

<b>VIOXX SETTLEMENT PROGRAM CLAIMS ADMINISTRATION PROCEDURE</b>			
<b>Procedure Number</b>	<b>2008-12</b>	<b>Effective Date</b>	<b>October 30, 2008</b>
<b>Subject</b>	<b>Claimants or Derivative Claimants in Pending Bankruptcy Proceedings</b>		

**1. Purpose of this Procedure.** This Procedure defines the documentation required with respect to Enrollment and processing of a claim relating to a Vioxx User Claimant who is the debtor in a bankruptcy proceeding under the United States Bankruptcy Code as of the time of the execution of any of the Enrollment Documents on the Claim (“Bankruptcy Claimant”) or a Derivative Claimant who is the debtor in a bankruptcy proceeding under the United States Bankruptcy Code as of the time of the execution of any of the Enrollment Documents on the Claim (“Bankruptcy Derivative Claimant”).

**2. Definitions and Section References.** Any capitalized terms used in this Procedure and not expressly defined in this Procedure shall have the meanings given to them in the Settlement Agreement. References to Sections are to sections of this Procedure, unless otherwise stated.

**3. Form V2055 Required of all Bankruptcy Claimants and Bankruptcy Derivative Claimants.** If the Claims Administrator is made aware by a Claimant or Primary Counsel of the existence of a Bankruptcy Claimant or Bankruptcy Derivative Claimant in connection with a Claim, the Claims Administrator shall send the Claimant or Primary Counsel a *Bankruptcy Claimant or Derivative Claimant Form (V2055)*. Each Bankruptcy Claimant or Bankruptcy Derivative Claimant shall complete and return the Form to the Claims Administrator.

**4. Signatures Required to Complete Enrollment Documents.**

(a) The Bankruptcy Claimant shall sign the Release of All Claims, Medical Records Authorization Form, and Employment Records Authorization Form in the Enrollment Package on the Claim. The Bankruptcy Derivative Claimant shall sign the Release of All Claims on the Claim.

(b) In addition to the signatures required in Section 4(a), the Trustee appointed in the bankruptcy proceeding of the Bankruptcy Claimant or Bankruptcy Derivative Claimant (“Bankruptcy Trustee”), or such other person appointed by the applicable Bankruptcy Court or pursuant to authority granted by such Bankruptcy Court as the special counsel to the Trustee or other designee of the Trustee (“Bankruptcy Trustee Designee”) shall be required to sign a Releasor Signature Page of the Release of All Claims for a Bankruptcy Claimant or the Derivative Claimant Signature Page of the Release involving a Bankruptcy Derivative Claimant, before such Signature pages shall be considered complete for Enrollment purposes.

**5. Additional Submissions Required.** The Bankruptcy Trustee or Bankruptcy Trustee Designee who executes a Release pursuant to Section 4(b) shall also submit to the Claims Administrator a copy of the order appointing the Bankruptcy or authorizing the

Bankruptcy Trustee to designate the Bankruptcy Trustee Designee as authorized to act on behalf of the Bankruptcy Trustee before the Release of All Claims shall be considered complete for Enrollment purposes.

**6. Payments on a Claim Involving a Bankruptcy Claimant or Bankruptcy Derivative Claimant.** Unless before the time of payment by the Claims Administrator on a Claim the Claims Administrator has received documents establishing that the bankruptcy proceeding of a Bankruptcy Claimant or Bankruptcy Derivative Claimant has been closed or the applicable court has ordered that payment be made in some other manner: (a) on any Claim where the Release of All Claims contains a signature by a Bankruptcy Trustee or Bankruptcy Trustee Designee for a Bankruptcy Claimant, any payments by the Claims Administrator of the Settlement Payment on such Claim shall include the Bankruptcy Trustee or Bankruptcy Trustee Designee as a payee; and (b) in any instance where the Bankruptcy Derivative Claimant would have been listed as an Executing Derivative Claimant on such payment, the payment shall include the Bankruptcy Trustee or Bankruptcy Trustee Designee for such Bankruptcy Derivative Claimant. If a Bankruptcy Trustee or Bankruptcy Trustee Designee for a Bankruptcy Claimant has been included as a payee on any payment, such Bankruptcy Trustee or Bankruptcy Trustee Designee shall have the same responsibility as an Enrolled Program Claimant for the satisfaction and discharge of all Liens under Section 12.1 of the Settlement Agreement and the Claims Administrator will so notify the Bankruptcy Trustee or Bankruptcy Trustee Designee at the time of any payment.

**APPROVED:**

By: Douglas R. Marvin  
Counsel for Merck

Date: October 30, 2008

Name: Douglas R. Marvin

By: \_\_\_\_\_  
NPC Representative

Date: \_\_\_\_\_

Name: Andy Birchfield

By: \_\_\_\_\_  
Claims Administrator

Date: \_\_\_\_\_

Name: Orran L. Brown

Bankruptcy Trustee to designate the Bankruptcy Trustee Designee as authorized to act on behalf of the Bankruptcy Trustee before the Release of All Claims shall be considered complete for Enrollment purposes.

6. *Payments on a Claim Involving a Bankruptcy Claimant or Bankruptcy Derivative Claimant.* Unless before the time of payment by the Claims Administrator on a Claim the Claims Administrator has received documents establishing that the bankruptcy proceeding of a Bankruptcy Claimant or Bankruptcy Derivative Claimant has been closed or the applicable court has ordered that payment be made in some other manner: (a) on any Claim where the Release of All Claims contains a signature by a Bankruptcy Trustee or Bankruptcy Trustee Designee for a Bankruptcy Claimant, any payments by the Claims Administrator of the Settlement Payment on such Claim shall include the Bankruptcy Trustee or Bankruptcy Trustee Designee as a payee; and (b) in any instance where the Bankruptcy Derivative Claimant would have been listed as an Executing Derivative Claimant on such payment, the payment shall include the Bankruptcy Trustee or Bankruptcy Trustee Designee for such Bankruptcy Derivative Claimant. If a Bankruptcy Trustee or Bankruptcy Trustee Designee for a Bankruptcy Claimant has been included as a payee on any payment, such Bankruptcy Trustee or Bankruptcy Trustee Designee shall have the same responsibility as an Enrolled Program Claimant for the satisfaction and discharge of all Liens under Section 12.1 of the Settlement Agreement and the Claims Administrator will so notify the Bankruptcy Trustee or Bankruptcy Trustee Designee at the time of any payment.

**APPROVED:**

By: \_\_\_\_\_  
Counsel for Merck

Date: \_\_\_\_\_

Name: Douglas R. Marvin

By:  \_\_\_\_\_  
NPC Representative

Date: 10/30/08

Name: Andy Birchfield

By:  \_\_\_\_\_  
Claims Administrator

Date: 10/30/08

Name: Orran L. Brown

<b>V2055</b>	<b>CLAIMANTS OR DERIVATIVE CLAIMANTS IN PENDING BANKRUPTCY PROCEEDINGS</b>
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<b>A. VIOXX USER CLAIMANT IN PENDING BANKRUPTCY PROCEEDING</b>
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<b>Name</b>	First	MI	Last
<b>SSN</b>		<b>VCN</b>	

<b>B. DERIVATIVE CLAIMANT IN PENDING BANKRUPTCY PROCEEDING</b>
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<b>Name</b>	First	MI	Last
<b>SSN</b>		<b>VCN</b>	

<b>VCN of Vioxx User Claimant to Which this Claim Relates</b>	
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<b>Vioxx User Claimant Name</b>	First	MI	Last
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<b>C. BANKRUPTCY CASE INFORMATION</b>
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<b>Name of Debtor</b>	First	MI	Last
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<b>Bankruptcy Case Number</b>	<b>Bankruptcy Court</b>	
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<b>Type of Proceeding</b>	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Other Specify: _____
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<b>Name of Person Acting for the Claimant or Derivative Claimant</b>	First	MI	Last
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<b>Capacity in Which Acting</b>	<input type="checkbox"/> Trustee <input type="checkbox"/> Special Counsel for Trustee <input type="checkbox"/> Other Specify: _____
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<b>Proof of Capacity to Act</b>	<input type="checkbox"/> Attach a copy of any Order or other document authorizing this person to act for the Claimant or Derivative Claimant identified in Section A or B of this Form.
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## D. CERTIFICATION

I am counsel for the Vioxx User Claimant or Derivative Claimant identified in this Form. I declare under penalty of perjury under the laws of the United States of America that the information set forth in this Form is true and correct. I acknowledge that Merck and the Claims Administrator are relying upon this information and represent and warrant that: (a) under applicable law, the person identified above has the legal authority to act on behalf of the Vioxx User Claimant or Derivative Claimant identified above in executing the Release of All Claims and any other actions relating to the Vioxx Settlement Program; and (b) the copies of any documents submitted with or in connection with this Form are true and correct.

The Vioxx User Claimant or Derivative Claimant identified in this Form is not represented by counsel. I am authorized to complete this form on behalf of the Vioxx User Claimant and declare under penalty of perjury under the laws of the United States of America that the information set forth in this Form is true and correct. I acknowledge that Merck and the Claims Administrator are relying upon this information and represent and warrant that: (a) under applicable law, the person identified above has the legal authority to act on behalf of the Vioxx User Claimant or Derivative Claimant identified above in executing the Release of All Claims and any other actions relating to the Vioxx Settlement Program; and (b) the copies of any documents submitted with or in connection with this Form are true and correct.

<b>Signature</b>			<b>Date</b>	____/____/____ (month) (day) (year)	
<b>Name</b>	First	MI	Last		
<b>Address</b>	Street/P.O. Box				
	City			State	Zip