death with CTE (Chronic Traumatic Encephalopathy)	 _ _ _ _ _ _ (Month/Day/Year)	 _ _ (State)
Diagnosing medical professional:		
Name	First	M.I.
Last		Suffix

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

VI. ADDITIONAL MEDICAL INFORMATION

A. Stroke

Was the Retired NFL Football Player diagnosed as having suffered a Stroke before the Qualifying Diagnosis identified in Section V? A medically diagnosed Stroke does not include a transient cerebral ischemic attack and related syndromes.

- ☐ **YES** If you answered Yes, provide additional information about the Stroke. Then go to Section VI. B.
- ☐ **NO** If you answered No, go to Section VI. B.

Date of Stroke

|_|_|_|_|/|_|_|_|_|/|_|_|_|_|
(Month/Day/Year)

Medical professional who diagnosed the Stroke:

Name	First	M.I.	Last	Suffix

☐ Check here if you believe that the Qualifying Diagnosis for which you are claiming a Monetary Award is not causally related to the prior Stroke and you are submitting records and other evidence supporting this position. If you provide information regarding a prior Stroke but do not check this box, we will apply an Offset, which will result in a 75% reduction of any Monetary Award.

B. Traumatic Brain Injury

Was the Retired NFL Football Player diagnosed as having 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 identified in Section V? A severe traumatic brain injury is one that caused the Retired NFL Football Player to lose consciousness for more than 24 hours.

- ☐ **YES** If you answered Yes, provide additional information about the Traumatic Brain Injury. Then go to Section VII.
- ☐ **NO** If you answered No, go to Section VII.

Date of Traumatic Brain Injury

|_|_|_|_|/|_|_|_|_|/|_|_|_|_|
(Month/Day/Year)

Medical professional who diagnosed the Traumatic Brain Injury:

Name	First	M.I.	Last	Suffix

☐ Check here if you believe that the Qualifying Diagnosis for which you are claiming a Monetary Award is not causally related to the Traumatic Brain Injury and you are submitting records and other evidence supporting this position. 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.

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

VII. MEDICARE, MEDICAID AND OTHER LIEN INFORMATION

As set forth in Article XI of the Settlement Agreement, the Lien Resolution Administrator is administering the process for the identification, verification, and satisfaction of Liens that may be withheld or asserted against your Monetary Award. If you or the Lien Resolution Administrator identifies a potential Lien asserted against your Monetary Award and the Lien Resolution Administrator confirms the validity and final amount of such Lien(s), the Lien Resolution Administrator is required to deduct those amounts from your Monetary Award along with any other deductions required by state or federal law. If the final amount needed to resolve a Medical Lien has not yet been determined after your Award has been funded, the Lien Resolution Administrator will apply a holdback amount that it believes is reasonably necessary to satisfy pending Medical Liens and that will maximize the payments to you at the earliest possible stage. If the final Lien amount exceeds the amount of the holdback, the Monetary Award Fund and NFL Parties will not be responsible for satisfying any portion of the Lien, you are responsible for any unpaid portion of the lien, and the Lien Resolution Administrator will require you to return funds necessary to fully satisfy the lien.

This Section of the Claim Form: (1) defines the scope of the Lien Resolution Administrator's services; (2) collects health insurance coverage information; and (3) establishes the Lien Resolution Administrator's authority to resolve potential repayment obligations with Medicare (Part A and Part B), Medicaid, the Department of Veterans Affairs ("VA") / Civilian Health and Medical Program of the Department of Veterans Affairs ("CHAMPVA"), TRICARE, Indian Health Service, and any self-reported private healthcare insurance/plan. By signing this Claim Form, you authorize the Lien Resolution Administrator to exchange your/the Retired NFL Football Player's personal and health information and act on your behalf with each of these agencies/groups.

Medicare: The Lien Resolution Administrator will affirmatively perform verification of past or current Medicare (Part A and Part B) entitlement using information provided in Section I (first and last name, date of birth, Social Security Number) and gender. The Lien Resolution Administrator will resolve any Medicare recovery claim for a Retired NFL Football Player determined to be a Medicare beneficiary.

State Medicaid, VA/CHAMPVA, TRICARE, and Indian Health Service: The Lien Resolution Administrator will resolve potential repayment obligations with those agencies and/or insurers that you identify in this Claim Form. If you do not report coverage on the Claim Form, or you provide incomplete coverage information, the Lien Resolution Administrator may not take action with respect to these agencies/insurers. Should any Lien obligation arise with any agency/insurer not reported on the Claim Form or that the Lien Resolution Administrator did not identify, it is solely your responsibility to resolve that Lien directly with the agency/insurer.

Private Healthcare Insurers: The Lien Resolution Administrator will resolve potential repayment obligations with those private healthcare insurers and/or plans that you identify in this Claim Form, if you indicate that you would like the Lien Resolution Administrator to verify and resolve any Lien(s) asserted by those insurers and/or plans.

Do not contact or report any Monetary Award to Medicare, a governmental agency, or private healthcare insurer that you report on this Claim Form. Such activity could cause duplication and delay in the Lien Resolution Administrator's process.

Did the Retired NFL Football Player have and use any healthcare coverage for medical care, goods, or services related to treatment of the claimed Qualifying Diagnosis/es or injury(ies)?

- ☐ **YES** If you answered Yes, fill out the appropriate questions in this Section VII. Then go to Section VIII.
- ☐ **NO** If you answered No, go to Section VIII.

FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS

A. Medicare

1. If the Retired NFL Football Player is now enrolled, or has been enrolled at any time, in Medicare Part A or Medicare Part B program(s), provide the following information.

HICN (Medicare Claim #):

Enrollment date: _____
(Month/Day/Year)

2. If the Retired NFL Football Player is now enrolled, or has been enrolled at any time, in a Medicare Part C program (for example, a Medicare Advantage, Medicare cost, Medicare healthcare prepayment plan benefits, or similar Medicare plan administered by private entities), provide the following information.

Name of plan:

Member number for plan:

Enrollment date: _____
(Month/Day/Year)

3. If the Retired NFL Football Player is now enrolled, or has been enrolled at any time, in a Medicare Part D program (prescription drug benefits), provide the following information.

Name of Medicare Part D Plan:

Member number of Medical Part D Plan:

Enrollment date: _____
(Month/Day/Year)

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

B. Medicaid

Has the Retired NFL Football Player ever had Medicaid benefits?

☐ **YES** If you answered Yes, provide additional information about the Medicaid plan(s). Then go to Section VII. C.

☐ **NO** If you answered No, go to Section VII. C.

☐ **UNSURE** Check Unsure if you do not know if the Retired NFL Football Player has ever had Medicaid benefits. For any Settlement Class Member who answers Unsure, the Lien Resolution Administrator will affirmatively perform verification of current state Medicaid entitlement using the information provided in Section I (state of mailing address, first and last name, date of birth, Social Security Number). The Lien Resolution Administrator will resolve any state Medicaid recovery claim for those Retired Players determined to be Medicaid beneficiaries. If you answered Unsure, go to Section VII. C.

1. If the Retired NFL Football Player is currently enrolled in a state Medicaid Program, provide the following information.

Medical ID number: _____

State of Issuance: _____

Enrollment Date: _____
(Month/Day/Year)

2. If the Retired NFL Football Player has been enrolled in any other state Medicaid Program at any time, provide the following information.

Medical ID number: _____

State of Issuance: _____

Enrollment Date: _____
(Month/Day/Year)

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

Check any of the following federal healthcare programs that the Retired NFL Football Player has enrolled in or has been entitled to receive benefits from at any time. If you check any of the programs below, provide the required information about each program.

☐ **Department of Veterans Affairs healthcare or prescription drug benefits**

Claim Number:

Enrollment Dates: _____ **TO** _____
(Month/Day/Year) (Month/Day/Year)

Branch: _____

Sponsor: _____

Sponsor SSN: _____ - _____ - _____

Treating Facility: _____

☐ **TRICARE health care or prescription drug benefits**

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting the data points from the frequency table.

Branch: _____

Sponsor: _____

Sponsor SSN: - -

Treating Facility: _____

Branch: _____

Sponsor: _____

Sponsor SSN: | | | | - | | | - | | | |

Treating Facility:

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.

Name of Plan/Entity: _____

Policyholder Name: _____

Policy Number: _____

Medical Condition Covered by Plan/Entity: |

NFL CONCUSSION SETTLEMENT CLAIM FORM

E. Private Healthcare Insurance

If the Retired NFL Football Player has received medical treatment for the Qualifying Diagnosis/es that was covered by a private healthcare insurance plan or other form of payment, provide the following information for every such plan or entity.

Name of Plan/Entity:

Policyholder Name:

Policy Number:

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting the data points from the frequency table.

Medical Condition Covered by Plan/Entity: |

For the private healthcare plan/entity identified above, select one of these options:

- ☐ I **would** like the Lien Resolution Administrator to verify and resolve any possible Lien asserted by the plan or entity identified in Section VII.E of this Claim Form.
- ☐ I **would not** like the Lien Resolution Administrator to verify and resolve any possible Lien asserted by the plan or entity identified in Section VII.E of this Claim Form. I understand that some or all my Monetary Award or Derivative Claimant Award may be withheld until the Claims Administrator receives documentary proof, such as a court order or release or notice of satisfaction by the party asserting the Lien, that the Lien has been satisfied or discharged, in accordance with Section 11.3(h) of the Settlement Agreement.

F. Other Lien Information

Identify any known Lien of any nature whatsoever not identified above. 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.

You must also attach to this Claim Form a copy of the letter, form, or writing from such person or entity informing you of this Lien.

Name of Lienholder: |

Amount of Lien: \$ | | | , | | | . | | |

Contact Information for Lienholder:

Nature of Lien:

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

VIII. BANKRUPTCY INFORMATION

Has the Retired NFL Football Player ever been a debtor in a bankruptcy proceeding?

☐ **YES** If you answered Yes, provide additional information about the bankruptcy proceeding. Then go to Section IX.

☐ **NO** If you answered No, go to Section IX.

U.S. Bankruptcy Court, _____ District of _____
(District Name) (State)

Case Number: |_|_| - |_|_|_|_|_|

Chapter: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

Date bankruptcy was filed: |_|_|/|_|_|/|_|_|_|_|_|
(Month/Day/Year)

If closed, date bankruptcy was closed: |_|_|/|_|_|/|_|_|_|_|_|
(Month/Day/Year)

IX. RELEASE

As more fully set forth in the Settlement Agreement, all Settlement Class Members, among others including 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. In addition, as more fully set forth in the Settlement Agreement, all Settlement Class Members have promised not to commence, and to withdraw and seek dismissal of, any litigation or other proceeding asserting a claim that the Settlement Class Member has released. For example, you, as a Settlement Class Member, have agreed not to sue the NFL Parties, the NFL's Member Clubs and other related persons or entities in connection with any claim you may have now or in the future relating to any head, brain and/or cognitive injury, as well as any injuries arising out of, or relating to, concussions and/or subconcussive events of whatever cause and its damages, whenever arising.

The above paragraph is an incomplete summary of the Releases and Covenants in the Settlement Agreement. Nothing in the above paragraph limits, expands, or in any way alters the terms of the Settlement Agreement. The Settlement Agreement is available at <https://www.nflconcussionsettlement.com>.

Releases.

(a) In consideration of the benefits described and the agreement and covenants contained in the Settlement Agreement, and by operation of the Final Order and Judgment, I, on my own behalf and on behalf of my respective predecessors, successors, assigns, assignors, representatives, attorneys, agents, trustees, insurers, heirs, next of kin, estates, beneficiaries, executors, administrators, and any natural, legal, or juridical person or entity to the extent he, she, or it is entitled to assert any claim on my behalf (hereafter "I", "My" or "Me"), hereby waive and release, forever discharge and hold harmless the Released Parties, and each of them, of and from any and all past, present and future claims, counterclaims, actions, rights or causes of action, liabilities, suits, demands, damages, losses, payments, judgments, debts, dues, sums of money, costs and expenses (including, without limitation, attorneys' fees and costs), accounts, reckonings, bills, covenants, contracts, controversies, agreements, obligations, or promises, in law or in equity, contingent or non-contingent, known or unknown, suspected or unsuspected, foreseen or unforeseen, matured or unmatured, accrued or unaccrued, liquidated or unliquidated, whether direct, representative, class or individual in nature, in any forum that I had, have, or may have in the future arising out of, in any way relating to or in connection with the allegations, transactions, facts, matters, occurrences, representations or omissions involved, set forth, referred to or relating to the Class Action Complaint and/or Related Lawsuits ("Claims"), including, without limitation, Claims:

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

- (i) that were, are or could have been asserted in the Class Action Complaint or any other Related Lawsuit; and/or
- (ii) arising out of, or relating to, head, brain and/or cognitive injury, as well as any injuries arising out of, or relating to, concussions and/or subconcussive events (including, without limitation, prevention, diagnosis and treatment thereof) of whatever cause and its damages (whether short-term, long-term or death), whenever arising, including, without limitation, Claims for personal or bodily injury, including disease, mental or physical pain or suffering, emotional or mental harm, or anguish or loss of enjoyment of life (and exacerbation and/or progression of personal or bodily injury), or wrongful death and/or survival actions as a result of such injury and/or exacerbation and/or progression thereof; and/or
- (iii) arising out of, or relating to, neurocognitive deficits or impairment, or cognitive disorders, of whatever kind or degree, including, without limitation, mild cognitive impairment, moderate cognitive impairment, dementia, Alzheimer's Disease, Parkinson's Disease, and ALS; and/or
- (iv) arising out of, or relating to, CTE; and/or
- (v) arising out of, or relating to, loss of support, services, consortium, companionship, society, or affection, or damage to familial relations (including disease, mental or physical pain or suffering, emotional or mental harm, or anguish or loss of enjoyment of life); and/or
- (vi) arising out of, or relating to, increased risk, possibility, or fear of suffering in the future from any head, brain and/or cognitive injury, as well as any injuries arising out of, or relating to, concussions and/or subconcussive events (including, without limitation, prevention, diagnosis and treatment thereof), and including disease, mental or physical pain or suffering, emotional or mental harm, or anguish or loss of enjoyment of life); and/or
- (vii) arising out of, or relating to, medical screening and medical monitoring for undeveloped, unmanifested, and/or undiagnosed head, brain and/or cognitive injury, as well as any injuries arising out of, or relating to, concussions and/or subconcussive events (including, without limitation, prevention, diagnosis and treatment thereof); and/or
- (viii) premised on any purported or alleged breach of any Collective Bargaining Agreement related to the issues in the Class Action Complaint and/or Related Lawsuits, except claims for workers' compensation and claims alleging entitlement to NFL CBA Medical and Disability Benefits.

(b) In consideration of the benefits described and the agreement and covenants contained in the Settlement Agreement, and by operation of the Final Order and Judgment, I do hereby release, forever discharge and hold harmless the Released Parties from any and all Claims, including unknown Claims, arising from, relating to, or resulting from the reporting, transmittal of information, or communications between or among the NFL Parties, Counsel for the NFL Parties, the Special Master, Claims Administrator, Lien Resolution Administrator, any Governmental Payor, and/or Medicare Part C or Part D Program sponsor regarding any claim for benefits under the Settlement Agreement, including any consequences in the event that this Settlement Agreement impacts, limits, or precludes My right to benefits under Social Security or from any Governmental Payor or Medicare Part C or Part D Program sponsor.

(c) In consideration of the benefits described and the agreement and covenants contained in the Settlement Agreement, and by operation of the Final Order and Judgment, I do hereby release, forever discharge and hold harmless the Released Parties from any and all Claims, including unknown Claims, pursuant to the MSP Laws, or other similar causes of action, arising from, relating to, or resulting from the failure or alleged failure of any of the Released Parties to provide for a primary payment or appropriate reimbursement to a Governmental Payor or Medicare Part C or Part D Program sponsor with a Lien in connection with claims for medical items, services, and/or prescription drugs provided in connection with compensation or benefits claimed or received by Me pursuant to the Settlement Agreement.

(d) In consideration of the benefits described and the agreement and covenants contained in the Settlement Agreement, and by operation of the Final Order and Judgment, I do hereby release, forever discharge and hold harmless the Released Parties, the Special Master, BAP Administrator, Claims Administrator, and their respective officers, directors, and employees from any and all Claims, including unknown Claims, arising from, relating to, or

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

resulting from their participation, if any, in the BAP, including, but not limited to, Claims for negligence, medical malpractice, wrongful or delayed diagnosis, personal injury, bodily injury (including disease, trauma, mental or physical pain or suffering, emotional or mental harm, or anguish or loss of enjoyment of life), or death arising from, relating to, or resulting from such participation.

Release of Unknown Claims.

In connection with the releases in Section 18.1 of the Settlement Agreement, I acknowledge that I am aware that I may hereafter discover Claims now unknown or unsuspected, or facts in addition to or different from those which I now know or believe to be true, with respect to actions or matters released herein. I explicitly took unknown or unsuspected claims into account in entering into the Settlement Agreement and it is My intention fully, finally and forever to settle and release all Claims as provided in Section 18.1 of the Settlement Agreement with respect to all such matters.

Scope of Releases.

(a) I acknowledge that I have been informed of Section 1542 of the Civil Code of the State of California (and similar statutes) by My counsel and that I do hereby expressly waive and relinquish all rights and benefits, if any, which I have or may have under said section (and similar sections) which reads as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR

(b) I acknowledge that the foregoing waiver of the provisions of Section 1542 of the California Civil Code and all similar provisions of the statutory or common law of any other state, territory, or other jurisdiction was separately bargained for and that the Parties would not have entered into the Settlement Agreement unless it included a broad release of unknown claims relating to the matters released herein.

(c) I intend to be legally bound by the Releases.

(d) The Releases are not intended to prevent the NFL Parties from exercising their rights of contribution, subrogation, or indemnity under any law.

(e) Nothing in the Releases will preclude any action to enforce the terms of the Settlement Agreement in the Court.

(f) I represent and warrant that no promise or inducement has been offered or made for the Releases contained in this Article except as set forth in the Settlement Agreement and that the Releases are executed without reliance on any statements or any representations not contained in the Settlement Agreement.

Covenant Not to Sue.

From and after the Effective Date, for the consideration provided for in the Settlement Agreement, and by operation of the Final Order and Judgment, I covenant, promise, and agree that I will not, at any time, continue to prosecute, commence, file, initiate, institute, cause to be instituted, assist in instituting, or permit to be instituted on My behalf, or on behalf of any other individual or entity, any proceeding: (a) alleging or asserting any of his or her respective Released Claims against the Released Parties in any federal court, state court, arbitration, regulatory agency, or other tribunal or forum, including, without limitation, the Claims set forth in Section 18.1 of the Settlement Agreement; or (b) challenging the validity of the Releases. To the extent any such proceeding exists in any court, tribunal or other forum as of the Effective Date, I covenant, promise and agree to withdraw, and seek a dismissal with prejudice of, such proceeding forthwith.

No Release for Insurance Coverage.

(a) Notwithstanding anything herein to the contrary, the Settlement Agreement is not intended to and does not release any Governmental Payor or Medicare Part C or Part D Program sponsor from its or their obligation to provide any health insurance coverage, major medical insurance coverage, or disability insurance coverage to a Settlement

**NFL CONCUSSION SETTLEMENT CLAIM FORM
FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS**

Class Member, or from any claims, demands, rights, or causes of action of any kind that a Settlement Class Member has or hereafter may have with respect to such individuals or entities.

(b) Notwithstanding anything herein to the contrary, the Settlement Agreement is not intended to and does not effect a release of any rights or obligations that any insurer has under or in relation to any contract or policy of insurance to any named insured, insured, additional insured, or other insured person or entity thereunder, including those persons or entities referred to in Section 2.1(bbbb)(i)-(ii) of the Settlement Agreement.

No Release for Claims for Workers' Compensation and NFL CBA Medical and Disability Benefits.

Nothing contained in the Settlement Agreement, including the Release and Covenant Not to Sue provisions in ARTICLE XVIII of the Settlement Agreement, affects My rights to pursue claims for workers' compensation and claims alleging entitlement to NFL CBA Medical and Disability Benefits. For the avoidance of any doubt, the Settlement Agreement does not alter the showing that I must demonstrate to pursue successful claims for workers' compensation and/or successful claims alleging entitlement to NFL CBA Medical and Disability Benefits, nor does it alter the defenses to such claims available to Released Parties except as set forth in ARTICLE XXIX of the Settlement Agreement.

Judgment Reduction.

(a) With respect to any litigation by Me against Riddell, I further agree that if a verdict in My favor results in a verdict or judgment for contribution or indemnity against the Released Parties, I will not enforce My right to collect this verdict or judgment to the extent that such enforcement creates liability against the Released Parties. In such event, I agree that I will reduce My claim or agree to a judgment reduction or satisfy the verdict or judgment to the extent necessary to eliminate the claim of liability against the Released Parties or any Other Party claiming contribution or indemnity.

(b) Any judgment or award obtained by Me against any alleged tortfeasor, co-tortfeasor, co-conspirator or co-obligor, other than Riddell, by reason of judgment or settlement, for any claims that are or could have been asserted in the Class Action Complaint or in any Related Lawsuit, or that arise out of or relate to any claims that are or could have been asserted in the Class Action Complaint or in any Related Lawsuit, or that arise out of or relate to any facts in connection with the Class Action Complaint or any Related Lawsuit (collectively, "Tortfeasors"), shall be reduced by the amount or percentage, if any, necessary under applicable law to relieve the Released Parties of all liability to such Tortfeasors on claims for contribution or indemnity (whether styled as a claim for contribution, indemnity or otherwise). Such judgment reduction, partial or complete release, settlement credit, relief, setoff, if any, shall be in an amount or percentage sufficient under applicable law to compensate such Tortfeasors for the loss of any such claims for contribution or indemnity (whether styled as a claim for contribution, indemnity, or otherwise) against the Released Parties.

No Assignment of Claims.

I have not assigned, will not assign, and will not attempt to assign, to any person or entity other than the NFL Parties any rights or claims relating to the subject matter of the Class Action Complaint. Any such assignment, or attempt to assign, to any person or entity other than the NFL Parties any rights or claims relating to the subject matter of the Class Action Complaint will be void, invalid, and of no force and effect and the Claims Administrator shall not recognize any such action.

NFL CONCUSSION SETTLEMENT CLAIM FORM FOR RETIRED NFL FOOTBALL PLAYERS AND REPRESENTATIVE CLAIMANTS

X. DUTY TO UPDATE

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.

XI. SIGNATURE

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Claim Form, and in any attachments, is true and correct to the best of my knowledge, information, and belief.

Signature		Date	/ / (Month/Day/Year)
Printed Name	First	M.I.	Last