

**SCHEDULE G - EXTRAORDINARY EXPENSE FORM**

**Zimmer Durom Cup Hip Implant Class Action**

The Settlement Agreement provides for the potential reimbursement of out-of-pocket expenses in excess of \$2,500 in connection with a revision surgery, post-revision complications, or medical treatment for claimants who have undergone a revision surgery or are medically precluded from undergoing a revision surgery.

**If you have undergone a revision or are medically precluded from undergoing a revision and you wish to seek reimbursement for the out-of-pocket expenses you incurred that exceed \$2,500, please complete this form, attach the required receipts, and submit it along with your Claimant Declaration.**

Please provide information below relating to each out-of-pocket expense you incurred, the total of which exceeds \$2,500. For each expense described below, please attach a receipt reflecting the expense to this form. Unsubstantiated expenses will not be considered for reimbursement. Please note:

1. The total extraordinary expense fund under the Settlement Agreement (“Extraordinary Expense Pool”) is \$50,000;
2. If the total amount of approved claims payable from the fund exceeds \$50,000, then each approved claim will be reduced on a pro-rata basis; and
3. Payments will not be made to claimants who are approved to receive payment from the Extraordinary Expense Pool until after all requests for reimbursement from the Extraordinary Expense Pool have been analyzed.

Date	Paid To	Type of Expense	Amount


Total Amount Claimed: \$ \_\_\_\_\_