
TEQUIN SETTLEMENT

CLAIM PACKAGE

Package Contents:

1. **Privacy Statement**
2. **Tequin Settlement Agreement Summary**
3. **Tequin Settlement Claim Form Instructions**
4. **Medical Direction/Consent Form**
5. **General Direction/Canada Customs/Revenue Canada Direction/Consent Form**

1. Privacy Statement

Personal Claimant Information is collected, used, and retained by the Claims Administrator pursuant to the *Personal Information Protection and Electronic Documents Act* (PIPEDA):

- For the purpose of operating and administering the Tequin Litigation Settlement Agreement;
- To evaluate and consider the claimant's eligibility status under the Tequin Litigation Settlement Agreement;
- Is strictly private and confidential and will not be disclosed without the express written consent of the claimant, except as provided in the Tequin Litigation Settlement.

2. Tequin Settlement Agreement Summary

A. Overview

Claimants will be eligible to receive settlement payments if they ingested Tequin and suffered a dysglycemic or related injury, which is compensated under the Settlement Agreement, such as: dysglycemia with or without admission to hospital, kidney damage, with either increased renal insufficiency, ongoing kidney dialysis and/or kidney transplant, coma, acute coronary syndrome (ACS), trauma, including fractures, stroke and death.

The size of the payments will be based on the total number of approved Claims and the severity of injuries.

Class Members will have until **February 27, 2009** to file a Claim.

Derivative Claimants (spouses, children, grandchildren, siblings, etc...) may be eligible to receive settlement payments based upon various factors, including the size of the payment made in respect of the relevant Tequin Recipient and the total number of approved Claims.

B. Opting Out

Members of the Ontario National Class may exclude themselves from the Ontario Proceeding by exercising their right to opt out pursuant to section 9 of the CPA by submitting an Opt Out Form to the Claims Administrator by regular first class mail or courier, post-marked or submitted to the courier, as the case may be, before the Opt Out Deadline of December 27, 2008.

Members of the Quebec Class may exclude themselves from the Quebec Proceeding by exercising their right to opt out pursuant to sections 1007 and 1008 of the Code by giving notice to the Clerk of the Superior Court of Quebec, District of Quebec, in the manner required by Quebec law and by regular first class mail or courier, post-marked or submitted to the courier, as the case may be, before the Opt Out Deadline of December 27, 2008.

Quebec Class Members who commence or have commenced individual proceedings and fail to discontinue such individual proceedings by the Opt Out Deadline shall be deemed to have Opted Out.

A Class Member who is a member of both the Quebec Class and Ontario National Class shall by Opting Out of one be deemed to have Opted Out of both.

Class Members who do not Opt Out shall be bound by this Settlement Agreement and, in the absence of a timely Claim, shall not be entitled to any payment under this Settlement Agreement.

Opt Out Forms can be obtained by calling the Claims Administrator at: 1-866-316-1211.

C. Required Documentation

Product Ingestion Documentation:

- (a) pharmacy records; or
- (b) medical records reflecting a prescription for Tequin; or
- (c) if both (a) and (b) are not available, a written statement signed by the treating physician stating that the Tequin Recipient was provided or prescribed Tequin and on what date such provision or prescription was made. Such statement cannot rest upon unacceptable and insufficient proof as outlined below, (see "Unacceptable Product Ingestion Documentation"), and it must be accompanied by an affidavit from the Claimant stating:
 - (i) the steps taken by the Claimant to obtain Product Ingestion Documentation as outlined above; and
 - (ii) the responses, if any, to those steps.
- (d) if unable to provide Product Ingestion Documentation as outlined in (a), (b), and (c) above, the Claimant may submit to the Claims Administrator such other objective verification of the ingestion of Tequin as may be acceptable to the Claims Administrator. Such objective verification cannot rest upon unacceptable and insufficient proof as described below (see "Unacceptable Product Ingestion Documentation"). Such other objective verification must be accompanied by an affidavit from the Claimant stating:
 - (i) the steps taken by the Claimant to obtain Product Ingestion Documentation as outlined in Subparagraphs (a), (b), and (c) above; and

- (e) the responses, if any, to those steps.

Additionally, a sworn statement will be required stating that the Tequin Recipient ingested Tequin following the prescription or provision of Tequin, and the date(s) on which ingestion occurred.

Unacceptable Product Ingestion Documentation

The following type of evidence shall be deemed to be unacceptable Product Ingestion Documentation:

- (a) statements from medical personnel describing their typical or general practices during a given time period, or a statement from the Tequin Recipient or any other person that seeks to verify Tequin ingestion based upon recollection;
- (b) records, statements or other terminology which does not specifically identify Tequin as the drug prescribed.

The above is intended to be representative of unacceptable proof of product ingestion, without limiting the unacceptable nature of other types of evidence as the Claims Administrator shall determine.

Supporting Documentation

1. Medical Records Showing One or More of the Following:

- (a) Dysglycemia – medically treated with no hospital admission

Medical records from a treating physician demonstrating treatment for a dysglycemic event within 10 days of ingesting Tequin.

- (b) Dysglycemia - medically treated with hospital admission

Hospital records from an admission in which medical treatment was provided for a dysglycemic event within 10 days of ingesting Tequin.

- (c) Kidney damage

Renal Insufficiency – Complete medical records (including treating physician and/or hospital, both if applicable) which evidence 1) a dysglycemic event within 10 days of ingesting Tequin; and 2) following the ingestion of Tequin, two high creatinine results, which results must be at least six months apart, and which must be higher than the Tequin Recipient's creatinine levels prior to ingesting Tequin.

Ongoing kidney dialysis – Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin; and 2) following the ingestion of Tequin, kidney dialysis continuing for more than one month and evidence that the requirement for kidney dialysis is causally related to the dysglycemic event.

Kidney transplant – Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin; and 2) following the ingestion of Tequin, kidney transplant or listing on a kidney transplant list, which is causally related to the dysglycemic event.

- (d) Acute Coronary Syndrome (ACS) following Diabetic Ketoacidosis (DKA), Hyperglycemic Hyperosmolar State (HHS) or other diagnosis related to dysglycemia

Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin; 2) ACS following DKA or HHS or other diagnosis which is causally related to the dysglycemic event; and 3) increased level of disability following the ACS, if any, as classified using the New York Heart Association Functional Classification System, or other similar medical classification scale. If increased level of disability is not evidenced within the complete medical records provided, it may be supported by a medical report prepared by the treating physician which describes the level of disability using the New York Heart Association Functional Classification System.

- (e) Coma following Diabetic Ketoacidosis (DKA), Hyperglycemic Hyperosmolar State (HHS) or other diagnosis related to dysglycemia

Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin resulting in coma; and 2) the level of disability resulting from the dysglycemic event and coma, if any, as classified using the Extended Glasgow Outcome Scale. If level of disability is not evidenced within the complete medical records provided, it may be supported by a report prepared by the treating physician, which describes the level of disability using the Extended Glasgow Outcome Scale.

- (f) Trauma, including fractures

Complete medical records (including treating physician and/or hospital, both if applicable) in which medical treatment was provided for trauma, including fractures, causally related to a dysglycemic event which event occurred within 10 days of ingesting Tequin.

- (g) Stroke

Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin resulting in stroke; and 2) treatment for stroke including a report from a Board-certified neurologist which is based on examination undertaken at least 6 weeks following the stroke occurrence and which describes the level of disability following the dysglycemic event utilizing the Disability Rating Scale.

- (h) Death

Complete medical records (including treating physician and/or hospital, both if applicable) which evidence a dysglycemic event within 10 days of ingesting Tequin which event is causally related to the death, and a coroner report (if available) and death certificate.

2. Permanent loss (due to death or injury) or temporary interruption of employment

- (a) In order to maintain a claim for loss of employment or for temporary interruption of employment, the Claimant must otherwise be eligible and qualify for 45 points or more within a single condition/event as identified in the Points Distribution and must provide: 1) acceptable evidence that the Tequin Recipient's employment loss or employment interruption was mainly due to a dysglycemic event suffered within ten days of ingesting Tequin, and related to Tequin pursuant to the provisions in Exhibit "C"; 2) proof of

termination from employment or of temporary interruption (correspondence from former employer); and 3) pay stubs, tax returns, notices of assessment, contracts or other documentation which establishes the level of salary being paid the Tequin Recipient prior to the dysglycemic event.

- (b) If requested, a release for the Tequin Recipient's complete employment file shall be executed in a form provided for by the Claims Administrator.
3. Loss of driver's licence due to a compensable event under the terms of this Agreement
- (a) In order to maintain a claim for loss of driver's licence, the Claimant must otherwise be eligible for compensation under the terms of this Agreement, and the Claimant must provide an affidavit specifying that the Tequin Recipient's loss of driver's licence was mainly due to a dysglycemic event suffered within ten days of ingesting Tequin.
4. Discretionary Points
- (a) The Claims Administrator may, in its discretion, award points for substantiated circumstances evidencing hardship that are not otherwise provided for in the Point Distribution List.

The Claimant shall bear the cost of obtaining the necessary documentation and submitting copies to the Claims Administrator

D. Derivative Claimant Settlements

Children of Tequin Recipients who are under the age of 18 on the date of the dysglycemic event suffered by the Tequin Recipient, and spouses of Tequin Recipients (including common-law and same-sex), shall receive 6% of the amount awarded to the related Tequin Recipient, subject to the below provision (see "Maximum Derivative Claimant Payments Per Family").

All other Derivative Claimants shall receive 2% of the amount awarded to the related Tequin Recipient, subject to the below provision (see "Maximum Derivative Claimant Payments Per Family").

In order to be eligible as a Derivative Claimant, proof of one's relationship to the Tequin Recipient is required. For example, spouses must provide a copy of their marriage certificate or other document evidencing the relationship to the Tequin Recipient. Children of Tequin Recipients must provide a Certificate of Live Birth or Long-Form Birth Certificate, indicating the parents at birth, or a copy of the short-term birth certificate, any other document indicating the relationship, or an affidavit signed by the Tequin Recipient.

Maximum Derivative Claimant Payments Per Family

In the event that a Tequin Recipient has Derivative Claimants eligible for benefits the total of which benefits would exceed 20% of the amount awarded to the related Tequin Recipient, the total benefits paid to the Derivative Claimants shall be divided on a pro-rata basis with the total derivative payments equal to 20% of the amount awarded to the related Tequin Recipient.

Derivative Claimant Settlement Payment Provisions

Compensation which is payable to a derivative infant claimant who, at the time of payment, is 18 years of age or older, shall be paid directly to the said infant claimant.

For Derivative Claimants who are under age 18 at the time of payment, payments under \$5,000.00 shall be paid to the related Tequin Recipient or Representative Claimant in trust, while payments of \$5,000.00 or more shall be paid into Court unless otherwise ordered by the Court.

E. Deficiencies

There are opportunities for correcting some deficiencies. If, during Claims processing, the Claims Administrator finds that technical deficiencies exist in a Claimant's Claim Form or Supporting Documentation that the Claims Administrator determines preclude the proper processing of such Claim, the Claims Administrator shall notify the Claimant via first class regular mail of the technical deficiencies, and shall allow the Claimant forty-five (45) days from the mailing of such notice to correct the deficiencies. If the deficiencies are not corrected within the forty-five (45) day period, the Claims Administrator shall reject the Claim. The Claimant will have no further opportunity to correct the technical deficiency;

Technical deficiencies shall not include missing deadlines for submitting Claim Forms, or failing to file sufficient Supporting Documentation to support the Claim which has been made.

F. Appeal of Claims

The Claims Administrator shall notify Claimants of the disposition of their Claims by regular first class mail directed to their last mailing address provided by the Claimant to the Claims Administrator. Claimants will be granted a forty-five (45) day period from the date of mailing of such notification to appeal the classification or rejection of their Claim. No appeal is available with respect to Claims for Discretionary Points. Such appeal will be on the basis of written submissions only, supported only by the original documentation provided to the Claims Administrator. The appeals will be determined by the Courts. Appeals by Claimants normally resident in Quebec shall be to the Quebec Court. Appeals by Claimants normally resident in a province or territory other than in Quebec shall be to the Ontario Court.

The Courts may appoint referees to review and make recommendations on all appeals. If referees are appointed their reasonable costs shall be paid from the settlement funds.

The judgment of the Courts respecting any appeal from the Claims Administrator's decision is final and binding and shall not be the subject of any further appeal or revision.

3. Tequin Settlement Claim Form Instructions

To establish your right to compensation under the terms and conditions of the Tequin Settlement Agreement, you **must submit a completed, executed and verified Claim Form, along with any Supporting Documentation** to the Claims Administrator at the address below, postmarked no later than **February 27, 2009**.*** Failure to do so will result in the rejection of your claim.

Persons who do not submit a fully completed Claim Form shall forever forfeit their right to compensation from the Settlement Fund and will be precluded from ever bringing an action against any of the Released Parties unless they have previously Opted Out of this Settlement.

Tequin Recipient Claimants

A Tequin Recipient is any resident of Canada who ingested Tequin during the class period. If you are a Tequin Recipient and wish to make a claim under this Settlement Agreement, you must complete sections I, V-VIII, and IV if applicable, of the Claim Form and provide all Supporting Documentation.

Representative Claimants

A Representative Claimant is any personal representative, heir, assign or trustee of a Tequin Recipient. If you are a Representative Claimant and wish to make a claim under this Settlement Agreement, you must complete sections I, II, V-VIII, and IV if applicable, of the Claim Form and provide proof of your authority to act as the representative of the Tequin Recipient.

Derivative Claimants

A Derivative Claimant is any resident of Canada asserting a right in this Settlement Agreement by reason of their familial relationship with the Tequin Recipient, including without limitation, spouses, common-law spouses, same-sex partners, parents, grandparents, siblings or children by birth, marriage or adoption. If you are a Derivative Claimant and wish to make a claim under this Settlement Agreement, you must complete sections I, III, VIII, and IV if applicable, of the Claim Form. Be sure to identify the Tequin Recipient (the source of your entitlement) along with proof of your relationship to the Tequin Recipient.

If you require assistance or advice regarding completion of the Claim Form or have questions or concerns regarding your claim, you may retain legal counsel at your own expense, or contact the Claims Administrator at: 1-866-316-1211.

Please keep copies of all documentation sent to the Claims Administrator for your records. You are urged to act immediately. Do not wait until the last few weeks before the claims deadline, as completing the documentation process takes time.

4. Medical Direction/Consent Form

See Page 8 of Claims Booklet.

This must be completed and returned with the signed and completed Claim Form. If making a claim as, or on behalf of, a Tequin Recipient.

5. General Direction/Canada Customs/Revenue Canada Direction/Consent Form

See Page 9 of Claims Booklet.

This must be completed and returned with the signed and completed Claim Form.

TEQUIN POINT DISTRIBUTION FOR ELIGIBLE CLAIMANTS

CONDITION/ EVENT	POINTS ALLOCATED																		
Dysglycemia – medically treated with no hospital admission	1																		
Dysglycemia – medically treated with hospital admission	2 points per day to a maximum of 10 days																		
Kidney damage 1. Renal Insufficiency 2. Ongoing kidney dialysis 3. Kidney transplant	15 45 45																		
Acute Coronary Syndrome (ACS) following Diabetic Ketoacidosis (DKA), Hyperglycemic Hyperosmolar State (HHS), or other diagnosis which is related to dysglycemia	<table border="1"> <thead> <tr> <th colspan="3" data-bbox="706 718 1416 814">New York Heart Association Functional Classification System</th> </tr> <tr> <th data-bbox="706 814 919 884">Category</th> <th data-bbox="919 814 1255 884">Nature of Disability</th> <th data-bbox="1255 814 1409 884">Points</th> </tr> </thead> <tbody> <tr> <td data-bbox="706 884 919 1129">Class IV (Severe)</td> <td data-bbox="919 884 1255 1129">Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.</td> <td data-bbox="1255 884 1409 1129">60</td> </tr> <tr> <td data-bbox="706 1129 919 1392">Class III (Moderate)</td> <td data-bbox="919 1129 1255 1392">Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea</td> <td data-bbox="1255 1129 1409 1392">45</td> </tr> <tr> <td data-bbox="706 1392 919 1608">Class II (Mild)</td> <td data-bbox="919 1392 1255 1608">Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.</td> <td data-bbox="1255 1392 1409 1608">30</td> </tr> <tr> <td data-bbox="706 1608 919 1814">Class I (Mild)</td> <td data-bbox="919 1608 1255 1814">No limitation or physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea (shortness of breath)</td> <td data-bbox="1255 1608 1409 1814">15</td> </tr> </tbody> </table>	New York Heart Association Functional Classification System			Category	Nature of Disability	Points	Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.	60	Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea	45	Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.	30	Class I (Mild)	No limitation or physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea (shortness of breath)	15
New York Heart Association Functional Classification System																			
Category	Nature of Disability	Points																	
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.	60																	
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea	45																	
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.	30																	
Class I (Mild)	No limitation or physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea (shortness of breath)	15																	

<p>Coma following Diabetic Ketoacidosis (DKA), Hyperglycemic Hyperosmolar State (HHS), or other diagnosis which is related to dysglycemia</p>	<p style="text-align: center;">Disability Rating Scale</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Overall Score</th> <th style="width: 60%;">Level of Disability</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>None</td> <td>0</td> </tr> <tr> <td>1</td> <td>Mild</td> <td>15</td> </tr> <tr> <td>2-3</td> <td>Partial</td> <td>25</td> </tr> <tr> <td>4-6</td> <td>Moderate</td> <td>35</td> </tr> <tr> <td>7-11</td> <td>Moderately Severe</td> <td>45</td> </tr> <tr> <td>12-16</td> <td>Severe</td> <td>55</td> </tr> <tr> <td>17-21</td> <td>Extremely Severe</td> <td>65</td> </tr> <tr> <td>22-24</td> <td>Vegetative State</td> <td>80</td> </tr> <tr> <td>25-29</td> <td>Extreme Vegetative State</td> <td>90</td> </tr> <tr> <td>30</td> <td>Death</td> <td>45</td> </tr> </tbody> </table>	Overall Score	Level of Disability	Points	0	None	0	1	Mild	15	2-3	Partial	25	4-6	Moderate	35	7-11	Moderately Severe	45	12-16	Severe	55	17-21	Extremely Severe	65	22-24	Vegetative State	80	25-29	Extreme Vegetative State	90	30	Death	45
Overall Score	Level of Disability	Points																																
0	None	0																																
1	Mild	15																																
2-3	Partial	25																																
4-6	Moderate	35																																
7-11	Moderately Severe	45																																
12-16	Severe	55																																
17-21	Extremely Severe	65																																
22-24	Vegetative State	80																																
25-29	Extreme Vegetative State	90																																
30	Death	45																																
<p>Trauma, including fractures</p>	<p style="text-align: center;">15</p>																																	
<p>Stroke</p>	<p style="text-align: center;">Glasgow Outcome Scale</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Category</th> <th style="width: 60%;">Level of Disability</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr> <td>Category 1</td> <td>Death</td> <td>45</td> </tr> <tr> <td>Category 2</td> <td>Vegetative State</td> <td>80</td> </tr> <tr> <td>Category 3</td> <td>Severe Disability-Upper</td> <td>65</td> </tr> <tr> <td>Category 4</td> <td>Severe Disability-Lower</td> <td>55</td> </tr> <tr> <td>Category 5</td> <td>Moderate Disability-Upper</td> <td>45</td> </tr> <tr> <td>Category 6</td> <td>Moderate Disability-Lower</td> <td>35</td> </tr> <tr> <td>Category 7</td> <td>Good Recovery-Upper</td> <td>25</td> </tr> <tr> <td>Category 8</td> <td>Good Recovery-Lower</td> <td>15</td> </tr> </tbody> </table>	Category	Level of Disability	Points	Category 1	Death	45	Category 2	Vegetative State	80	Category 3	Severe Disability-Upper	65	Category 4	Severe Disability-Lower	55	Category 5	Moderate Disability-Upper	45	Category 6	Moderate Disability-Lower	35	Category 7	Good Recovery-Upper	25	Category 8	Good Recovery-Lower	15						
Category	Level of Disability	Points																																
Category 1	Death	45																																
Category 2	Vegetative State	80																																
Category 3	Severe Disability-Upper	65																																
Category 4	Severe Disability-Lower	55																																
Category 5	Moderate Disability-Upper	45																																
Category 6	Moderate Disability-Lower	35																																
Category 7	Good Recovery-Upper	25																																
Category 8	Good Recovery-Lower	15																																

Death (excluding death from Coma or Stroke))	45		
Permanent loss of employment – interruption of employment income for greater than 12 months	Annual Income at time of injury	Age at Time of Employment Loss	Points Awarded
	\$100,000 +	under 31 31-35 36-40 41-45 46-50 51-55 56-60 over 60	290 260 230 190 150 110 70 20
	\$76,000 - \$99,999	under 31 31-35 36-40 41-45 46-50 51-55 56-60 over 60	250 230 200 170 130 100 60 17
	\$51,000 - \$75,999	under 31 31-35 36-40 41-45 46-50 51-55 56-60 over 60	180 170 140 120 100 70 40 13
	\$31,000- \$50,999	under 31 31-35 36-40 41-45 46-50 51-55 56-60 over 60	120 110 100 80 60 40 30 10
	\$30,999 or less	under 31 31-35 36-40 41-45 46-50 51-55 56-60 over 60	70 65 60 50 40 30 20 10

Temporary interruption in employment income – less than 12 months in duration	Annual Income at time of injury	Number of employment days lost	Points Awarded
	\$100,000 +	1-60 61-180 181-365	2 8 19
	\$76,000 - \$99,999	1-60 61-180 181-365	2 7 16
	\$51,000 - \$75,999	1-60 61-180 181-365	1 5 12
	\$31,000- \$50,999	1-60 61-180 181-365	1 3 8
	\$30,999 or less	1-60 61-180 181-365	1 2 5
Loss of Driver's Licence	Duration of Loss	Points Awarded	
	Less than 3 months	1	
	4 to 6 months	2	
	7 to 12 months	4	
	Greater than 12 months	6	
Discretionary Points	Up to a maximum of 30 points		

IMPORTANT DEADLINES:

December 27, 2008 – Deadline to Opt-Out of Settlement Agreement

February 27, 2009 – End of Claim Period. Deadline to File Claim

ALL REQUIRED CLAIM FORMS AND DOCUMENTATION,
MUST BE SUBMITTED BY THE ABOVE LISTED DEADLINES TO:

**RicePoint Class Action Services Inc.
P.O. Box 39060
London, ON N5Y 5L1
1-866-316-1211**

If you send your claim package by courier, please use the services of Canada Post
as other courier services will not be able to deliver to a P.O. Box

***** In no event will claims postmarked after February 27, 2009 be considered *****

CLAIMS CHECKLIST

(Please check off all applicable boxes below concerning your claim)

Tequin Recipients

- Claim Form (sections I,V-VIII and IV if applicable)
- Product Ingestion Documentation
 - Prescription Records, or
 - Medical Records reflecting prescription for Tequin; or
 - Signed statement by treating physician AND Sworn Affidavit
- Adverse Event Documentation
 - Medical Records
 - Proof of Loss/Interruption of Employment
 - Proof of Loss of Licence
 - Claimant Affidavit
- Medical Direction/Consent Form
- Canada Customs/Revenue Canada Direction/Consent Form

Representative Claimants

- Claim Form (sections I, II, V-VIII and IV if applicable)
 - Proof of Representative Capacity
 - All Tequin Recipient Data (see above "Tequin Recipients" checklist)
- Medical Direction/Consent Form
- Canada Customs/Revenue Canada Direction/Consent Form

Derivative Claimants

- Claim Form (sections I, III, VIII and IV if applicable)
 - Proof of Relationship to Tequin Recipient
 - Documentation:
 - Birth Certificate; and/or
 - Marriage Certificate; and/or
 - Other
 - Affidavit

TEQUIN CLAIM FORM

PRIVATE & CONFIDENTIAL

**** PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ****

<input type="checkbox"/> Tequin Recipient Complete Sections I, V-VIII and IV if applicable	<input type="checkbox"/> Representative of a Tequin Recipient Complete Sections I, II, V-VIII and IV if applicable	<input type="checkbox"/> Derivative Claimant Complete Sections I, III, VIII and IV if applicable
--	--	--

SECTION I

MUST BE COMPLETED FOR ALL CLAIMS

IDENTIFICATION OF TEQUIN RECIPIENT

Name:

Mr. / Mrs. / Miss / Ms.

Current Address:

Apt/No/Street City Province Postal Code

Telephone:

Home: () Work: ()

Cell: () Fax: ()

Email Address:

Date of Birth

Date of Death
(if applicable)

Death Certificate Attached

Health Card #

SIN #

SECTION II

TO BE COMPLETED ONLY IF SUBMITTING A CLAIM AS A REPRESENTATIVE CLAIMANT. THIS INCLUDES PERSONAL REPRESENTATIVES, HEIRS, ASSIGNS, AND TRUSTEES OF TEQUIN RECIPIENTS.

SECTION I MUST BE COMPLETED AND PROOF OF AUTHORITY TO ACT AS THE REPRESENTATIVE OF THE TEQUIN RECIPIENT MUST BE SUBMITTED WITH THE CLAIM.

IDENTIFICATION OF REPRESENTATIVE

Name:

Mr. / Mrs. / Miss / Ms.

Current Address:

Apt/No/Street City Province Postal Code



Telephone:	Home: ()	Work: ()
	Cell: ()	Fax: ()
Email Address:	_____	
Type of Representation:	<input type="checkbox"/> Parent <input type="checkbox"/> Trustee <input type="checkbox"/> Proof of Representation Attached <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Executor	
I am applying on behalf of a :	<input type="checkbox"/> Minor <input type="checkbox"/> Incapable Person <input type="checkbox"/> Estate	

SECTION III

TO BE COMPLETED ONLY IF SUBMITTING A CLAIM AS A DERIVATIVE CLAIMANT. THIS INCLUDES: SPOUSES, COMMON-LAW SPOUSES, SAME-SEX PARTNERS, PARENTS, GRANDPARENTS, SIBLINGS, OR CHILDREN, BY BIRTH MARRIAGE OR ADOPTION.

SECTION I MUST BE COMPLETED IDENTIFYING THE SOURCE OF ENTITLEMENT AS A DERIVATIVE CLAIMANT AND DOCUMENTATION PROVING THE RELATIONSHIP TO THE TEQUIN RECIPIENT MUST ALSO BE SUBMITTED WITH THE CLAIM FORM

IDENTIFICATION OF DERIVATIVE CLAIMANT

Name:	_____			
	Mr. / Mrs. / Miss / Ms.			
Current Address:	_____			
	Apt/No/Street	City	Province	Postal Code
Telephone:	Home: ()		Work: ()	
	Cell: ()		Fax: ()	
Email Address:	_____			
Date of Birth:	_____			
Relationship to Tequin Recipient:	_____			



PLEASE NOTE: IF THE BELOW SECTION IS COMPLETED, ALL CORRESPONDENCE WILL BE FORWARDED TO THE BELOW ADDRESS. IF ANY OF THE INFORMATION BELOW CHANGES, THE CLAIMS ADMINISTRATOR MUST BE NOTIFIED IN WRITING OF THE NEW INFORMATION.

SECTION IV				
TO BE COMPLETED ONLY IF THE APPLICANT IS REPRESENTED BY A LAWYER				
LAWYER INFORMATION				
Name of Law Firm:	_____			
Lawyer Name:	_____			
Address:	_____			
	Apt/No/Street	City	Province	Postal Code
Telephone:	Home: ())		Work: ())	
	Cell: ())		Fax: ())	
Law Society No.:	_____			

SECTION V				
PROOF OF INGESTION & SUPPORTING DOCUMENTATION				
(A) PHARMACY RECORDS				
<p>PLEASE ATTACH ALL PRESCRIPTION RECORDS AS PROVIDED BY THE PHARMACY(S) THAT FILLED TEQUIN PRESCRIPTIONS FOR THE TEQUIN RECIPIENT. THESE RECORDS MUST IDENTIFY THE PERSON WHO INGESTED THE TEQUIN ALONG WITH THE QUANTITY, FREQUENCY, DOSAGE, NUMBER OF REFILLS PRESCRIBED, PRESCRIBING PHYSICIAN, PRESCRIPTION NUMBER, AND FILL DATES. IN ADDITION, THE PRESCRIPTION CHART BELOW <u>MUST</u> BE COMPLETED.</p>				
<p>For any Tequin ingested, which was dispensed by a pharmacy, provide the following:</p>				
Pharmacy 1:				
Address:	_____			
	Street	City	Province	Postal Code
Telephone:			Fax:	
Pharmacy 2:				
Address:	_____			
	Street	City	Province	Postal Code
Telephone:			Fax:	
<p>IF MORE THAN TWO PHARMACIES DISPENSED THE TEQUIN, PLEASE ATTACH ANOTHER PAGE WITH THE RELEVANT INFORMATION FOR EACH ADDITIONAL PHARMACY</p>				



Tequin Prescription (Rx) Chart:

Name on Rx	Quantity	Frequency	Dosage	No. of Refills	Prescribing Physician	Prescription No.:	Original Date Filled	Subsequent Refill Date(s)

(B) MEDICAL RECORDS

PLEASE ATTACH ALL SUPPORTING MEDICAL DOCUMENTATION/RECORDS FROM YOUR TREATING PHYSICIAN

(C) WRITTEN STATEMENT

IF PHARMACY RECORDS AND MEDICAL RECORDS ARE NOT AVAILABLE, PLEASE SUBMIT A WRITTEN STATEMENT SIGNED BY THE TREATING PHYSICIAN STATING THAT THE TEQUIN RECIPIENT WAS PROVIDED AND/OR PRESCRIBED TEQUIN AND THE DATE OF SUCH PRESCRIPTION. THIS WRITTEN STATEMENT MUST BE ACCOMPANIED BY A SWORN AFFIDAVIT FROM THE CLAIMANT STATING:

- THE STEPS TAKEN BY THE CLAIMANT TO OBTAIN PRODUCT INGESTION DOCUMENTATION AS OUTLINED IN THE INSTRUCTIONS; AND
- THE RESPONSES, IF ANY OF THOSE STEPS

(D) OTHER VERIFICATION

IF PRODUCT INGESTION DOCUMENTATION IS UNAVAILABLE, THE CLAIMANT MAY SUBMIT SUCH OTHER VERIFICATION OF THE INGESTION OF TEQUIN AS MAY BE ACCEPTABLE TO THE CLAIMS ADMINISTRATOR. SUCH VERIFICATION MUST BE ACCOMPANIED BY A SWORN AFFIDAVIT FROM THE CLAIMANT STATING:

- THE STEPS TAKEN BY THE CLAIMANT TO OBTAIN PRODUCT INGESTION DOCUMENTATION AS OUTLINED IN THE INSTRUCTIONS;
- THE RESPONSES, IF ANY OF THOSE STEPS; AND
- STATING THAT THE TEQUIN RECIPIENT INGESTED TEQUIN FOLLOWING THE PRESCRIPTION OR PROVISION OF TEQUIN AND THE DATES ON WHICH SAID INGESTION OCCURRED.

EXAMPLES OF UNACCEPTABLE PRODUCT INGESTION DOCUMENTATION:

- STATEMENTS FROM MEDICAL PROFESSIONALS DESCRIBING THEIR TYPICAL OR GENERAL PRACTICES DURING A GIVEN TIME PERIOD;
- A STATEMENT FROM THE TEQUIN RECIPIENT OR ANY OTHER PERSON THAT SEEKS TO VERIFY TEQUIN INGESTION BASED UPON RECOLLECTION;
- RECORDS, STATEMENTS OR TERMINOLOGY WHICH DOES NOT SPECIFICALLY IDENTIFY TEQUIN AS THE DRUG PRESCRIBED.



SECTION VI

ADVERSE EVENT(S) & SUPPORTING DOCUMENTATION

IN ADDITION TO THE INGESTION DOCUMENTATION REQUIRED PURSUANT TO SECTION V, DOCUMENTATION MUST BE PROVIDED WITH RESPECT TO ANY OF THE FOLLOWING (PLEASE MARK ALL THAT APPLY TO THE TEQUIN RECIPIENT):

MEDICAL

(A) Dysglycemia medically treated with no hospital admission

- Medical records from a treating physician demonstrating treatment for a dysglycemic event within 10 days of ingesting Tequin

(B) Dysglycemia medically treated with hospital admission

- Hospital records from an admission in which medical treatment was provided for a dysglycemic event within 10 days of ingesting Tequin

(C) Kidney Damage

- Renal Insufficiency – Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin; and 2) following the ingestion of Tequin, two high creatinine results, which results must be at least six months apart, and which must be higher than the Tequin Recipient's creatinine levels prior to ingesting Tequin.
- Ongoing Kidney Dialysis – Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin; and 2) following the ingestion of Tequin, kidney dialysis continuing for more than one month and evidence that the requirement for kidney dialysis is causally related to the dysglycemic event.
- Kidney Transplant – Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) A dysglycemic event within 10 days of ingesting Tequin; and 2) Following the ingestion of Tequin, kidney transplant or listing on a kidney transplant list, which is causally related to the dysglycemic event.

(D) Acute Coronary Syndrome (ACS) following Diabetic Ketoacidosis (DKA), Hyperglycemic Hyperosmolar State (HHS) or other diagnosis related to dysglycemia

- Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin; 2) ACS following DKA or HHS or other diagnosis which is causally related to the dysglycemic event; and 3) increased level of disability following the ACS, if any, as classified using the New York Heart Association Functional Classification System, or other similar medical classification scale. If increased level of disability is not evidenced within the complete medical records provided, it may be supported by a medical report prepared by the treating physician which describes the level of disability using the New York Heart Association Functional Classification System.

(E) Coma following Diabetic Ketoacidosis (DKA), Hyperglycemic Hyperosmolar State (HHS) or other diagnosis related to dysglycemia

- Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin resulting in coma; and 2) the level of disability resulting from the dysglycemic event and coma, if any, as classified using the Extended Glasgow Outcome Scale. If level of disability is not evidenced within the complete medical records provided, it may be supported by a report prepared by the treating physician, which describes the level of disability using the Extended Glasgow Outcome Scale.

(F) Trauma, including fractures

- Complete medical records (including treating physician and/or hospital, both if applicable) in which medical treatment was provided for trauma, including fractures, causally related to a dysglycemic event which occurred within 10 days of ingesting Tequin.

(G) Stroke

- Complete medical records (including treating physician and/or hospital, both if applicable) which evidence: 1) a dysglycemic event within 10 days of ingesting Tequin resulting in stroke; and 2) treatment for stroke including a report from a Board-certified neurologist which is based on examination undertaken at least 6 weeks following the stroke occurrence and which describes the level of disability following the dysglycemic event utilizing the Disability Rating Scale.

(H) Death

- Complete medical records (including treating physician and/or hospital, both if applicable) which evidence a dysglycemic event within 10 days of ingesting Tequin which event is causally related to the death, and a coroner report (if available) and death certificate.

OTHER

(A) Permanent loss (due to death or injury) or temporary interruption of employment

- In order to maintain a claim for loss of employment or for temporary interruption of employment, the Claimant must otherwise be eligible and qualify for 45 points or more within a single condition/event as identified in the Points Distribution and must provide: 1) acceptable evidence that the Tequin Recipient's employment loss or employment interruption was mainly due to a dysglycemic event suffered within ten days of ingesting Tequin, and related to Tequin pursuant to the provisions in Exhibit "C"; 2) proof of termination from employment or of temporary interruption (correspondence from former employer); and 3) pay stubs, tax returns, notices of assessment, contracts or other documentation which establishes the level of salary being paid the Tequin Recipient prior to the dysglycemic event.

If requested, a release for the Tequin Recipient's complete employment file shall be executed in a form provided for by the Claims Administrator.

(B) Loss of driver's licence

- In order to maintain a claim for loss of driver's licence, the Claimant must otherwise be eligible for compensation under the terms of this Agreement, and the Claimant must provide an affidavit specifying that the Tequin Recipient's loss of driver's licence was mainly due to a dysglycemic event suffered within ten days of ingesting Tequin.

SECTION VII

DISCRETIONARY POINTS

The Claims Administrator may, in its discretion, award points for substantiated circumstances evidencing hardship that are not otherwise provided for in the Point Distribution List. To be considered for any discretionary points, please describe in as much detail as possible, such substantial circumstances evidencing hardship. Please attach any supporting documentation to support your claim.



SECTION VIII

CLAIMS VERIFICATION

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- (A) YOU DECLARE UNDER PENALTY OF PERJURY THAT, ALL OF THE INFORMATION PROVIDED IN THIS FORM AND SUBMITTED WITH THIS FORM IS TRUE AND CORRECT;
- (B) YOU ARE BOUND BY THE FULL AND FINAL RELEASE OF ALL YOUR CLAIMS AGAINST THE DEFENDANTS AND OTHER RELEASED PARTIES AS SET FORTH IN THE SETTLEMENT AGREEMENT, WHICH ARE HEREBY INCORPORATED BY REFERENCE HEREIN AND RECEIPT OF BENEFITS UNDER THE TERMS OF THE SETTLEMENT AGREEMENT SHALL BE YOUR EXCLUSIVE REMEDY AGAINST SUCH DEFENDANTS AND OTHER RELEASED PARTIES.

CLAIMANT'S SIGNATURE

Date

Name of Claimant

Signature

REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)

Date

Representative Name

Signature

LAWYER'S SIGNATURE (IF CLAIMANT IS REPRESENTED BY A LAWYER)

Date

Lawyer Name

Signature



