

ORANGE FORM # 1

Diet Drug Settlement With American Home Products Corporation

This ORANGE FORM may be used by any person who wants to exercise initial Opt-Out Rights and be excluded from the Settlement with American Home Products Corporation.

If you want to choose the accelerated implementation option (“AIO”) do not complete this form. Complete the PINK FORM instead.

If you use this form to exercise your initial Opt-Out Right, this form must be completed in its entirety and returned to the Claims Administrators and to American Home Products Corporation by the time provided in the *Official Court Notice of Settlement*.

1. State your name, address and telephone number:

(First Name)

(Middle Initial)

(Last Name)

(Street Address)

(City)

(State)

(Zip Code)

()

(Daytime Phone Number & Area Code)

()

(Evening Phone Number & Area Code)

2. If you have a lawyer in connection with the Diet Drug Litigation, list his/her name, office address, telephone number, fax number, and E-mail address, if any:

(Law Firm Name)

(Attorney's Name)


(Street Address)

(City)

(State)

(Zip Code)

Remove label from mailing envelope
and affix here.

 Please return this form to:
Diet Drug Settlement
P.O. Box 7939
Philadelphia, PA 19101

(_____) _____
(Daytime Phone Number & Area Code)

(_____) _____
(Fax Number)

(E-mail Address, if any)

3. **If you have a lawsuit presently filed against American Home Products Corporation arising from the use of the diet drugs Pondimin® and/or Redux™, list the caption (title) of the lawsuit, the court it is filed in, and the docket or civil action number:**

(Caption/Title of lawsuit)

(Docket/Civil Action Number of lawsuit)

4. **(Answering this question is optional.) If you believe that you have an adverse medical condition related to the use of Pondimin® and/or Redux™, please briefly describe your condition below.**

5. **CERTIFICATION:** I have had an opportunity to read the *Official Court Notice* transmitted to Class Members in connection with the nationwide Class Action Settlement with American Home Products Corporation and to consult with physicians and attorneys concerning the terms and conditions of the proposed Class Action Settlement. **HAVING HAD THAT OPPORTUNITY, I HEREBY KNOWINGLY AND PERMANENTLY RELINQUISH, WAIVE AND GIVE UP ALL OF THE RIGHTS WHICH I WOULD OTHERWISE HAVE HAD AS A CLASS MEMBER UNDER THE SETTLEMENT AGREEMENT WITH AMERICAN HOME PRODUCTS CORPORATION AND I AFFIRMATIVELY AND FOREVER OPT-OUT OF THE CLASS WITH FULL KNOWLEDGE OF THE LEGAL, FACTUAL AND MEDICAL CONSEQUENCES OF MY ACTIONS.**

(Date)

(Signature)

Return this form to both the Claims Administrators and American Home Products Corporation at the following addresses:

**Claims Administrators
Diet Drug Settlement
P.O. Box 7939
Philadelphia, PA 19101**

**American Home Products Corporation
c/o Michael T. Scott, Esq.
MDL Liaison Counsel for AHP
Reed, Smith, Shaw & McClay
One Liberty Place
1650 Market Street
Philadelphia, PA 19103**