

CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

REQUEST FOR EXCEPTION TO 150-MILE RULE

This Form can be used by a Retired NFL Football Player (or his Representative Claimant) to explain why he wishes to be evaluated by a Qualified MAF Physician located more than 150 miles from the Retired Player's primary residence. A Retired Player may not schedule appointments with a Qualified MAF Physician located more than 150 miles from his primary residence without prior approval from the Claims Administrator. You can complete this Form and provide it to us to request that approval.

| I. INFORMATION ON THE RETIRED NFL FOOTBALL PLAYER | | | | | | | | | | | | | |
|---|-------|----------------|-------|----------|------|-------|-------|--------|-------|------|------|-------|-------|
| Settlement Program ID | | | Ш | | | | | | | | | | |
| Retired Player Name | | First | | M.I. | Last | | | | | | | | |
| Retired Player Primary Residence | | Address 1 | | | | | | | | | | | |
| | Ī | Address 2 | | | | | | | | | | | |
| | - | City | | | | | | | | | | | |
| | - | State/Province | | | | | | | | | | | |
| | | Postal Code | | | | | Count | ry | | | | | |
| | II. | INFORMATION | ON TH | E QUALI | FIED | MAF | PHYS | SICIAN | | | | | |
| Use this section to identify from your home. | y the | Qualified MA | F Phy | sician y | ou w | ant t | o see | loca | ted n | nore | than | 150 ı | miles |
| Qualified MAF Physician Name | First | | | M.I. | | Last | | | | | | | |
| Office/Practice Name | | | | | | | | | | | | | |

| III. EXPLANATION | | | | | | | |
|---|---|----------------------------|------|---------------------|--|--|--|
| Check any boxes that apply and explain why the Retired Player wants to see a Qualified MAF Physician located more than 150 miles from his primary residence. If you need more space, attach additional pages. | | | | | | | |
| | None within 150-mi | les | | No availabl days | e appointments within 100 | | |
| | I have an existing d with this provider | octor-patient relationship | | Other | | | |
| Qual | | | | | chedule an appointment with a to schedule an appointment | | |
| IV. SIGNATURE | | | | | | | |
| NFL or R | nature by Retired Football Player epresentative mant | | | Date | | | |
| Prin | ted Name | First | M.I. | Last | | | |