

**Must be Postmarked
No Later Than
July 17, 2017**

FOSAMAX/FOSAVANCE: CLASS ACTION
CANADA-WIDE SETTLEMENT AGREEMENT

DERIVATIVE CLAIMANT CLAIM FORM

Private & Confidential

(Please type or use blue or black pen and write legibly)

A. This is a “Derivative Claimant Claim Form” referred to in the Class Action Canada-Wide Settlement Agreement dated April 10, 2015 relating to Fosamax and Fosavance (sometimes referred to as “alendronate”) for the resolution in Canada, and with respect to all residents of Canada, of all Claims against, and all Liabilities of, the Merck Defendants and the other Releasees Connected With Fosamax/Fosavance (the “Settlement Agreement”). Capitalized terms used but not defined in this Derivative Claimant Claim Form shall have the respective meanings assigned to such terms in the Settlement Agreement, including in Annex A thereto. In the event of any conflict between any term of this Derivative Claimant Claim Form and the terms of the Settlement Agreement, the terms of the Settlement Agreement shall prevail.

B. This form is to be used for submitting a claim by or on behalf of a spouse (including common law or same-sex spouses) or child (by birth, marriage or adoption) of a Product User Claimant who had an atypical femur fracture or osteonecrosis of the jaw (the “Eligible Event”).

To be eligible to make a claim, you must have been the spouse or child of the Product User Claimant at the time of the Eligible Event..

C. Please read this Derivative Claimant Claim Form in its entirety and answer all inquiries on the Derivative Claimant Claim Form itself (add additional sheets if necessary) and then sign and date the Derivative Claimant Claim Form. **FAILURE TO FULLY ANSWER ALL INQUIRIES ON THE DERIVATIVE CLAIMANT CLAIM FORM, INCLUDING PROVIDING ALL REQUIRED DOCUMENTATION AND/OR TO SIGN THE DERIVATIVE CLAIMANT CLAIM FORM, WILL RESULT IN YOUR SUBMISSION BEING REJECTED.**

D. **This Derivative Claimant Claim Form, fully completed and properly signed, the Certificate of Service of Derivative Claimant Claim Form (with the appropriate box checked) attached to this Derivative Claimant Claim Form and all requisite documentation, including proof of your relationship (i.e., marriage certificate, birth certificate, baptismal papers, separation agreement, adoption papers, custody judgment, divorce judgment, affidavit) to the Product User Claimant on the date of the Eligible Event, must be submitted (as proven by either the post-mark date (if**

standard lettermail service is used) or the date received by the Claims Administrator (where same-day or overnight courier service is used) or the date the submission is capable of being accessed from the Claims Administrator's online repository (at www.fosamaxclassaction.ca) no later than July 17, 2017. Failure to submit these materials accordingly by this deadline will result in you not being entitled to any compensation pursuant to the Settlement Agreement (but you shall nonetheless shall remain bound by the terms thereof, including the Release set forth therein).

E. To the extent that the person submitting this Derivative Claimant Claim Form on behalf of a putative Eligible Family Member is representing a minor, an incapable person, a person under a disability or the estate of a deceased person, such representative must represent and warrant that he or she is duly authorized as the proper representative to submit the claim and provide proof of same. It is the sole responsibility of the person submitting a claim to take the necessary steps to be appointed as the proper representative by court order, if the applicable law so requires. Additionally, all such persons must comply with all provisions of the Settlement Agreement. If your properly approved representative is required to report any award to any court, the amount of such award shall be maintained in the strictest confidence and all papers shall be filed under seal and all hearings held in private to the extent allowable under the applicable law. Drafts of all such court papers must be approved by the Merck Parties before filing with the court.

F. The signatories to this Derivative Claimant Claim Form, the law firms with which they are affiliated (if any) and the putative Eligible Family Member identified herein specifically agree to maintain the confidentiality of any awards that might result from the Settlement Agreement.

G. **Notice:** In order to possibly be eligible for compensation (in the event that your related Product User Claimant is determined to be a Finally Determined Eligible Product User Claimant), you must properly and fully complete and submit to the Claims Administrator this Derivative Claimant Claim Form and provide to the Claims Administrator proof of one's relationship to your related Product User Claimant, all prior to the Claims Deadline Date. For example:

- a. Spouses must provide a copy of their marriage certificate or other document evidencing the relationship to the relevant Product User Claimant;
- b. Children of Product User Claimants must provide a birth certificate or other relevant documentation which establishes the date of birth of the Eligible Family Member, and, if the last name of the child is different from that of the Product User Claimant, documentation which establishes that the Eligible Family Member is the child of the Product User Claimant.

H. You are encouraged to submit this Derivative Claimant Claim Form and proof of relationship together with the Claims Package submitted by your related Product User Claimant for ease of administration.

I. **Notice: The submission of a Derivative Claimant Claim Form and/or any other documentation to the Claims Administrator, the Merck Parties, Class Counsel or anyone else does not mean that you will receive any payment under the Settlement Agreement. A Finally Determined Eligible Derivative Claimant will be entitled to receive a payment pursuant to the Settlement Agreement only if the related Product User Claimant becomes entitled to receive such a payment as a Finally Determined Eligible Product User Claimant. There are strict eligibility criteria which have been approved by the Courts that a Product User Claimant must first satisfy in order to be entitled to payment under the Settlement Agreement.**

J. **Notice: You understand and agree, as evidenced by your signature below, that you are solely responsible for the complete and final satisfaction of any and all Liens (e.g., by a social assistance provider) that are attached or may become attached at a later date to any award or payment that you may receive under the Settlement Agreement.**

Section 1 - Information re: Alleged Fosamax and/or Fosavance User (Product User Claimant)

a.

Last Name	First Name	Middle Initial
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b. Alleged Product User Claimant's current or last known residence address:

Street Address

City	Province/Territory	Postal Code
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Daytime Phone Number	Evening Phone Number	e-mail address

c. Alleged Product User Claimant's date of birth: _____
(Day/Month/Year)

d. Alleged Product User Claimant's Eligible Event(s):

Atypical Femur Fracture (left leg)

Atypical Femur Fracture (right leg)

Osteonecrosis of the Jaw

Section 2 – Eligible Family Member Identification

Before completing this section, you **MUST** complete Section 1 and identify the alleged Fosamax and/or Fosavance user who is your source of entitlement to make a claim.

a. Relationship to Product User Claimant

b. Derivative Claimant's full name

Last Name

First Name

Middle Initial

c. Address:

Street Address

City

Province /Territory

Postal Code

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Daytime Phone Number

Evening Phone Number

e-mail address

d. Derivative Claimant's date of birth:

(Day/Month/Year)

e. Period of spousal relationship to alleged Product User (if applicable) (specify dates):

f. Language Preference:

English

French

I have included the following supporting documentation as proof of relationship on the date (or respective dates) of the alleged Eligible Event (or alleged Eligible Events):

Birth Certificate

Baptismal Certificate

Marriage Certificate

Separation Contract

Custody Judgment

Adoption papers

Affidavit

Divorce judgment (if you are in a common-law relationship and were previously married)

If you are represented by legal counsel, please complete Section 3. Please ensure your relationship documentation is enclosed and send this Claim Form to the Claims Administrator.

Section 3 – Legal Counsel Identification (if applicable)

This section is to be completed only if a lawyer is representing the Derivative Claimant.

Prefix: Mr. Mrs. Miss Ms. Dr.

First Name

Middle Name

Last Name

Prior Last Name

Street Address

City

Province /Territory

Postal Code

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Daytime Phone Number

Evening Phone Number

e-mail address

Language Preference:

English

French

Section 4 – Legal Representative Identification (if applicable)

This section is to be completed only if this claim is being made by a legal representative (e.g. guardian) on behalf of a Derivative Claimant.

If you are completing this Derivative Claimant Claim Form as a legal representative of a Derivative Claimant, please provide details about your relationship to the Derivative Claimant (e.g., as the guardian of a person who suffers from a disability) and if you are a court-appointed representative, please attach copies of the court orders making such appointment:

Type of legal representative (e.g. guardian): _____

Prefix: Mr. Mrs. Miss Ms. Dr.

First Name

Middle Name

Last Name

Prior Last Name

Street Address

City

Province /Territory

Postal Code

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Daytime Phone Number

Evening Phone Number

e-mail address

Language Preference:

English

French

Section 5 – Eligible Family Member Verification Signature

By signing below, you acknowledge and agree to the following:

A. YOU DECLARE UNDER PENALTY OF PERJURY THAT

- i. YOU ARE AN ELIGIBLE FAMILY MEMBER WITH RESPECT TO THE PERSON IDENTIFIED IN SECTION 1 ABOVE OR THEIR LEGAL REPRESENTATIVE DISCLOSED IN SECTION 4 ABOVE;
- ii. ALL THE INFORMATION PROVIDED AND SUBMITTED IN THIS DERIVATIVE CLAIMANT CLAIM FORM IS TRUE AND CORRECT; AND
- iii. ALL COPIES OF RECORDS SUBMITTED WITH THIS FORM ARE TRUE, COMPLETE AND CORRECT COPIES OF RECORDS PROVIDED BY APPLICABLE RECORDS CUSTODIANS.

B. IF YOU HAD PREVIOUSLY OPTED OUT OF THE CLASS ACTION OF WHICH YOU ARE A MEMBER, YOU HEREBY ELECT TO PARTICIPATE IN AND TO BE BOUND BY THE TERMS AND CONDITIONS OF THE SETTLEMENT AGREEMENT, INCLUDING WITHOUT LIMITATION SECTION 5.1 OF THE SETTLEMENT AGREEMENT. THIS MEANS, WITHOUT LIMITATION, THAT, BY EXECUTION OF THIS DERIVATIVE CLAIMANT CLAIM FORM, PURSUANT TO THE SETTLEMENT AGREEMENT, YOU ARE GRANTING EACH RELEASEE (AS DEFINED IN THE SETTLEMENT AGREEMENT) A COMPLETE AND FINAL RELEASE OF ALL RELEASED CLAIMS/LIABILITIES (AS DEFINED IN THE SETTLEMENT AGREEMENT) AS SET OUT IN SECTION 5.1 OF THE SETTLEMENT AGREEMENT.

C. YOU WILL COMPLY WITH ANY AUDIT UNDERTAKEN IN THE DISCRETION OF THE CLAIMS ADMINISTRATOR, INCLUDING SIGNING A CONSENT FOR RELEASE OF MEDICAL INFORMATION IF REQUESTED TO DO SO. REFUSAL TO COMPLY WITH, OR INTERFERENCE WITH, AN AUDIT SHALL RESULT IN DISQUALIFICATION FROM RECEIPT OF ANY PAYMENT UNDER THE SETTLEMENT AGREEMENT, INCLUDING REVOCATION OF ANY AWARD PREVIOUSLY GRANTED.

D. YOU ARE SOLELY RESPONSIBLE TO RESOLVE, SATISFY AND DISCHARGE ANY AND ALL LIENS WITH RESPECT TO ANY AWARD GRANTED TO YOU (E.G. WHERE ANY AGENCY THAT HAS PROVIDED SOCIAL ASSISTANCE TO YOU IS ENTITLED TO A PORTION OF THE AWARD). NO LIENS MAY BE ASSERTED AGAINST MERCK, THE CLAIMS ADMINISTRATOR OR FUNDS AT ANY TIME HELD IN THE SETTLEMENT ACCOUNT.

Privacy Statement

All personal information provided by or on behalf of the Claimant to the Claims Administrator will be handled in accordance with applicable privacy laws and the Claims Administrator's privacy policies available at www.ricepoint.com. Such information will be used for the purposes of administering the Settlement Agreement, including evaluation by the Claims Administrator, Class Counsel, Defense Counsel, the Referee appointed by the Courts and the Courts of the Claimant's eligibility status under the Settlement Agreement. Personal information provided by the Claimant will not be disclosed without further express written consent of the Claimant, except to Class Counsel, Defense Counsel, the Referee appointed by the Courts and the Courts; to appropriate persons to the extent necessary to process claims or provide benefits under the Settlement Agreement; as otherwise expressly provided in the Settlement Agreement; pursuant to court order, or as otherwise permitted or required by law; as may be reasonably necessary in order to enforce, or for the Class Counsel or Defense Counsel to exercise their respective rights (including their respective response or appeal rights) under the Settlement Agreement; or to the immediate family members, counsel, accountants and/or financial advisors of the Claimant (each of whom the Claimant shall instruct to maintain and honour the confidentiality of such information).

The "Claims Administrator" is defined as RicePoint Administration Inc.

“Defense Counsel” is defined as Merck Canada Inc. (formerly named Merck Frosst Canada Ltd.), Merck Frosst Canada & Co., Merck & Co., Inc., Merck Sharp & Dohme Corp. (formerly named Merck & Co., Inc.), Blake, Cassels & Graydon LLP and Goldman Ismail Tomaselli Brennan & Baum LLP.

“Class Counsel” is defined as McKenzie Lake Lawyers LLP.

PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM (BELOW) AND THAT YOU COMPLETE, SIGN AND DATE THE CERTIFICATE OF SERVICE OF CLAIM FORM. YOUR CLAIM WILL NOT BE PROCESSED WITHOUT THE CERTIFICATE.

Date :

Eligible Family Member’s Signature (or Legal Representative)

Printed Name of Eligible Family Member (or Legal Representative)

Date :

Signature of Eligible Family Member’s Lawyer (if any)

Printed Name of Eligible Family Member’s Lawyer

Certificate of Service of Derivative Claimant Claim Form

I, _____, declare that:
(insert name)

I am at least 18 years of age. My address is:

Street Address City Prov Postal Code

My telephone number is () _____

On _____, I caused to be served the following document(s):
Date

DERIVATIVE CLAIMANT CLAIM FORM(S) FOR THE CLAIM(S) OF:

(insert name(s) of all Claimants whose form(s) are being served with this certificate)

by enclosing the originals of said document(s) in (an) envelope(s) and delivering said envelope(s) to the Claims Administrator at the following address:

**Fosamax/Fosavance Class Action
RicePoint Administration
PO Box 3355
London, Ontario, Canada
N6A 4K3**

in the following manner:

BY MAIL: I know that the envelope was sealed, addressed to the Claims Administrator, with postage thereon fully prepaid, and placed for collection and mailing on this date, with regular Canada Post mail at:

_____; or
City Province

BY ELECTRONIC SERVICE: I submitted the documents to the Claims Administrator electronically on the following website: www.fosamaxclassaction.ca; or

BY SAME-DAY OR OVERNIGHT COURIER: I enclosed the envelope(s) in an overnight courier envelope addressed to the Claims Administrator and deposited same with the overnight courier company.

I declare under penalty of perjury that all of the information provided in the Derivative Claimant Claim Form and in the Certificate of Service of Derivative Claimant Claim Form is true and correct.

Executed on _____, at _____
Date City Province

Printed Name

Signature

Reminder Checklist:

Please sign the above Derivative Claimant Claim Form and Certificate of Service of Claim Form.

Remember to attach supporting documentation where applicable.

Keep a copy of the claim form and all supporting documentation for your records.

- The Claims Administrator will acknowledge receipt of your Derivative Claimant Claim Form by mail within 60 days. Your Derivative Claimant Claim Form is not deemed fully filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1-866-432-5534.
- If you move, it is your responsibility to notify the Claims Administrator of your new address.