

SULZER SETTLEMENT TRUST CLAIMS ADMINISTRATOR PROCEDURE			
CAP No.	15	Effective Date	December 13, 2002
SUBJECT	Proof of United States Residence or Citizenship.		

1. **Purpose.** The Settlement Agreement defines Affected Product Recipient (APR) as persons implanted with an Affected Product “who are citizens or residents of the United States.” [SA §1.1(e)] This Claims Administrator Procedure (“CAP”) clarifies when a claimant must submit proof of APR’s United States citizenship to be eligible for benefits and when a person must be a citizen or resident of the United States to qualify for Settlement benefits. Capitalized terms not otherwise defined in this CAP shall have the meaning given them in the Settlement Agreement.

2. **When Proof of United States Residency or Citizenship is Required.** If a Claim submission indicates to the Claims Administrator that the APR is a resident of the United States the Claimant will not be required to furnish additional information to prove the APR’s citizenship or residency. If, however, the Claims Administrator receives information indicating that the APR is neither a resident of the United States nor a citizen of the United States, the Claims Administrator may require that the Claimant submit additional evidence of the APR’s citizenship or residency.

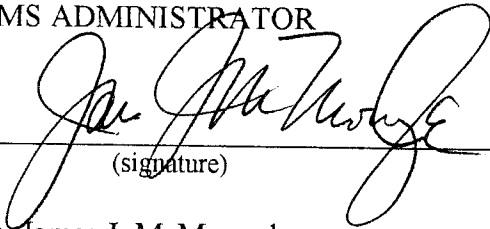
3. **When an APR Must be a Citizen or Resident of the United States.** If an APR is a citizen or resident of the United States at the time he or she was implanted with an Affected Product, or at the time he or she underwent a Covered Revision Surgery, or at the time a Claim, predicated on the implantation of an Affected Product in the APR, was submitted to the Claims Administrator, the APR is, for purposes of Section 1.1(e), a resident or citizen of the United States.

4. **Duration of this CAP.** This CAP shall be effective from the Effective Date stated above and shall terminate upon the earlier of: (i) cancellation or modification of this CAP by the Claims Administrator, or (ii) an order of the Court canceling or modifying the terms of this CAP.

APPROVED:

CLAIMS ADMINISTRATOR

By: _____



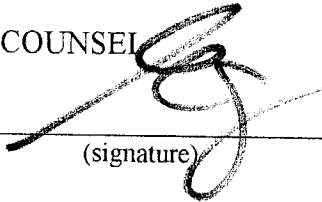
(signature)

Name: James J. McMonagle
(printed or typed)

Date: 12-13-02

CLASS COUNSEL

By: _____



(signature)

Name: R. Eric Kennedy
(printed or typed)

Date: 12-13-02