

Must be received by
April 17, 2015
at 5PM EST

Stryker Modular Hip Settlement
c/o GCG
Claims Processor
PO Box 10130
Dublin, OH 43017-3130
www.StrykerModularHipSettlement.com

SRY



STIPULATION OF DISMISSAL WITH PREJUDICE

THE STRYKER ABG II/REJUVENATE MODULAR-NECK HIP STEM SETTLEMENT PROGRAM

This Stipulation of Dismissal With Prejudice is part of the Required Submissions as set forth in Section 4.1 of the Master Settlement Agreement and **must** be submitted **with** your complete Enrollment Claim Form if, at the time of enrollment, you have a filed lawsuit in **any** court. Failure to submit this Stipulation of Dismissal With Prejudice with your Enrollment Claim Form will result in the Claims Processor returning your Enrollment Claim Form thereby delaying the review of your claim. **IF YOU DO NOT HAVE A FILED LAWSUIT YOU DO NOT NEED TO COMPLETE AND SUBMIT THIS STIPULATION OF DISMISSAL.**

The Stipulation of Dismissal requires you to indicate whether you are totally or partially dismissing your lawsuit. **You may only select "partial dismissal"** if you have filed a lawsuit regarding bilateral Affected Products but **only one hip** is the subject of your Settlement Program Claim. If you indicate that you are only partially dismissing your lawsuit, you **must** include a copy of the most recent Complaint **filed and served** in your lawsuit.

The Master Settlement Agreement can be viewed and downloaded at the Settlement Program website, **www.StrykerModularHipSettlement.com**.

**If you have any questions or need assistance completing this form,
you may contact the Claims Processor by email at:**

claimsprocessor@StrykerModularHipSettlement.com

or by calling its toll-free hotline at 1-855-382-6404.



A. LAWSUIT INFORMATION

Current Court/Jurisdiction:

Case Caption:

Original Case Docket Number:

B. STIPULATION OF DISMISSAL

PLAINTIFF(S) HEREBY STIPULATE(S) AND AGREE(S), pursuant to the Master Settlement Agreement and the terms of the Settlement Program, that by enrolling in the Settlement Program and receiving a Settlement Award Payment that Plaintiff(s) authorize his/her attorney, or, in the event Plaintiff(s) is/are *pro se*, the Court, to dismiss his/her lawsuit/claims with prejudice and without costs to any party.

PLAINTIFF(S) FURTHER STIPULATE(S) AND AGREE(S), that the dismissal is (select one):

- Total Dismissal of Lawsuit Partial Dismissal of Related Claims*

C. PLAINTIFF'S(S)' COUNSEL'S OR *Pro Se* PLAINTIFF'S(S)' SIGNATURE(S)

Counsel's or *Pro Se*
Plaintiff's(s)' Signature:

Date:

(mm/dd/yyyy)

Printed Name:

Last

First

Middle Initial

Firm Name:

Firm Address:

Street

City

State

Zip

Additional *Pro Se*
Plaintiff's(s)' Signature:
(If Applicable)

Date:

(mm/dd/yyyy)

Printed Name:

Last

First

Middle Initial

***NOTE: Plaintiff(s) may only select "Partial Dismissal" if Plaintiff(s) has/have a filed lawsuit regarding bilateral Affected Products, but only one Affected Product is the subject of Plaintiff's(s)' Settlement Program Claim. If so, then a copy of the most recent Complaint filed and served in Plaintiff's(s)' lawsuit must be submitted with this Stipulation of Dismissal With Prejudice.**



D. HOWMEDICA OSTEONICS CORP'S COUNSEL'S SIGNATURE

Counsel's Signature: **Date:**
(mm/dd/yyyy)

Printed Name:

Last First Middle Initial

Firm Name:

Firm Address:

Street

City State Zip