

CLAIM FORM FOR ENDO INTERNATIONAL, PLC PI TRUST DISTRIBUTION PROCEDURES

This proof of PI Trust Claim Form (“**PI Trust** PI Trust Claim Form”) must be completed by each PI Claimant seeking an Award from the Endo Opioid Personal Injury Trust (the “**PI Trust**”) on a PI Claim.¹

FAILURE TO SUBMIT THIS PI TRUST CLAIM FORM AS PROVIDED IN THE PI TDP MAY CAUSE THE PI CLAIM TO BE DEEMED NON-COMPENSABLE UNDER THE PI TDP.

Instructions:

If you hold multiple PI Claims against the Debtors on account of injuries to more than one opioid user, then fill out one PI Trust Claim Form for each of those PI Claims. If you hold multiple PI Claims on account of multiple injuries to the same opioid user, then fill out only one PI Trust Claim Form. One PI Trust Claim Form submitted for a PI Claim shall be deemed to be a PI Trust Claim Form in respect of that PI Claim and also any PI Claims against a Released Person that are associated with that PI Claim.

Follow the instructions of each section carefully to ensure that your PI Trust Claim Form is submitted correctly. If any section does not pertain to your claim, leave it blank. Except as otherwise indicated, all words shall be given their ordinary, dictionary meaning. Submitting this PI Trust Claim Form does not guarantee that you will receive payment from the PI Trust. Whether you will receive payment depends on whether you provide the required submissions, as set forth in the PI TDP and whether your claim meets the eligibility requirements set forth in the PI TDP.

Each PI Claimant is responsible for satisfying any liens that health insurance companies, government entities (including Medicare and Medicaid), or any other third party may have against any Award that may be issued by the PI Trust. By submitting this PI Trust Claim Form and choosing to liquidate your Claim under the PI TDP, you understand that the PI Trust may enter into a lien resolution program (“**LRP**”) and, if the PI TDP does enter into a LRP, you are deemed to consent to the LRP and the PI Trust’s release of information provided in connection with your PI Claim as required under the LRP to identify any liens that may be asserted against an Award based on the PI Claim. If any liens are identified against your Award, the PI Trust may reduce your Award by the amount required to satisfy the lien(s).

Claim Form Submission: You may complete this PI Trust Claim Form online at endopitrust.com or you may submit the completed PI Trust Claim Form by emailing it to endopitrust@endopitrust.com, mailing it to Endo PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930 or faxing it to 205-716-2364.

PART ONE: PERSONAL INFORMATION OF PI CLAIMANT

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in the Endo Opioid Personal Injury Trust Distribution Procedures for PI Claims (“**PI TDP**”), Sale Order, the PI Trust Documents, the PPOC Trust Documents, or the March 2023 Stipulation.

Please fill out only **one** of the following sections (Section 1.A or 1.B).

- If you hold a PI Claim arising from **your own use of opioids** (or if such holder is alive and you are completing this form as his/her representative), fill out **Section 1.A**.
- If you hold a PI Claim due to **use of opioids by a deceased person** (or you are completing this form on behalf of such a holder as his/her representative), fill out **Section 1.B**.

Section 1.A: If you hold a PI Claim arising from your own use of opioids (or if such holder is alive and you are completing this form as his/her representative), then the term “Claimant” in this PI Trust Claim Form refers to the person who used opioids, whether that is you or the person you represent. Please fill out the information below:

Claimant’s Name: _____

Claimant’s Date of Birth: _____

Claimant’s Address: _____

Claimant’s Social Security Number or
Taxpayer ID or Social Insurance Number (Canada): _____

Representative Name (if applicable): _____

Legal Authority for Representative (if applicable): _____
(e.g., POA, Legal Guardian, Conservator)

Section 1.B: If you are filing a PI Claim for a deceased person with a claim due to the deceased person’s use of opioids, or you are completing this form as the representative of an individual with a claim for a deceased person’s use of opioids, please fill out the information below:

Name of Deceased Person Who Used Opioids: _____

Date of Birth of Deceased Person Who Used Opioids: _____

Date of Death: _____

Social Security Number (or Taxpayer ID or Social Insurance Number (Canada)) of Person Who Used Opioids: _____

Name of Claimant Filing Claim on behalf of the Person Who Used Opioids: _____

Claimant's Address: _____

Claimant's Relationship to Person Who Used Opioids: _____
(i.e., parent, sibling, child, spouse, etc.)

Representative Name (if applicable): _____

Legal Authority for Representative (if applicable): _____
(e.g., POA, Legal Guardian, Conservator)

If a Court has appointed you as Executor, Administrator or Personal Representative of the Deceased Person's Estate, then submit the Court Order so appointing you along with your PI Trust Claim Form. If a Court has not appointed you as Executor, Administrator, or Personal Representative of the Deceased Person's Estate, then also execute and submit the appropriate Heirship Declaration attached.

PART TWO: PRESCRIBED MEDICATIONS

Identify the Qualifying Opioids that the opioid user who is the subject of this PI Claim was prescribed. Include evidence of the prescriptions when submitting this PI Trust Claim Form.

- Belbuca
- Opana
- Opana ER
- Percocet
- Depodur
- Zydone
- Name of any other Qualifying Brand Name or Generic Prescribed Opioids Manufactured by the Debtors or Paladin

PART THREE: OPIOID USER AND OPIOID CLAIMANT INJURIES

WARNING: IF YOU DO NOT CHECK ANY INJURIES ON THIS LIST, THEN YOUR PI CLAIMS WILL BE DISALLOWED AND YOU WILL RECEIVE NO RECOVERY

___ ADDICTION

___ OPIOID USE DISORDER

___ WITHDRAWALS

___ OVERDOSE

___ REHAB

___ OTHER: A medical, physical, cognitive, or emotional condition that has been diagnosed as having resulted from such natural persons exposure to Opioids or opioid replacement or treatment medication.

Please enter the earliest date of injury for any injuries checked above: _____

PART FOUR: MEDICAL LIENS

Section 4.A: Did any insurance company pay for medical treatment for the opioid-related injuries that gave rise to your PI Claim?

Yes: _____ No: _____

Section 4.B: In the last 20 years, was the opioid user who is the subject of your claim eligible for coverage by any of the following, or did any of the following actually pay for his/her opioid-related health costs?

Respond by writing “Yes” or “No” next to each insurance provider name, and provide the requested information as to each. If any insurance carrier who provided coverage to the opioid user is not identified, please fill in that carrier’s information at the bottom of the chart.

Type of Insurance:	Yes/No	Street Address:	Phone Number	Policy Number (if any)	Policy Holder	Dates of Coverage
Medicare						
Medicaid						
Tricare						
VA						
Champus						
Private – List name(s) below: _____						

PART FIVE: SIGNATURE

This PI Trust Claim Form must be signed by the Injured Party or the Injured Party's Personal Representative.

Name of person who is signing this form: _____

E-mail address of person who is signing this form: _____

Phone Number of person who is signing this form: _____

I am including the evidence requested above in my submission of this form: Yes: _____ No: _____

I declare under penalty of perjury that the representations made and the information provided on this PI Trust Claim Form are true, correct and complete to the best of my knowledge.

*Signature of PI Claimant (or signature of
Representative Completing this Form for a PI
Claimant)*