

# CONCUSSION SETTLEMENT

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

SWS-4

## SWORN STATEMENT BY RETIRED NFL FOOTBALL PLAYER: REASONS FOR NO OBJECTIVE EVIDENCE OF ELIGIBLE SEASON(S)

If you are a Retired NFL Football Player and you cannot find any documents or other objective evidence to prove an Eligible Season you allege in support of a Monetary Award claim, you may use this Sworn Statement to explain why there is no such proof available. Section 9.1(a) of the Settlement Agreement allows the Claims Administrator discretion to credit you with one or fewer Eligible Seasons based on your explanation. This form is for Monetary Award claims only. It cannot be used to cure any Registration issues or to establish eligibility for the Baseline Assessment Program.

|  | I. RETIRE   | ED NFL FOOTBALL PLAYER | Information                                      |
|--|---|------------------------|--|
| Settlement Program ID                        |   |                        | <del>                                     </del> |
| Retired NFL Football Player Name             | First   | M.I.                   | Last   |
| Retired NFL Football<br>Player Date of Birth |   |                        |  |
| II.  | REASON(S) FOR LACK OF PROOF OF ELIGIBLE SEASON(S) |                        |  |

List below the basis for your claim that you are entitled to an Eligible Season (or one half an Eligible Season), and explain why you cannot provide proof of the Eligible Season(s) you claim. For squad type, indicate whether you were on the active roster, practice/developmental/taxi squad, or if you were on the injured reserve list or inactive list due to a concussion or head injury. If you need more space, attach supplemental pages.

|    | TEAM | YEAR | SQUAD TYPE | GAMES | REASONS WHY YOU HAVE NO EVIDENCE |
|----|------|------|------------|-------|----------------------------------|
| 1. |      |      |            |       |                                  |
| 2. |      |      |            |       |                                  |

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|    | ТЕАМ | YEAR | SQUAD TYPE | GAMES | REASONS WHY YOU HAVE NO EVIDENCE |
|----|------|------|------------|-------|----------------------------------|
| 3. |      |      |            |       |                                  |
| 4. |      |      |            |       |                                  |
| 5. |      |      |            |       |                                  |
| 6. |      |      |            |       |                                  |
| 7. |      |      |            |       |                                  |
| 8. |      |      |            |       |                                  |

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### III. SIGNATURE

This Sworn Statement is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation, MDL No. 2323.* By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Sworn Statement is true and correct to the best of my knowledge, information and belief.

| Retired NFL Football<br>Player Signature |       |      | Date |  |
|--|-------|------|------|--|
| Printed Name                             | First | M.I. | Last |  |
| IV. Howers Owners Courses Courses        |       |      |      |  |

### IV. How to Submit this Sworn Statement

Complete this Sworn Statement fully, sign it and submit it to the Claims Administrator as part of your Claim Package submission or as a response to any Notice of Claim Package Deficiency before the deadline stated at the top of that Notice. You may submit this Sworn Statement using one of these methods:

| By Mail: (must be postmarked on or before the deadline date stated on any applicable Notice of Claim Package Deficiency.)                  | NFL Concussion Settlement<br>Claims Administrator<br>P.O. Box 25369<br>Richmond, VA 23260 |  |  |
|--|---|--|--|
| By Delivery: (must be placed with the carrier on or before the deadline date stated on any applicable Notice of Claim Package Deficiency.) | NFL Concussion Settlement<br>c/o BrownGreer PLC<br>250 Rocketts Way<br>Richmond, VA 23231 |  |  |
| By Online Portal:  | Go to your secure online portal with the Claims Administrator and upload this signed PDF. |  |  |

### V. How to Contact Us with Questions or for Help

If you are represented by a lawyer, consult with your lawyer if you have questions or need assistance. If you are unrepresented and have any questions about this Sworn Statement or need help, contact us at 1-855-887-3485 or send an email to ClaimsAdministrator@NFLConcussionSettlement.com. If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at www.NFLConcussionSettlement.com to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.