

SUMMARY OF DEADLINES FOR MAILING THE BLUE FORM

	WHAT YOU WANT TO DO	OTHER FORMS YOU MUST MAIL WITH THE BLUE FORM FOR THIS CHOICE	POSTMARK DEADLINE TO MAIL FORMS
SEEK FUND A MEDICAL MONITORING BENEFITS	Free Echocardiogram in the AHP Settlement Trust's Screening Program	None	August 1, 2002
	Free Echocardiogram in the Compassionate and Humanitarian Program	BROWN FORM	August 1, 2002
	Reimbursement for Echocardiogram received outside the AHP Settlement Trust's Screening Program	WHITE FORM and GRAY FORM	Mail BLUE and WHITE FORMs by May 3, 2003. Mail GRAY FORM as soon as possible after Echo.
	Reimbursement for Echocardiogram received outside the AHP Settlement Trust's Screening Program	WHITE FORM	August 1, 2002
	Cash or Additional Medical Services	GRAY FORM (if Echo after 9/30/99)	Mail BLUE FORM by May 3, 2003
	Refund of Prescription Costs	None	August 1, 2002
SEEK FUND B MATRIX BENEFITS	Compensation for Matrix-Level Conditions You Have Now	GREEN FORM	Mail BLUE FORM by May 3, 2003. Mail GREEN FORM by December 31, 2015.
	Preserve the Right to Seek Matrix-Level Benefits in the Future	GRAY FORM and GREEN FORM	Mail BLUE FORM by May 3, 2003. Mail GRAY FORM as soon as possible after Echo. Mail GREEN FORM by December 31, 2015.
SEEK TO OPT OUT OF SETTLEMENT	<p align="center">Back-End Opt-Out</p> <p>(Must be diagnosed as FDA Positive or having mild mitral regurgitation by January 3, 2003, must reach a Matrix-Level condition for the first time after September 30, 1999, and must meet other requirements)</p>	ORANGE FORM #3	Mail BLUE Form by May 3, 2003. File ORANGE FORM #3 no later than May 3, 2003, or 120 days after the Diet Drug Recipient knew or should have known of the Matrix-Level condition.