

Must be received by
March 1, 2017

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

SRY



CERTIFICATION OF COUNSEL UPON ENROLLMENT OF CLIENTS INTO THE SETTLEMENT PROGRAM

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

This Certification of Counsel Upon Enrollment of Clients into the Settlement Program (the “Certification”) is required pursuant to Section 16.2.7 of the Master Settlement Agreement and must be submitted by **March 1, 2017**. **YOUR CLIENT’S(S’) CLAIM PACKAGES WILL BE CONSIDERED TO BE DEFICIENT IF YOU FAIL TO COMPLETE AND EXECUTE THIS CERTIFICATION AND MAY RESULT IN THE DELAY OF A FINAL DETERMINATION OF YOUR CLIENT’S(S’) CLAIM.**

In accordance with Section 16.2.7 of the Master Settlement Agreement, this Certification requires you to attach an “Exhibit A” and an “Exhibit B.” “Exhibit A” requires you to identify all clients who are eligible for the Settlement Program from whom your firm, acting as the Primary Law Firm, has obtained informed consent. “Exhibit B” requires you to identify your respective clients who have consented to be enrolled in the Settlement Program, without waiving any attorney-client privileged communications. **YOU HAVE A CONTINUING OBLIGATION TO SUBMIT TO THE CLAIMS PROCESSOR REVISED AND/OR UPDATED INFORMATION REGARDING YOUR CLIENT(S) AS REQUIRED BY THE SETTLEMENT AGREEMENT.**

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.



CERTIFICATION OF COUNSEL UPON ENROLLMENT OF CLIENTS INTO THE SETTLEMENT PROGRAM

This Certification of Counsel Upon Enrollment of Clients into the Settlement Program (“Certification”) pertains to Section 16.2.7 of the Master Settlement Agreement (the “Settlement Agreement”) dated December 19, 2016, establishing the program for resolution of claims relating to the implantation, use, and/or removal of the ABG II Modular-Neck Hip Stem or the Rejuvenate Modular-Neck Hip Stem (the “Settlement Program”). The Settlement Agreement is incorporated into this Form by reference. Any capitalized term not defined in this Certification shall have the meaning ascribed to it in the Settlement Agreement. Words expressed in the masculine shall include the feminine. Words expressed in the singular shall include the plural, where applicable.

I hereby represent and certify that I, or another attorney in my office, have communicated with and explained the contents of the Settlement Agreement and have in good faith obtained informed consent from those of my clients who are eligible for the Settlement Program and for whom my law firm is the Primary Law Firm. In obtaining such informed consent I, or another attorney in my office, have explained the risks and benefits of opting in or out of the Settlement Program, including the risks associated with bringing a case to trial and the attendant extensive costs, lengthy delays, and uncertain outcomes. Such clients are identified in Exhibit “A” attached hereto.

I further represent and certify that the individuals identified in Exhibit “B” attached hereto have consented to be enrolled in the Settlement Program, without waiving any attorney client privilege. I further represent and certify that my firm has used reasonable efforts to ensure that all Enrollment Claim Forms and Required Submissions, including the appropriate Release and Stipulation of Dismissal With Prejudice (if applicable) have been submitted for each of our clients and that such documents either have been properly executed or will be promptly executed in accordance with the terms of the Settlement Agreement (if applicable).

I hereby agree to the terms of the Settlement Agreement on behalf of the clients identified in Exhibit B. In addition, in submitting this Certification for the individuals identified in Exhibit “B” attached hereto, I consent and agree on his/her behalf, and his/her full authorization(s), to the terms of the Settlement Agreement, including consent to the jurisdiction of the MCL Court or MDL Court as well as the Common Benefit and Cost Assessment provisions as set forth in the Settlement Agreement. I further acknowledge that under the terms of the Agreement, an Enrolled Claimant is not deemed to be a Settlement Program Claimant until such time as the requirements of Articles 4 and 5 are met.

CERTIFICATION OF COUNSEL UPON ENROLLMENT OF CLIENTS INTO THE SETTLEMENT PROGRAM

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

Counsel’s Printed Name:

First Middle Initial Last

Current Address:

Street

City State Zip

Telephone Number: **Fax Number:**

Email Address:

