

NOTICE CONCERNING AUDITS OF INDIVIDUAL PLAYERS

The NFL Concussion Injury Settlement Agreement includes a substantial audit process designed to ensure that only meritorious claims are paid.

In addition to specifying that 10% of all qualifying awards be audited, and outlining specific circumstances where audit is necessary,¹ the Agreement requires the Claims Administrator to develop detection processes to rule out fraud in Claims. See Settlement Agreement, Section 10.3.

In fulfilling this charge, the Claims Administrator has recently evaluated several cases where Players have, in communicating with their medical providers, omitted or misrepresented information that would have been relevant to these doctors in making an accurate diagnosis. After fulsome Audit processes, we have consequently denied multiple claims where Players did not share important and material information with their providers. Numerous similar investigations remain underway.

Examples include:

- Failure to report paid employment (full- or part-time) or other business activity (whether profitable or unprofitable),
- Failure to report volunteer pursuits, including celebrity appearances,
- Failure to report accurate information on driving (whether on familiar routes or over long distances),
- Failure to report information about travel more broadly,
- Failure to report active engagement in family and social life and other functional abilities.

Several of the Qualifying Diagnoses payable under this Settlement are consistent with Retired Players maintaining active professional, social and civic lives. But no legitimate Diagnosis can follow when medical providers lack the information they need: the result is both overdiagnosis of illness (and possible collateral consequences for Claimants' ability to manage their own affairs) and, potentially, fraudulent submissions and payments.

For that reason, the Program requires each Claimant to “talk openly and honestly” with his doctors about his medical condition, and to “provide complete and truthful answers to the doctor’s questions about [his] employment, business, social, community, recreational and any other activities [he] do[es] outside the home.” Retired Players and their informants must answer questions about these activities “truthfully and fully” so that their doctors have “complete information.”²

¹ For example, Audits must follow for all claims submitted within 365 days of a prior denied claim and for any claim made after a medical exam performed at a non-standard treatment setting.

² See also *Frequently Asked Questions: FAQ #94* (What kinds of communications may I have with the Qualified MAF Physician?), NFL CONCUSSION SETTLEMENT, <https://www.nflconcussionsettlement.com>; *Frequently Asked*

When a Player or a Player's family and friends, whether intentionally or not, omit or misrepresent a fact that "did affect or has any potential to affect whether the Settlement Class Member qualifies for a Monetary Award [...] and/or the amount of such award in favor of the Settlement Class Member," it is material.³ The Agreement then requires that the Special Masters, taking into account whether the misrepresentation, omission or concealment was intentional, to consider appropriate remedies, starting with but not limited to the denial of claims.⁴

We have posted several illustrative recent Audit decisions with this notice. We provide this information to direct the Class to engage in complete and frank disclosure.



David A. Hoffman, Special Master



Jo-Ann M. Verrier, Special Master

Dated November 25, 2025

Questions: FAQ #93 (Do I need to tell the Qualified MAF Physician about my work and other activities?), NFL CONCUSSION SETTLEMENT, <https://www.nflconcussionsettlement.com>.

³ Audit Rule 12(c).

⁴ The Agreement specifies the following remedies as options: (a) denial of the claim in the event of fraud; (b) additional audits of claims from the same law firm or physician (if applicable), including those already paid; (c) referral of the attorney or physician (if applicable) to the appropriate disciplinary boards; (d) referral to federal authorities; (e) disqualification of the attorney, physician and/or Settlement Class Member from further participation in the Class Action Settlement; and/or (f) if a law firm is found by the Claims Administrator to have submitted more than one fraudulent submission on behalf of Settlement Class Members, claim submissions by that law firm will no longer be accepted, and attorneys' fees paid to the firm by the Settlement Class Member will be forfeited and paid to the Settlement Trust for transfer by the Trustee into the Monetary Award Fund. Agreement, 10.3(i).

Remedies we have ordered in these recent files include denials of claims, requirements that future claims not rely on the tainted evaluations, and requirements that future claims be reviewed not only by the Claims Administrator but also by a member of the AAP.

SPECIAL MASTERS' RULE 27 DECISION
ON THE REPORT OF ADVERSE FINDING
REGARDING SETTLEMENT CLASS MEMBER ██████████

On November 21, 2024, the Claims Administrator issued an exhaustively researched, 21-page Audit Report concerning Settlement Class Member ██████████. Finding that Mr. ██████ had omitted or misrepresented facts material to his MAF Level 2 Claim, and that his law firm, ██████, had failed to reasonably cooperate with the Audit, the Claims Administrator recommended that the Claim be denied. Doc. 367993.

As the Audit rules permit, the NFL Parties submitted a Statement of Position regarding the Audit, which, while endorsing its findings, argued for stronger and consequently more deterrent sanctions. Doc. 374655. Mr. ██████, filing an extensive Response, relayed the results of its investigation challenging the factual bases for the Audit's findings. Doc. 385705. The NFL Parties then replied. Doc. 394739.

Under Audit Rule 27, we now issue this decision. The Audit Rules themselves derive from the Court's order appointing us, which directed:

With respect to the auditing of Monetary Awards and Derivative Claimant Awards, the Master(s) will review any claims referred by the Claims Administrator and determine whether a misrepresentation, omission, or concealment of material fact was made in connection with the claim. The Master(s) will make findings and grant appropriate relief as authorized by § 10.3(i) of the Agreement. Pursuant to Fed. R. Civ. P. 53(f)(3)(B), the parties agree that the decision of the Master(s) findings will be final and binding. Pursuant to Fed. R. Civ. P. 53(f)(4), the Court will review de novo any objection to the Masters' conclusions of law.¹

Under those Rules, Mr. ██████'s burden in this Audit is to show "that there is no reasonable basis to support a finding that there has been a misrepresentation, omission or concealment of a material fact made in connection with [his] Claim."² This burden emphasizes the importance of leaving to the Claims Administrator the time-intensive and nuanced job of factual investigation and determination: the Audit Rules specifically provide that "there will be no testimony, cross-examination or other evidentiary hearing on an Audit Proceeding."³ Our role is to ensure that the Claims Administrator has followed the Settlement's established Audit Rules and procedures, and then (crucially) to determine an appropriate penalty.

¹ ECF No. 6871, Order Appointing Special Masters (July 13, 2016), at 5; ECF No. 11022, Order Appointing Special Master (Mar. 5, 2020), at 3; Rules Governing the Audit of Claims, at Rule 12(c) (Mar. 18, 2020), https://www.nflconcussionsettlement.com/ViewDoc.aspx?dp=NFL_Rules_Governing_the_Audit_of_Claims.pdf [hereinafter, "Audit Rules"].

² Audit Rule 28.

³ Audit Rule 24.

Given this charge, we find as a matter of fact that Mr. [REDACTED] has not met his burden, and we consequently consider and impose sanctions.

The Settlement's Audit process is designed to ensure that only meritorious claims get paid.⁴ This requires that the Claimant's medical providers have the information they need to make an accurate diagnosis. For that reason, the Program requires each Claimant to "talk openly and honestly" with his doctors about his medical condition, and to "provide complete and truthful answers to the doctor's questions about [his] employment, business, social, community, recreational and any other activities [he] do[es] outside the home."⁵ Retired Players and their informants must answer questions about these activities "truthfully and fully" so that their doctors have "complete information."⁶

This crucial disclosure includes "[t]he information on employment, business and income sources must cover the five years leading up to the exam, and information on the things [a player does] outside the home should cover how they have changed in the last five years."⁷ In the employment context, for example, complete information includes a player's job titles and specific responsibilities over the relevant time period as well as whether the employment was full or part time. If a player voluntarily left or was terminated from a place of employment, he should explain those events to his clinicians. If a player's job title does not accurately reflect his actual duties for whatever reason, or if he needs assistance or accommodations at work, he should explain the full context to his doctor. As the Program has repeatedly made clear, Claimants can maintain social, personal and professional lives and successfully submit certain Claims. What they cannot do is submit Claims seeking hundreds of thousands or millions of dollars for Diagnoses made without complete information or premised on false facts.

To reiterate, one of the points of these Audits is to ensure that players' medical providers have the facts they need to fully understand the clinical picture and explain their articulated medical judgment. If that omitted or misrepresented fact "did affect or has the potential to affect whether the Settlement Class Member qualifies for a Monetary Award [...] and/or the amount of such award in favor of the Settlement Class Member,"⁸ it is material.

* * *

Mr. [REDACTED] filed his Level 2 Claim in September of 2023.

To recover for a Level 2 Diagnosis, Mr. [REDACTED] needed to establish that his functional impairment was profound. His diagnosing neurologist, Dr. [REDACTED], was required to find that Mr. [REDACTED] had "no pretense of independent function outside the home," that he requires

⁴ See Settlement Agreement, Section 10.3(b).

⁵ *Frequently Asked Questions: FAQ #94* (What kinds of communications may I have with the Qualified MAF Physician?), NFL CONCUSSION SETTLEMENT, <https://www.nflconcussionsettlement.com>.

⁶ *Frequently Asked Questions: FAQ #93* (Do I need to tell the Qualified MAF Physician about my work and other activities?), NFL CONCUSSION SETTLEMENT, <https://www.nflconcussionsettlement.com>.

⁷ *Id.*

⁸ Audit Rule 12(c).

“assistance in dressing, hygiene, keeping of personal effects” and that he only engaged in simple chores, had “very restricted interests” which were “poorly maintained.”⁹

Dr. [REDACTED] concluded that Mr. [REDACTED] was so impaired after examining him, first through the BAP program in 2019, and then again through the MAF in 2022. He also reviewed the notes of MAF neuropsychologist Dr. [REDACTED], who met Mr. [REDACTED] in 2022. What Mr. [REDACTED] told these doctors forms the basis of this Audit.

In the BAP process, Dr. [REDACTED] learned from Mr. [REDACTED] that he had been retired since 2010, with the exception of a job as a substitute teacher from 2012-13. Doc. 288757, at 71. Dr. [REDACTED] reported that Mr. [REDACTED] participated in limited social activities “such as fundraising events for the [REDACTED] Foundation but only when necessary, though he is mostly disinterested in socializing outside his immediately family.” Id. at 70. Mr. [REDACTED] repeated these statements in 2022, and Dr. [REDACTED] described a Claimant who “spends his days going to physical therapy three days per week, weekly counseling, and enjoys listening to audio books. He also spends some days watching TV and taking care of his daughters with assistance from a hired child caregiver.” Id. at 1, 3. Dr. [REDACTED] further relayed the statements of Mr. [REDACTED]’s wife, who related that she helped Mr. [REDACTED] be present for his Foundation’s activities, but that he socialized rarely. Id. Relying on these statements, Dr. [REDACTED] found that Mr. [REDACTED] evidenced CDR scores of 2.0 in Community Affairs, 2.0 in Personal Care, and 1.0 in Home and Hobbies.

Mr. [REDACTED]’s disclosures to Dr. [REDACTED] were similarly limited. As Dr. [REDACTED] relates:

Mr. [REDACTED] reported he has not worked since he retired from the NFL. He reported he is a minister, but he does not work in that capacity. He [Mr. [REDACTED]] has a foundation in [REDACTED] which is involved in food drops, clothing drives, and football camps. He does not do any active running of the foundation. He shows up for celebrity appearances but has few other responsibilities.

Doc. 288762, at 2.

The Audit, completed at great expense and time by BrownGreer and its investigator, included interviews with a wide variety of named informants and the analysis of social media, recordings, tax records and websites. It revealed that Mr. [REDACTED] omitted material facts about his function.

- Mr. [REDACTED]’s activities with his charitable foundation were in fact extensive, involving public speaking, recording of personalized greetings, and appearances. While his wife denied that Mr. [REDACTED] played an active role in the foundation’s work, or his solo travel to events, the foundation’s executive director described his role as

⁹ Knight Alzheimer Disease Research Center, *Clinical Dementia Rating Worksheet*, WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS, <https://knightadrc.wustl.edu/wp-content/uploads/2021/06/CDR-Table.pdf> (last visited Oct. 9, 2024).

significantly more extensive, including daily communication with her about Foundation events, solo travel, and speech writing. Doc. 367993, at 4-6.

- Mr. [REDACTED] had a role coaching at [REDACTED] High School in [REDACTED]. Mr. [REDACTED]'s website revealed his activities, a fact confirmed by a Facebook post by the school. While Mr. [REDACTED] stated that he had no volunteer activities since 2016, an informant at the school described Mr. [REDACTED] as actively involved in helping out the team. Id. at 7.
- Mr. [REDACTED] has a [REDACTED] stake in a construction company in [REDACTED]. While Mr. [REDACTED] in his audit answers described himself as a mere passive investor in the firm, one of his partners described him as a "CEO-ish" who was involved in the firm's decision-making. Id. at 8. A different partner agreed that Mr. [REDACTED] was involved in the firm's operations, though not as much as the partner located in [REDACTED] where the business then operated.
- Mr. [REDACTED] owns at least two [REDACTED] restaurant franchises in [REDACTED] and [REDACTED]. In a video interview in 2022, Mr. [REDACTED] described himself as a co-owner (with his wife) of the franchise, saying "we're kind of the leaders, the presidents of the company right now." Id. at 9. In Audit, Mr. [REDACTED] described himself as a mere investor in the business, and not an employee. But he had not revealed any role in [REDACTED] in the Community Activity of Retired Football Player Form completed in connection with his Claim, which required the disclosure of all of his "employment, business activities and income sources" for the previous five years. Doc. 288757, at 27.
- Mr. [REDACTED] participated in a podcast from 2020 through 2022, recording over 100 episodes. In those episodes, the Claims Administrator described Mr. [REDACTED] as following conversations without difficulty and participating in an analysis of football strategy and history. Mr. [REDACTED]'s co-host denied providing Mr. [REDACTED] with scripted material, but rather some talking points.
- Mr. [REDACTED] had a more active public life than his disclosures to his doctors would have indicated, including golf events, reunions, charitable speeches, and autograph signing events. Doc. 367993, at 14-15. His informant described him as fastidious in his dress. Id. at 16.
- Altogether, Mr. [REDACTED]'s various outside activities netted hundreds of thousands of dollars yearly according to his tax records.

The Claims Administrator shared this evidence with a member of the AAP and asked whether it would have affected the finding that Mr. [REDACTED]'s functional impairment was consistent with a Level 2 claim. The AAP member said that it would have. Doc. 367993, Ex. K. To be clear, had Mr. [REDACTED] disclosed his actual activities, he may have been still able to submit a claim for a Qualifying Diagnosis, only a different one:

Overall, the information about the functional abilities has many inconsistencies and discrepancies, but when taken as a whole would be most consistent with an overall CDR score of 1.0 rather than 2.0. Therefore, I would recommend downgrading from

a Qualifying Diagnosis of Level 2.0 Neurocognitive Impairment to a Qualifying Diagnosis of Level 1.5 Neurocognitive Impairment.

Id.

The Claims Administrator also found that Mr. ██████'s counsel, ██████, did not reasonably cooperate with the Audit while it was ongoing, providing responses that downplayed Mr. ██████'s activities in ways the record simply didn't support. Doc. 367994, at 18. Players and their counsel are responsible for cooperating with the Program during an audit investigation. As the Settlement states, a "Class Member who refuses to cooperate with an audit, including by unreasonably failing or refusing to provide the auditing party with all records and information sought within the time frame specified, will have the claim denied by the Claims Administrator, without right to an appeal."¹⁰ Dissembling, delaying, or otherwise refusing to cooperate during the investigation only "attenuat[es] the process of getting to the bottom of what happened and run[s] up costs."¹¹

On Appeal, counsel has tried to undermine the Audit with a vigorous attack on some of its factual bases. Citing other witnesses at the High School, it argued that Mr. ██████ did not have an official coaching role there, even providing an affidavit from one of the Claims Administrator's informants walking back the earlier account. While not denying Mr. ██████ had described his role at ██████ in public as operational, his counsel offered affidavits from insiders who provided a different perspective. While he may once have had an active role in a construction company, his counsel argued that "the Report errs by failing to show that any active role or decision making, if it existed at all, would be inconsistent with mild dementia diagnosed in Mr. ██████ during the years 2016 to 2021 when ██████ operated." And as for the podcast evidence, Mr. ██████'s counsel suggests that just because the doctors didn't discuss it, it doesn't mean they weren't told.

████████ is a very able advocate, and the firm has written a carefully-argued brief. But it misses the point. Our role in Audit cannot be to relitigate Mr. ██████'s functional impairment. Rather, the issue is whether the Claims Administrator had *reasonable grounds* to believe that Mr. ██████ (in relevant part) omitted facts about his functional impairment when disclosing them to his doctors and in his Claim. It is beyond question that those reasonable grounds exist: Mr. ██████ did not disclose a half dozen or more activities which bore on his functional impairment despite repeated prompting to do so.

It's not clear if Mr. ██████ is an official wide receivers coach or an occasional and informal volunteer, a very active current owner of a construction business or one that had that role in the past, an engaged co-partner in a ██████ franchise or a mere public face, or a scripted or unscripted participant in over a hundred conversational podcasts. The point is that *nothing* about these activities was fairly described to his clinicians. Failing to disclose such a wide variety of occupations

¹⁰ Settlement Agreement, Section 10.3(b)(ii).

¹¹ Special Masters' Rule 27 Decision on the Report of Adverse Finding Regarding Byron Cuthbert and Associates, LLC (June 28, 2023), https://www.nflconcussionsettlement.com/ViewDoc.aspx?dp=cuthbert_audit_decision_sm.pdf 6

and hobbies and interests, when represented by such an effective counsel and supported by what is obviously an organized team of family and professionals, was an omission of material facts that had the potential to affect his Claim. He sought relief for a Qualifying Diagnosis that requires him to be nearly a shut-in, with no well-preserved employment or day-to-day volunteer activities. His clinicians, in making that Qualifying Diagnosis, should have been told about the full nature of Mr. ■■■■■'s actual community, professional and personal life.

Mr. ■■■■■'s counsel would have us re-weigh the evidence, for example discerning the true facts in the contrasting accounts of informants who told the Claims Administrator one thing before recanting their views. This is not our role, and not what the Settlement contemplates for Audit proceedings. The Claims Administrator's conclusion was amply supported by its investigation, which revealed that the record on which his Claim was based was materially incomplete.

We therefore issue the following remedies:¹²

- A. **Denial of Claim:** Mr. ■■■■■'s Monetary Award Claim which is subject to this Audit is denied without prejudice. Mr. ■■■■■ may seek a new evaluation through the Baseline Assessment Program, if he is eligible to participate in the BAP, or from a Qualified MAF Physician. Any such reevaluation must reassess Mr. ■■■■■'s CDR scores in light of a complete and accurate record.
- B. **Specialized Processing Rules For Mr. ■■■■■'s Claims:** Future Claims submitted by Mr. ■■■■■ may not be dated back to any time prior to the initiation of this Audit process (January 3, 2024) and Mr. ■■■■■ must provide any future MAF or BAP clinicians a copy of this Report and disclose to them that they may not rely on the factual statements contained in his prior neuropsychological and neurological examinations. Any future Claims Mr. ■■■■■ submits shall be directed to a single member of the AAP, with consultation from a single AAPC member, for individualized assessment and review.

¹² The Claims Administrator additionally recommends that we reprimand ■■■■■ for its role in producing the unreliable statements which are the subject of this Audit and for its actions during Audit and for its behavior during the Audit. The NFL Parties would go further and have us ban ■■■■■ from the Program altogether. We agree that at least one letter written by the Firm to the Claims Administrator during the Audit had an unprofessional tone. We remind IRPAs that in writing to the Claims Administrator they are corresponding with a Court appointed entity. IRPAs are also required to reasonably assure themselves that submissions are complete and true, and to conduct reasonable investigations before submitting claims and in responding to questions from the Claims Administrator. ■■■■■ denies that it had actual knowledge of the omissions that resulted in this Audit. The underlying facts are complex, and we believe that the Firm understands its role as a constructive and active participant in this Settlement. As ■■■■■ understands, the purpose of Audit isn't to generate denials but rather to efficiently sort out the facts and pay deserving Claimants. Needlessly adversarial lawyering is not constructive.



David A. Hoffman, Special Master



Jo-Ann M. Verrier, Special Master

Dated July 21, 2025

**SPECIAL MASTERS' RULE 27 DECISION ON THE REPORT OF ADVERSE FINDING
REGARDING SETTLEMENT CLASS MEMBER [REDACTED]**

On April 22, 2025, the Claims Administrator issued a comprehensive, exhaustively researched audit report concerning Settlement Class Member [REDACTED]. Finding that Mr. [REDACTED] omitted or misrepresented facts material to his MAF Level 2 Claim, the Claims Administrator recommended that Mr. [REDACTED] Claim be denied, as well as a variety of other deterrent measures. Doc. 388694.

As the Audit Rules permit, the NFL Parties submitted a Statement of Position. Doc. 395909. The NFL Parties endorsed the Claims Administrator's findings but requested the imposition of more severe consequences than those recommended in the report. *Id.*

Mr. [REDACTED] did not reply to the audit report or the NFL Parties' Statement. On June 30, 2025, he withdrew his Claim. Doc. 397635. Under Audit Rule 13, the Claims Administrator nevertheless decided to continue the Audit to prevent practices or sources of misrepresented or fraudulent Claims.

We now issue this decision under Rule 27. The Audit Rules themselves derive from the Court's order appointing us, which directed:

With respect to the auditing of Monetary Awards and Derivative Claimant Awards, the Master(s) will review any claims referred by the Claims Administrator and determine whether a misrepresentation, omission, or concealment of material fact was made in connection with the claim. The Master(s) will make findings and grant appropriate relief as authorized by § 10.3(i) of the Agreement. Pursuant to Fed. R. Civ. P. 53(f)(3)(B), the parties agree that the decision of the Master(s) findings will be final and binding. Pursuant to Fed. R. Civ. P. 53(f)(4), the Court will review de novo any objection to the Master(s)' conclusions of law.¹

Under the Audit Rules, Mr. [REDACTED] bears a burden of showing "that there is no reasonable basis to support a finding that there has been a misrepresentation, omission or concealment of a material fact made in connection with [his] Claim."² Having filed no reply to either the audit report or the NFL Parties' Statement of Position, he has not met this burden. We adopt the Claims Administrator's Audit report and will therefore impose sanctions which we describe below.

¹ ECF No. 6871, Order Appointing Special Masters (July 13, 2016), at 5; ECF No. 11022, Order Appointing Special Master (Mar. 5, 2020), at 3; Rules Governing the Audit of Claims, at Rule 12(c) (Mar. 18, 2020), <https://www.nflconcussionsettlement.com>.

² Audit Rule 28.

Unsurprisingly in a Settlement of this magnitude, there is a substantial Audit process designed to ensure that only meritorious claims get paid.³ This requires that the Claimant's medical providers have the information they need to make an accurate diagnosis. For that reason, the Program requires each Claimant to "talk openly and honestly" with his doctors about his medical condition, and to "provide complete and truthful answers to the doctor's questions about [his] employment, business, social, community, recreational and any other activities [he] do[es] outside the home."⁴ Retired Players and their informants must answer questions about these activities "truthfully and fully" so that their doctors have "complete information."⁵

To reiterate, one of the points of these Audits is to ensure that Players' medical providers have the facts they need to fully understand the clinical picture and explain their articulated medical judgment. If an omitted or misrepresented fact "did affect or has any potential to affect whether the Settlement Class Member qualifies for a Monetary Award [...] and/or the amount of such award in favor of the Settlement Class Member,"⁶ it is material.

We adopt the Claims Administrator's factual findings and summarize them here.

On January 11, 2024, Mr. [REDACTED] filed his Level 2 Claim. Doc. 298983. The Claim relied on the reports of neuropsychologist Dr. [REDACTED] and Qualified MAF neurologist Dr. [REDACTED]

Dr. [REDACTED] examined Mr. [REDACTED] on June 10, 2023. He reported in the Employment Section of his report that:

[f]ollowing his NFL career, Mr. [REDACTED] engaged in entrepreneurial activities and briefly worked as a [REDACTED]. He stated that no particular business ventures were successful, and he had begun to experience headaches and foginess. He began receiving disability benefits for neurocognitive impairment through the NFL in 2016. He later started receiving Social Security Disability and Total & Permanent Disability benefits through the NFL later in 2016. He is currently unemployed.

Doc. 298594 at 3.

Similarly, when Dr. [REDACTED] examined Mr. [REDACTED] on January 8, 2024, she found that:

³ See Settlement Agreement, Section 10.3(b).

⁴ *Frequently Asked Questions: FAQ #94* (What kinds of communications may I have with the Qualified MAF Physician?), NFL Concussion Settlement, <https://www.nflconcussionsettlement.com>.

⁵ *Frequently Asked Questions: FAQ #93* (Do I need to tell the Qualified MAF Physician about my work and other activities?), NFL Concussion Settlement, <https://www.nflconcussionsettlement.com>.

⁶ Audit Rule 12(c).

[f]ollowing his NFL career, Mr. ██████ worked as a ██████ beginning in 2003 for ~1 year, which was commission-based. He states that [he] hasn't worked a full-time job since retiring from the NFL in 2002. He began initially receiving disability around 2007. He then was given the designation of "total and permanent disability" in 2016.

Doc. 298894 at 3.

Dr. ██████ also documented Mr. ██████ volunteer history, noting that:

He volunteers at the ██████ in ██████, and has done so for ~4 years. He attends ~4 events/year . . . He attends an ██████ golf tournament approximately once a year, but does not play in the tournament.

Id.

Relying on the reports of Mr. ██████ and his wife, Dr. ██████ ultimately assigned Mr. ██████ Clinical Dementia Rating (CDR) scores of 2 in Community Affairs, Home and Hobbies, and Personal Care. These scores indicate that the patient suffers from severe impairments—indeed, under the CDR Scoring Table, if a patient receives a 2 in Community Affairs, he has “[n]o pretense of independent function outside home.”⁷ These CDR scores in turn supported Mr. ██████ Claim of Level 2 Neurocognitive Impairment.

During its initial review of Mr. ██████ Claim, the Claims Administrator uncovered online information indicating Mr. ██████ involvement with business activities not disclosed to his providers. On February 22, 2024, the Claims Administrator sent Mr. ██████ questions related to these discrepancies pursuant to Section 8.6(b) of the Settlement Agreement. Doc. 305409. The next day, Mr. ██████ responded, stating that he was not involved with these businesses at all or, in some cases, served only as a celebrity face. Doc. 305239.

On March 5, 2024, the Claims Administrator issued a Notice of Audit of Claim and began to further investigate Mr. ██████ business activities and functional abilities. Doc. 314311. This audit, completed at great expense and time by BrownGreer and its investigator, ultimately included interviews with numerous named informants and the analysis of social media, tax records, and websites. It revealed that Mr. ██████ had misrepresented his ability to work, volunteer, and participate in business and social activities, and had also failed to disclose the true facts of his functional abilities. Specifically, the audit found that:

- Mr. ██████ is listed as an organizer of ██████ a Limited Liability Company, on the ██████ Corporations Division website. While Mr. ██████ told the Claims Administrator that he is just the “celebrity face” of the

⁷ Knight Alzheimer Disease Research Center, *Clinical Dementia Rating Worksheet*, WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS, <https://knightadrc.wustl.edu/wp-content/uploads/2021/06/CDR-Table.pdf> (last visited Aug. 20, 2025).

organization, his partner in that endeavor reported to the Claims Administrator's investigator that "she and Mr. [REDACTED] are currently working as a team, and Mr. [REDACTED] role is to locate investors and fund the endeavor." She also indicated that she and Mr. [REDACTED] meet weekly to discuss the trajectory of the business and that Mr. [REDACTED] hosts joint calls with possible investors. Doc. 396291 at 4.

- Mr. [REDACTED] is an Advisor to the [REDACTED] ([REDACTED] Again, Mr. [REDACTED] reported to the Claims Administrator that he had merely permitted [REDACTED] to use his likeness and does not have any further responsibilities with the organization. The Executive Director of [REDACTED] refuted these assertions, however, instead indicating that, as an Advisor, Mr. [REDACTED] provides support to the organization and offers his ideas to leadership. The Executive Director additionally informed the Claims Administrator that he met with Mr. [REDACTED] on March 18, 2024; during this meeting, Mr. [REDACTED] proposed that [REDACTED] build [REDACTED]. Mr. [REDACTED] represented to the Executive Director that he was completing a similar project near [REDACTED] *Id.* at 5.
- Mr. [REDACTED] is currently listed as President of the [REDACTED] of the [REDACTED] on the [REDACTED] webpage. Moreover, while Mr. [REDACTED] reported to Dr. [REDACTED] that he only attends four events a year with the [REDACTED], the audit revealed Mr. [REDACTED] attended at least eleven events between December 2022 and February 2024. *Id.* at 6-7.
- The [REDACTED] for the [REDACTED] reported to investigators that Mr. [REDACTED] has been the President of the [REDACTED] for about five years and that this position is unpaid. She relayed that the main fundraiser for the chapter is a golf outing called [REDACTED] and that Mr. [REDACTED] was involved in planning the event. The website for the 2024 [REDACTED] event listed Mr. [REDACTED] as one of the event's "VIP attendees." *Id.* at 7.
- Mr. [REDACTED] received \$1,800 in non-employee compensation from the [REDACTED] in 2021. In 2022, he received \$2,500 in non-employee compensation from the [REDACTED]. When the Claims Administrator asked about these two items, Mr. [REDACTED] (through his attorney) indicated that both related to participation in [REDACTED] events. In response to the Claims Administrator's questions about whether he publicly spoke at these events, Mr. [REDACTED] replied he would "read a script or speak off cuff" and had "done one with script and talking points." Mr. [REDACTED] also indicated that at these events he would interact with guests, by "smil[ing], say[ing] hello, sign[ing] autograph, [and] tak[ing] pictures." *Id.* at 8.
- Mr. [REDACTED] is also involved with at least two entities that the audit report refers to as the "[REDACTED] businesses." Per the [REDACTED] Corporations Division database, Mr. [REDACTED] is the Organizer and Registered Agent of [REDACTED], a [REDACTED] Limited Liability Company and is Incorporator, CEO, and Registered Agent of [REDACTED] a [REDACTED] Nonprofit Corporation. *Id.*
- A website for the [REDACTED] features Mr. [REDACTED] photo and name beside the headline: "[REDACTED]"

_____.” The website also advertises multiple videos where users can learn marketing and business skills. The Contact page of the _____ website lists Mr. _____ as its only contact person. *Id.* at 9.

- Mr. _____ LinkedIn profile states that he is _____ Mr. _____ biography page on _____ indicates that he _____ *Id.* at 9-10.
- Mr. _____ also appears to have engaged in additional volunteer events through the _____ businesses. For one, a website for the _____ advertises that on _____ Mr. _____ is also listed as the only “Team Member” for a _____ on the _____ fundraising website. *Id.* at 10.

Having gathered this information, the Claims Administrator then asked an Appeals Advisory Panel (AAP) Member to review it for materiality. The AAP Member found the information material, noting specifically that a Community Affairs rating of 2 was no longer tenable because:

the memo indicates the Player functioned at a higher level than would support a rating of 2.0 for Community Affairs since he was still actively involved in businesses, a non-profit organization, the _____, and was able to make appearances. Consequently, the information in the memo would support a score of 0.5 for Community Affairs since the Player still had active involvement in these activities and also was still able to drive.

Id. at 24-25.

The Member noted that although “[s]cores of 2.0 would still be supported for Home/Hobbies and Personal Care since the Player was reported to have no meaningful function for household chores and [to] require assistance with Personal Care tasks,” that conclusion rested on a foundation that was now cracked. As it pointed out, the “discrepancies between the information in the memo and the information supplied by Dr. _____ and in the CDR Worksheet for Community Affairs causes concern that the information supplied by Dr. _____ and in the CDR Worksheet may not be reliable.” *Id.* at 25.

The Claims Administrator thus concluded in its audit report that “[b]ecause our Audit findings show the information provided by Dr. [REDACTED] and in the CDR Worksheet is unreliable, this information therefore has a material effect on Mr. [REDACTED] diagnosis.” *Id.* at 12.

Mr. [REDACTED] having filed no response to both the Claims Administrator’s audit report and the NFL Parties’ Statement of Position, has not met his burden to refute this conclusion and show “that there is no reasonable basis to support a finding that there has been a misrepresentation, omission or concealment of a material fact made in connection with [his] Claim.”⁸ Accordingly, we adopt the Claims Administrator’s conclusion that Mr. [REDACTED] misrepresented or omitted material facts about his employment and work history.

Just as we adopted the Claims Administrator’s factual findings, we also adopt the remedies the audit report proposes. Additionally, since there exists a reasonable basis to conclude that Mr. [REDACTED] misrepresented or omitted material facts to his doctors himself, we find that Mr. [REDACTED] future claims should be subject to heightened scrutiny. Therefore, we issue the following remedies:

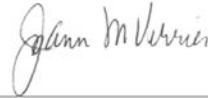
- A. **Denial of Claim:** Mr. [REDACTED] has voluntarily withdrawn his pending Level 2 Claim. Had he not withdrawn his Claim, we would have denied the Claim without prejudice, allowing him to refile based on a new evaluation from a Qualified MAF Physician or BAP Provider. Accordingly, the same guidelines will govern a future effort by Mr. [REDACTED] to refile: he must rely on a new evaluation to proceed.
- B. **Instruction to New Providers for Future Claims:** Should Mr. [REDACTED] seek re-evaluation, any new provider may not rely on the neurological examination performed by Dr. [REDACTED] dated January 8, 2024, the neuropsychological testing performed by Dr. [REDACTED] dated June 10, 2023, or information reported by any third-party affidavit or other third-party statement included in support of Mr. [REDACTED] Claim submitted on January 11, 2024.
- C. **Individualized Assessment by the AAP:** Future Claims submitted by Mr. [REDACTED] shall be directed to a single member of the AAP, with consultation from a single AAPC member, for individualized assessment of whether each such Claim qualifies for an Award under the medical criteria in the Settlement Agreement. In reviewing such future Claims, so long as the clinicians fully articulate their reasoning regarding the material facts discussed in this Audit, the AAP should defer to the clinician’s judgment unless his or her analysis is clearly erroneous. But if the clinician fails to articulate his or her reasoning as to those facts, the AAP may thoroughly and independently assure itself that the medical evidence meets the Settlement’s diagnostic criteria. If the Claims Administrator sees any reason for concern in new submissions, it may put them into Audit.

⁸ Audit Rule 28.

D. **Direction to Mr. [REDACTED] for Future Claims:** Mr. [REDACTED] is directed to be honest and forthcoming with any new providers who evaluate him, especially about his ability to work, volunteer, and engage in activities outside the home.



David A. Hoffman, Special Master



Jo-Ann M. Verrier, Special Master

Dated October 1, 2025