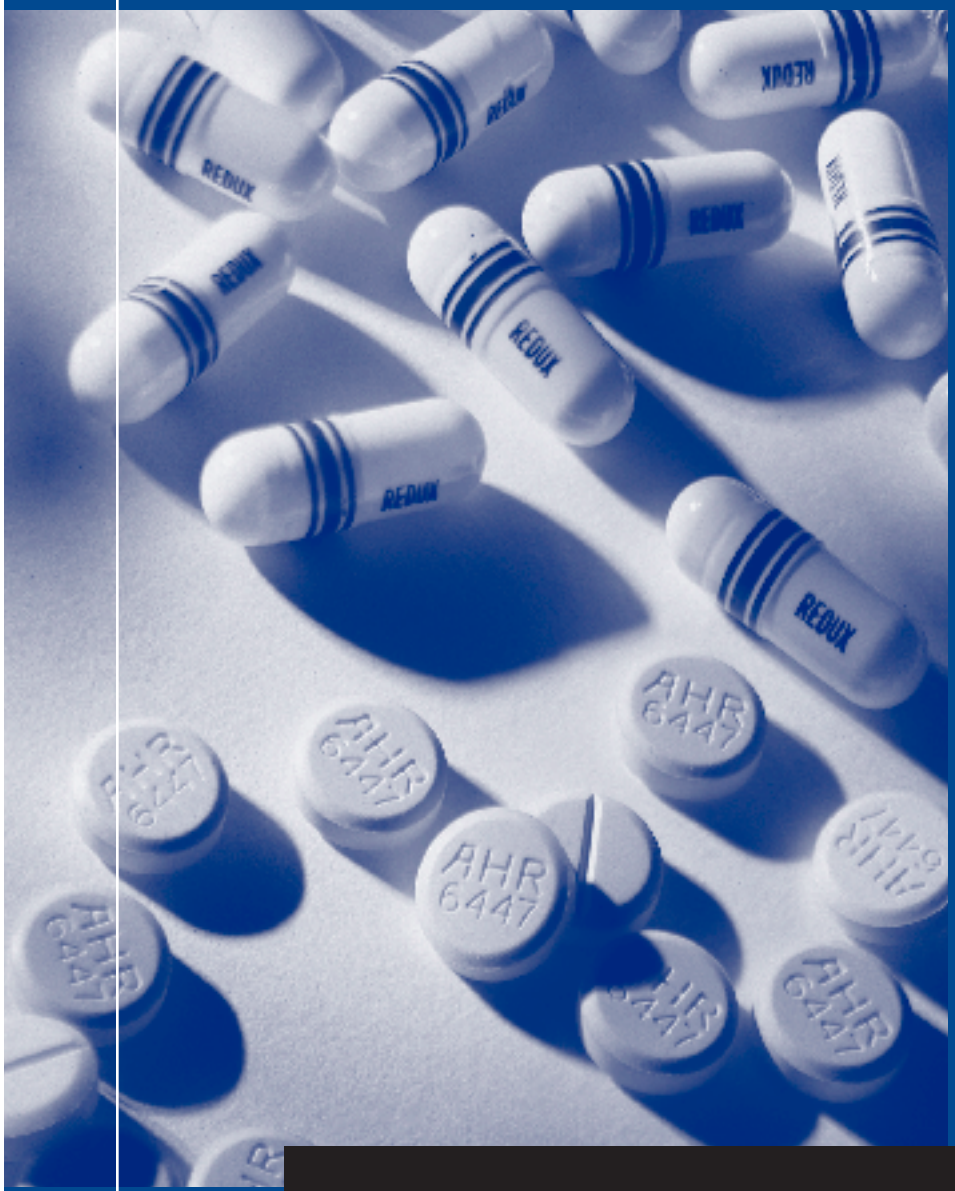
AHP Settlement Trust

Attention

"Fen-Phen," Pondimin®, and/or Redux™ Users and Their Representatives and Family Members

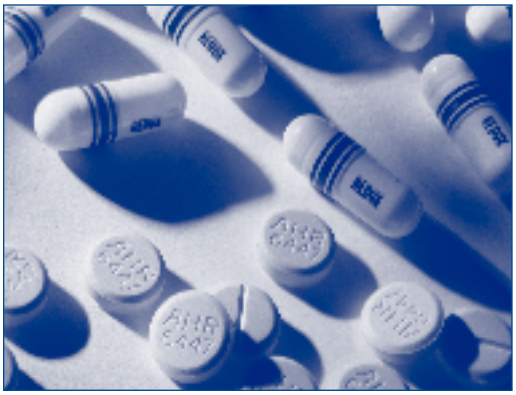


IMPORTANT NOTICE

- If you took the diet drugs Pondimin® and/or Redux™, or
- If you took the diet drug combination referred to as "Fen-Phen."

This Notice is very important to you and will likely have an impact on your legal rights and your future medical care. You should read this Notice carefully.

Official Notice of Final Judicial Approval



Contact Information

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ATTENTION

"Fen-Phen," Pondimin®, and/or Redux™ Users and Their Representatives and Family Members

This is the only Court-Approved Official Notice on the Final Judicial Approval of the Settlement.

If you took the diet drugs Pondimin® and/or Redux™, or if you took the diet drug combination referred to as "Fen-Phen," you may be entitled to receive cash benefits and also may be entitled to medical testing services and other benefits under a court-approved class action settlement agreement (the "Settlement") with American Home Products Corporation ("AHP"). To receive these benefits, you must comply with certain deadlines. Those deadlines are described in detail in this Notice. The courts have given final approval to the Settlement. Two important deadlines that depended upon the final approval date have now been determined: August 1, 2002 (referred to as Date 1 in the Settlement) and May 3, 2003 (referred to as Date 2 in the Settlement). You must take certain steps by those key dates to preserve your rights under the Settlement.

This Notice is very important to you and will likely have an impact on your legal rights and your future medical care. You should read the Notice carefully. If you fail to meet the deadlines described in this Notice, you will lose all rights you may have to receive benefits from the Settlement. In addition, you may lose certain rights to "opt out" of the Settlement and pursue any legal claims you may have against AHP.

You are not required to have a lawyer to seek benefits under the Settlement. If you have a lawyer, however, you should consult with him or her about the contents of this Notice.

If you already have filed a claim with the AHP Settlement Trust (the "Trust") in Philadelphia, Pennsylvania, you still should read this Notice and make sure that you comply with the deadlines described. If you previously have sent your Forms or materials to the Trust, you do not have to send them in again unless the Trust notifies you of the need to do so. If you have settled your claim with AHP and have signed a release outside the Settlement, you cannot seek benefits from the Trust under the Settlement, and this Notice does not apply to you or your family members.

A. Why This Notice is Being Sent to You

1. General Background on the Settlement

The Settlement described in this Notice is the Nationwide Class Action Settlement Agreement AHP entered into with Class Counsel on November 18, 1999, to resolve certain pending and potential legal claims against AHP arising from two diet drugs it marketed, Pondimin® and Redux™. The Settlement was the subject of an extensive notice campaign through the mail and in newspaper, magazine, and television advertisements in December 1999 and January-March 2000. Those notices advised Class Members of the existence of the Settlement and about their rights to object to the Settlement, opt out of it completely as an "Initial Opt-Out," or participate in the Settlement and receive benefits on an accelerated basis under the Accelerated Implementation Option ("AIO") program. The deadlines to object to the Settlement or to opt out of it completely as an Initial Opt-Out have passed and those rights no longer exist.

2. Final Judicial Approval

On August 28, 2000, the United States District Court for the Eastern District of Pennsylvania (the "Trial Court") overruled all objections to the Settlement and entered an Order approving the Settlement as fair, reasonable, and adequate to all Class Members. Certain groups challenged that Order by appealing. All of the appeals were resolved as of January 3, 2002, and that date is the "Final Judicial Approval Date" under the Settlement Agreement.

3. The Purpose of this Notice

The previous notice in this case and many news reports have described the litigation arising from the drugs Pondimin® (the trade name for the drug fenfluramine) and Redux™ (the trade name for the drug dexfenfluramine). These drugs were prescribed for weight loss. Frequently, these drugs were prescribed with a drug called "Phentermine." The combination with Phentermine often was referred to as "Fen-Phen." AHP marketed Pondimin® and Redux™, but not Phentermine. In this Notice, the drugs Pondimin® and Redux™ and their use as part of the "Fen-Phen" combination are referred to in general as the "diet drugs."

The Settlement provides a variety of benefits for Class Members who took the diet drugs and persons associated with them. The benefits are provided through a program administered by the Trust, which is an independent trust operating under the supervision of the Trial Court. All Class Members must take certain actions to register their claims by deadlines tied to Final Judicial Approval in order to preserve their rights to receive benefits and other rights under the Settlement.

The term "Class Members" includes the following three groups of persons:

(1) Diet Drug Recipients or Diet Drug Users: These terms refer to persons who used the diet drugs. Section II.B of the Settlement Agreement defines this group as persons who ingested the diet drugs in the United States, its possessions and territories. The Settlement Agreement and the Claim Forms refer to the persons in this group as "Diet Drug Recipients." This Notice refers to them as "**Diet Drug User(s)**." Persons who used Phentermine only are not Diet Drug Users.

(2) Representative Claimants: This term, also defined in Section II.B of the Settlement Agreement, refers to the estates, administrators, executors, guardians, or other legal representatives of deceased, incompetent, or incapacitated Diet Drug Users. Each person who acts in such a capacity must supply the Trust with a copy of the court order or other document upon which the person relies as proof of the legal authority to act on behalf of the Diet Drug User.

(3) Derivative Claimants: This term, also defined in Section II.B of the Settlement Agreement, refers to any other persons who assert the right to bring a claim relating to the diet drugs independently or derivatively by reason of their personal relationship with a Diet Drug User. The term, without limitation, includes spouses, parents, children, dependents, other relatives, and "significant others" of Diet Drug Users.

This Notice has been sent to you because your name is on the mailing list of persons to whom a full notice and packet of Claim Forms for the Settlement were mailed previously, or you have contacted the Trust and requested a packet of Claim Forms, or you have been identified as a person who may be a possible Class Member who should receive this Notice. This Notice is designed to summarize the benefits available under the Settlement and the deadlines by which you must take action if you wish to: (1) receive Settlement benefits now; (2) preserve your right to receive Settlement benefits in the future; or (3) preserve your right to opt out of the Settlement, if you qualify to do so, and pursue claims against AHP and others. The Forms enclosed with this Notice provide further detail on the steps you must take for any of these purposes.

This Notice is not intended to describe all of the terms and conditions of the Settlement. The complete Settlement Agreement defines all the details of the Settlement. **Ultimately, the terms of the Settlement Agreement and not the provisions of this Notice govern the rights and liabilities of Class Members and AHP. If there is any conflict between the provisions of this Notice or the provisions of any Claim Form or opt-out Form and the terms of the Settlement Agreement, the terms of the Settlement Agreement control.** You may read (and download) a copy of the entire Settlement Agreement at www.settlementdietdrugs.com, which is the official website address for the Settlement. You also may have the Trust mail you a copy by contacting the Trust by email through that website, by telephone at (800) 386-2070, or by mail at P.O. Box 7939, Philadelphia, Pennsylvania 19101.

B. The Claimed Health Risks of The Diet Drugs

1. General Background

The plaintiffs in diet drug lawsuits against AHP contended that the use of Pondimin® and/or Redux™ potentially caused an increased risk of heart valve lesions or abnormalities in some people who took the drugs and that this risk was related to how long the diet drugs were taken. The plaintiffs alleged that heart valve abnormalities occurred in the two valves located in the left side of the heart: (1) the aortic valve, which is the gateway for blood flowing out of the heart; and (2) the mitral valve, which is the gateway from the upper chamber of the heart (which collects blood from the lungs) to the lower chamber of the heart (which pumps blood to the body). These heart valves are like tiny gates that help blood move forward in the heart, through the lungs, and out into the body. A condition called "regurgitation" exists if lesions on the valves allow blood to flow backwards in the wrong direction.

Trained cardiologists can measure four levels of regurgitation: (1) trace or physiologic; (2) mild; (3) moderate; and (4) severe. Trace or physiologic regurgitation of either the aortic or mitral valve, and mild regurgitation of the mitral valve, are very common, even among people who never used diet drugs. According to the United States Food & Drug Administration (the "FDA"): "Minimal degrees of regurgitation (i.e., trace or mild mitral regurgitation [MR] or trace aortic regurgitation [AR]) are relatively common in the general population and are not generally considered abnormal." The FDA also has stated that mild, moderate, or severe regurgitation of the aortic valve and moderate or severe regurgitation of the mitral valve are abnormal and, in some cases, may be medically significant. The phrase "FDA Positive" refers to mild, moderate, or severe regurgitation of the aortic valve and moderate or severe regurgitation of the mitral valve.

Many doctors believe that individuals who have FDA Positive regurgitation may be at risk for developing an infection in their hearts if bacteria enter the bloodstream during routine dental hygiene or surgery. Therefore, current medical practice is to recommend that individuals with heart valve regurgitation receive antibiotics when they have their teeth cleaned or undergo some kinds of surgery.

Severe regurgitation is a serious condition that can damage the heart if it is not promptly and properly treated. Appropriate treatments may include the use of medications and repair or replacement of the diseased valve through open-heart surgery.

Certain types of valvular heart disease unrelated to diet drug use are progressive in nature—that is, mild to moderate regurgitation can progress to more severe levels of regurgitation over time. The plaintiffs in the diet drug litigation have contended that the type of valvular heart disease that they link to diet drug use may be progressive. AHP contends that the scientific evidence does not support that conclusion and that such valvular heart disease may either stay the same or improve over time. The American Heart Association and the American College of Cardiology recommend that individuals with FDA Positive regurgitation see their doctors at least once a year for evaluation.

2. How These Heart Problems Are Diagnosed

Valvular heart disease may be without symptoms. Doctors can often determine if regurgitation is present by listening for a heart "murmur" with a stethoscope, but some studies show that they sometimes miss hearing the murmurs. Trained cardiologists, however, can determine more accurately whether or not someone has valvular regurgitation and the degree of regurgitation by performing a diagnostic test called an Echocardiogram.

An Echocardiogram is a simple, safe, quick, and painless outpatient test in which high frequency sound waves are used to create a moving picture image of the heart and its valves. The technology is the same as the ultrasound technology used to see the image of a developing fetus in a pregnant woman. An Echocardiogram is done either in a qualified doctor's office or an outpatient clinic of a hospital. It usually takes less than an hour. You do not need to fast, take medication, or prepare in any other way before an Echocardiogram. The test is done while you are completely awake. A videotape or computer disk is made of the pictures of the heart, which is reviewed by a qualified doctor and can be saved for later comparison.

C. What You Need to Know About The Fund A Benefits Under the Settlement

This Section C and the following Section D describe the benefits available to Class Members under the Settlement and the steps you need to take to seek those benefits. For your convenience, the table in Section E of this Notice summarizes each benefit, the Forms you need to mail to the Trust, the deadlines by which you must mail them, and the other material you will need to complete your claim file. In general, what benefits you qualify for depend on how long you took the diet drugs and your current medical condition. The basic Claim Forms you may need to register your claim for benefits are included in the packet with this Notice.

Two funds were created under the Settlement to provide benefits to eligible claimants:

Fund A: to provide Echocardiograms to eligible Diet Drug Users, reimburse eligible Diet Drug Users for Echocardiograms they obtained on their own, pay cash or provide additional medical services to eligible Diet Drug Users who have FDA Positive regurgitation, and refund the costs of Pondimin® and Redux™ prescriptions. These benefits are referred to as the "Fund A Benefits."

Fund B: to provide cash compensation to Diet Drug Users (or their Representative Claimants) who have more serious heart conditions, and their Derivative Claimants. These benefits are referred to as the "Matrix-Level Benefits."

This Section C summarizes the Fund A Benefits, who qualifies for them, and how to seek them. The following Section D of this Notice summarizes the Fund B Matrix-Level Benefits.

Fund A Benefits

WARNING: ***To seek any of the Fund A Benefits described in this Notice, you must mail to the Trust a completed and signed BLUE Form by the deadlines stated below. Other Forms are required for some of these Fund A Benefits. If you do not mail the BLUE Form and the other Forms you need by the deadlines stated, you will forever give up your rights to these benefits. You may qualify for more than one benefit. If you do, mail only one of each type of Form required. You do not have to send in more than one BLUE, GRAY, WHITE, or BROWN Form.***

1. The Right to a Free Echocardiogram and Visit with a Doctor in the Screening Program

If you took Pondimin® and/or Redux™ for 61 days or more and, as of September 30, 1999, you had not been diagnosed with FDA Positive regurgitation, you have the right to receive a free Echocardiogram in the Screening Program created by the Settlement. This Echocardiogram will be performed by a qualified doctor to determine whether you have an FDA Positive condition. You also will have an opportunity to see a doctor to evaluate the results of the Echocardiogram, paid for by the Trust. The Trust's Screening Program providing these Echocardiograms and doctor visits will continue through January 3, 2003.

In general, if you took Pondimin® and/or Redux™ for 60 days or less, you are not entitled to an Echocardiogram in the Screening Program. If you can demonstrate, however, that there are compassionate and humanitarian reasons why you should receive a free Echocardiogram and doctor visit, you may apply to the Trust to receive an Echocardiogram and a visit with a doctor in the Trust's Screening Program.

These free Echocardiogram benefits are available to eligible Diet Drug Users. They are not available to Representative Claimants or Derivative Claimants.

To seek any of these Echocardiogram benefits, you must mail to the Trust a completed and signed **BLUE Form postmarked no later than August 1, 2002**. To apply for an Echocardiogram on compassionate and humanitarian grounds, you must mail to the Trust a completed and signed **BROWN Form postmarked no later than August 1, 2002**, in addition to the BLUE Form. If you want more information about the compassionate and humanitarian program and the criteria for qualifying for that benefit or if you need a BROWN Form, contact the Trust as described in this Notice.

WARNING: If you do not mail in your signed BLUE Form, or BLUE Form and BROWN Form where required, postmarked no later than August 1, 2002, you will forever give up your rights to these Screening Program benefits.

To complete the file on your claim and qualify to receive these Echocardiogram benefits, you will also have to supply the Trust with your prescription records documenting your use of Pondimin® and/or Redux™ and how long you took the drugs. Those records are not due by the August 1, 2002 deadline, but the sooner you get them in, the sooner your claim will be processed. The BLUE Form provides further details on these required materials.

2. Reimbursement for the Cost of Certain Privately-Obtained Echocardiograms

The Settlement provides three possible ways that you might get reimbursed for an Echocardiogram and doctor visit you obtain on your own outside the Trust's Screening Program. All three ways have time deadlines. You cannot be paid for more than one Echocardiogram outside the Trust's Screening Program.

First, if you: (i) took Pondimin® and/or Redux™ for 61 days or more; (ii) were not diagnosed as FDA Positive before September 30, 1999; and (iii) had an Echocardiogram after March 30, 2000, but before January 3, 2002, then you are entitled to reimbursement from the Trust of up to $850 for the actual amount you paid out-of-pocket for the Echocardiogram and any associated physician visit regardless of the results of the Echocardiogram. You cannot receive this reimbursement if you filed an AIO PINK Form or if you receive a free Echocardiogram and doctor visit in the Trust's Screening Program.

Second, if you: (i) took Pondimin® and/or Redux™ for 60 days or less; (ii) were not diagnosed as FDA Positive before September 30, 1999; (iii) have an Echocardiogram between January 4, 2002, and January 3, 2003; and (iv) are diagnosed by a qualified physician as FDA Positive based on that Echocardiogram, then you are entitled to reimbursement from the Trust of up to $850 for the actual amount you pay out-of-pocket for the Echocardiogram and any associated physician visit.

These two Echocardiogram reimbursement benefits are available to eligible Diet Drug Users but not to Representative Claimants or Derivative Claimants. To seek either of these two benefits, you must mail to the Trust your completed and signed **BLUE Form and WHITE Form postmarked no later than May 3, 2003.**

Third, even if you do not qualify for reimbursement for an Echocardiogram and doctor visit under either of the two benefits described above, you may still be reimbursed by the Trust up to $850 for the actual amount you paid out-of-pocket for the Echocardiogram and any associated physician visit. This benefit is available to you if: (i) you received your Echocardiogram outside the Trust's Screening Program after you took the diet drugs and on or before August 1, 2002; and (ii) the Trust has sufficient funds to pay such amounts after it has paid other Fund A Benefits (other than the refund of drug costs to the 61 or more day users as described in Section C.4 of this Notice). This Echocardiogram reimbursement benefit is available to eligible Diet Drug Users or their Representative Claimants but not to Derivative Claimants. To seek this benefit, you must mail to the Trust your completed and signed **BLUE Form and WHITE Form postmarked no later than August 1, 2002**. Note that the deadline to register your Forms for this benefit—**August 1, 2002**—is different from the deadline for the other two types of Echocardiogram reimbursement benefits described above.

For all of these benefits, your out-of-pocket costs are what you paid for the Echocardiogram and physician visit. You cannot be reimbursed by the Trust for any amounts an insurance carrier or other third party paid for the Echocardiogram or physician visit.

WARNING: If you fail to meet the deadlines for the BLUE and WHITE Forms described above, you will forever give up your rights to these reimbursement benefits.

To complete the file on your claim for any of these three Echocardiogram reimbursement benefits and be paid, you will also have to supply the Trust with: (1) your prescription records documenting your use of Pondimin® and/or Redux™ and how long you took the drugs as described in the BLUE Form; (2) a copy of the written report of the Echocardiogram upon which your claim is based; (3) if that Echocardiogram was done on or after September 30, 1999, a **GRAY Form** completed and signed by a qualified cardiologist; (4) the tape or disk of that Echocardiogram; (5) the invoice for the Echocardiogram and any associated physician visit; and (6) proof of your out-of-pocket payment for the Echocardiogram, such as a cancelled check, and statements showing amounts paid by any insurance carrier or other third party.

The GRAY Form is not subject to the deadlines that apply to the filing of your BLUE Form and WHITE Form, but you are encouraged to obtain, complete, and mail it to the Trust as soon as possible after receiving the results of your Echocardiogram. The Trust will notify you of any deadline set for the GRAY Form in the future.

Echocardiograms done before September 30, 1999, are subject to certain special rules regarding what must be submitted to report their results to the Trust for purposes of Fund A Benefits. Consult Section VI.C.2.e of the Settlement Agreement for those requirements.

3. Cash or Additional Medical Services

If you took Pondimin® and/or Redux™ for 61 days or more and have been diagnosed with FDA Positive regurgitation by a qualified physician on the basis of an Echocardiogram performed at any time after the start of your use of Pondimin® and/or Redux™ but on or before January 3, 2003, you have a right to receive either $6,000 in cash or $10,000 in heart valve-related medical services, such as visits with a doctor and periodic evaluations by Echocardiograms.

If you took Pondimin® and/or Redux™ for 60 days or less and have been diagnosed with FDA Positive regurgitation by a qualified physician on the basis of an Echocardiogram performed at any time after the start of your use of Pondimin® and/or Redux™ but on or before January 3, 2003, you have a right to receive either $3,000 in cash or $5,000 in heart valve-related medical services, such as visits with a doctor and periodic evaluations by Echocardiograms.

This benefit is often referred to as the "Cash/Med Benefit." The Cash/Med Benefit is available to eligible Diet Drug Users. It is not available to Representative Claimants or Derivative Claimants.

To seek this Cash/Med Benefit, you must mail to the Trust a completed and signed **BLUE Form postmarked no later than May 3, 2003**. In the BLUE Form, you will elect whether you wish to receive the cash payment or additional medical services, if you qualify.

WARNING: If you do not mail to the Trust your BLUE Form postmarked no later than May 3, 2003, you will forever give up your rights to the Cash/Med Benefit.

To complete the file on your claim for the Cash/Med Benefit and be paid, you will also have to supply the Trust with: (1) your prescription records documenting your use of Pondimin® and/or Redux™ and how long you took the drugs as described in the BLUE Form; (2) a copy of the written report of the Echocardiogram upon which your claim is based, demonstrating an FDA Positive diagnosis; (3) if that Echocardiogram was done on or after September 30, 1999, a **GRAY Form** completed and signed by a qualified cardiologist; and (4) the tape or disk of that Echocardiogram. The Echocardiogram report and GRAY Form must show FDA Positive regurgitation diagnosed by an Echocardiogram performed after you started using the diet drugs but on or before January 3, 2003**.** The GRAY Form is not subject to the May 3, 2003 deadline for filing your BLUE Form, but you are encouraged to obtain, complete, and mail it to the Trust as soon as possible after receiving the results of your Echocardiogram. The Trust will notify you of any deadline set for the GRAY Form in the future. If you get your Echocardiogram through the Trust's Screening Program, you do not have to send in items (2), (3), or (4) yourself because the Trust will obtain them directly from the cardiologists participating in the Screening Program. If you and your cardiologist submit a properly completed GREEN Form reporting on the same Echocardiogram, you do not also have to submit a GRAY Form.

Echocardiograms done before September 30, 1999, are subject to certain special rules regarding what must be submitted to report their results to the Trust for purposes of Fund A Benefits. Consult Section VI.C.2.e of the Settlement Agreement for those requirements.

4. Prescription Cost Refunds

If you took Pondimin® and/or Redux™, you have a right to receive a refund of your prescription costs in the amount of $30 per month for the use of Pondimin® and $60 per month for the use of Redux™. Drug refunds to those who took Pondimin® and/or Redux™ for 61 days or more, however, are limited to a total of $500, and cannot be paid unless and until the Trust can determine that there is enough money remaining in Fund A to pay these drug refunds after the Trust has paid for or reserved funds to pay for the drug refunds to those who used the diet drugs for 60 days or less, the Screening Program Echocardiograms, and other Fund A benefits and administration costs.

These refunds are available to eligible Diet Drug Users or their Representative Claimants. They are not available to Derivative Claimants.

To obtain a refund for the cost of your diet drugs, you must mail to the Trust a completed and signed **BLUE Form postmarked no later than August 1, 2002**.

WARNING: If you do not mail to the Trust your BLUE Form postmarked no later than August 1, 2002, you will forever give up your rights to this refund benefit.

To complete the file on your claim for a refund and be paid, you also will have to supply the Trust with your prescription records documenting your use of Pondimin® and/or Redux™ and how long you took the drugs, as described in the BLUE Form.

D. What You Need to Know About The Fund B Matrix-Level Benefits Under the Settlement

Fund B Matrix-Level Benefits

WARNING: ***To seek Matrix-Level Benefits now from Fund B if you currently have a Matrix-Level condition as described below or to preserve the right to seek Matrix-Level Benefits in the future if you do not currently have a Matrix-Level condition, you must mail to the Trust a completed and signed BLUE Form postmarked no later than May 3, 2003. If you do not meet this deadline, you will never be able to make a claim for compensation from the Trust or through an independent lawsuit, even if you now have a Matrix-Level condition or develop a Matrix-Level condition in the future.***

If you took Pondimin® and/or Redux™ for any period of time and you are diagnosed by a Board-Certified cardiologist or cardiothoracic surgeon as having either FDA Positive regurgitation or mild mitral regurgitation after you began using the diet drugs and on or before January 3, 2003, you have the right to recover monetary compensation if you presently have serious valvular heart disease ("VHD") or later develop serious VHD at any time before December 31, 2015.

There are five levels of serious VHD that qualify for payment under the Settlement. Generally, these can be described as:

Matrix Level I: Severe VHD or FDA Positive regurgitation with an infection in the heart;

Matrix Level II: Moderate to severe VHD with signs of injury to the heart;

Matrix Level III: Cases where valve repair or replacement surgery is performed or recommended;

Matrix Level IV: Serious complications of VHD or valve-related surgery such as a serious stroke; or

Matrix Level V: Very serious complications of VHD or valve-related surgery, such as death or a heart transplant.

The Settlement Agreement refers to these conditions as "Matrix-Level conditions." The Settlement Agreement and the GREEN Form in this packet describe these Matrix-Level conditions in greater detail. The amount of compensation that can be paid to you depends on several factors, including the severity of your condition, your age when your condition was diagnosed, whether you took Pondimin® and/or Redux™ for more than 60 days, and whether it is clear that you have valvular regurgitation from causes other than from the use of Pondimin® and/or Redux™. Depending on these factors, you could be paid an amount ranging from $7,389 to as much as $1,485,000. The actual payment amounts are shown in the payment matrix in Section IV.B.2 of the Settlement Agreement. The payment amounts will be increased by two percent annually and are subject to certain Court-approved deductions, such as attorneys' fees, costs, and claims for certain medical expenses.

If you are paid by the Trust for a Matrix-Level condition and your medical condition later gets worse by progressing to more serious levels of VHD, you have the right in the Settlement to "step up" to higher levels of compensation. The Settlement provides for additional payments if your condition worsens over time (see Section 1 below). It also provides benefits if you do not have a Matrix-Level condition now but develop one later, provided that you meet the requirements and registration deadlines described in this Notice (see Section 2 below).

A Representative Claimant can submit claims for Matrix-Level Benefits based upon the conditions of the associated Diet Drug User. The Derivative Claimants of an eligible Diet Drug User also can receive payments themselves, depending upon applicable state law.

1. Class Members Who Have Matrix-Level Conditions Now

Diet Drug Users who currently have a Matrix-Level condition, the Representative Claimants of such Diet Drug Users, and the Derivative Claimants of such Diet Drug Users, can recover cash compensation from the Trust now. To seek Matrix-Level Benefits now, you must mail to the Trust a:

(1) **BLUE Form** that you have completed and signed, **postmarked no later than May 3, 2003**; and

(2) **GREEN Form** completed and signed by you, your cardiologist, and your lawyer, if you have one. The GREEN Form has three parts. You must complete Part I. Part II must be completed by a properly qualified physician, typically a Board-Certified Cardiologist with level 2 training in echocardiography. Part III must be completed by your lawyer, if you are represented.

The GREEN Form is not due by May 3, 2003, but the sooner you get it in, the sooner you can be paid, if you qualify for payment. A Representative Claimant and each Derivative Claimant seeking Matrix-Level Benefits must mail a separate completed and signed GREEN Form to the Trust.

As described above, if you qualify for and are paid a Matrix-Level Benefit, then you preserve your right to receive incremental payments in the future if the Diet Drug User's condition worsens and the change places your claim on a higher level of the payment matrix. You will have to mail to the Trust a new, complete GREEN Form at that time to seek additional payments.

To complete the file on your claim for Matrix-Level Benefits and be paid if you qualify, you also will have to supply the Trust with: (1) prescription records documenting the Diet Drug User's use of Pondimin® and/or Redux™ and how long the Diet Drug User took the drugs, as described in the BLUE Form; (2) a copy of the written report of the Echocardiogram on which the claim is based; (3) the tape or disk of that Echocardiogram; (4) certain medical records relating to the Matrix claim; and (5) if the Class Member is represented by counsel, a copy of the written fee agreement between the Class Member and the lawyer and a statement of out-of-pocket costs expended by the lawyer on behalf of the Class Member. If the Echocardiogram on which the claim is based was provided in the Trust's Screening Program, then you do not have to send in items (2) or (3) yourself because the Trust will obtain them directly from the cardiologists participating in the Screening Program.

2. Class Members Who Do Not Have Matrix-Level Conditions Now, But Want to Preserve Their Rights to Be Paid in the Future

If you do not presently have serious levels of VHD, you cannot be paid any Matrix-Level Benefits now. **If, however, after you began use of the diet drugs and on or before January 3, 2003, you are diagnosed by a qualified physician as having FDA Positive regurgitation or as having mild mitral regurgitation, you can preserve your right to recover Matrix-Level Benefits in the future if and when your condition worsens.**

To preserve your right to seek Matrix-Level Benefits in the future, you must mail to the Trust a completed and signed **BLUE Form postmarked no later than May 3, 2003,** to register your claim. Even if you do not presently have serious VHD, you must complete and mail a BLUE Form to the Trust no later than May 3, 2003, in order to preserve your right to receive benefits if and when you develop serious VHD.

You cannot be paid any Matrix-Level Benefits in the future unless you can show that you were diagnosed by a qualified physician as FDA Positive or as having mild mitral regurgitation after you started using the diet drugs and on or before January 3, 2003. You can establish that diagnosis by mailing to the Trust a **GRAY Form** completed and signed by your cardiologist to report on the results of an Echocardiogram performed on or before January 3, 2003. You are encouraged to obtain, complete, and mail the GRAY Form to the Trust as soon as possible after receiving the results of your Echocardiogram. If you obtained your Echocardiogram in the Trust's Screening Program, then you do not have to send in the GRAY Form yourself because the Trust will obtain that GRAY Form directly from the cardiologists participating in the Screening Program. If you and your cardiologist have mailed to the Trust a complete GREEN Form, you do not also need to submit a GRAY Form.

If you register your claim by mailing to the Trust a completed and signed BLUE Form on or before May 3, 2003, and can show that you were diagnosed by a qualified physician as FDA Positive or as having mild mitral regurgitation on or before January 3, 2003, and you then reach a Matrix-Level condition in the future, you can then seek Matrix-Level Benefits by mailing to the Trust a completed and signed **GREEN Form postmarked no later than December 31, 2015**. A Representative Claimant and each Derivative Claimant seeking payment also must mail a separate completed and signed GREEN Form to the Trust postmarked no later than December 31, 2015.

As described above, if you qualify for and are paid a Matrix-Level Benefit, then you preserve your right to receive incremental payments in the future if the Diet Drug User's condition worsens and the change places your claim on a higher level of the payment matrix, even after December 31, 2015. You will have to mail to the Trust a new, complete GREEN Form at that time to seek additional payments.

General warning about Matrix claims (other than those based on Endocardial Fibrosis): if you fail to meet the January 3, 2003 deadline for FDA Positive or mild mitral regurgitation diagnosis or the May 3, 2003 deadline for mailing the BLUE Form, you will never be able to make a claim for compensation for damages arising from the use of Pondimin® and/or Redux™, either from the Trust or through an independent lawsuit, even if you now have or later develop a Matrix-Level condition.

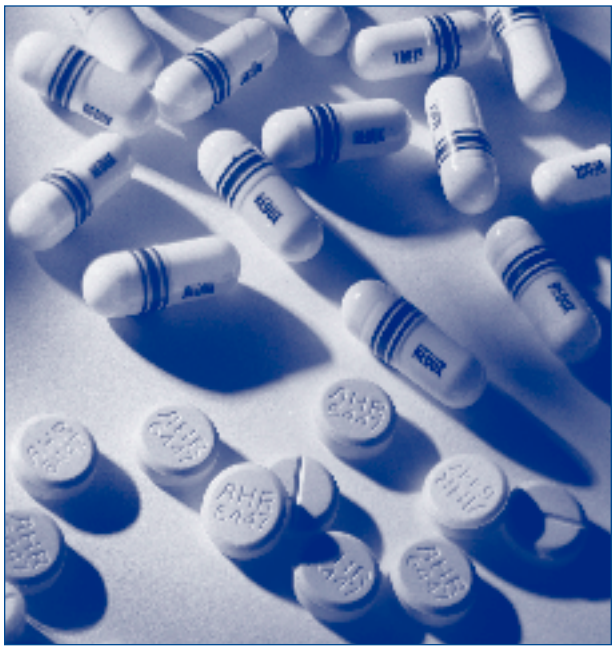
3. Matrix Claims Based on Endocardial Fibrosis

Diet Drug Users who have the medical condition known as Endocardial Fibrosis, as defined in Section I.21 of the Settlement Agreement, have deadlines for seeking Matrix-Level Benefits that differ from Diet Drug Users with VHD. The May 3, 2003 deadline for registering for Matrix-Level Benefits does not apply to claims based on Endocardial Fibrosis.

Instead, a Diet Drug User can seek Matrix-Level Benefits for Endocardial Fibrosis if he or she is diagnosed by a qualified physician as having Endocardial Fibrosis on or before **September 30, 2005**. To seek payment, the Diet Drug User must register with the Trust by mailing to the Trust a completed and signed BLUE Form **postmarked no later than January 31, 2006.** To complete the claim the Diet Drug User also must supply the Trust with a completed and signed GREEN Form and hospital reports and other medical records relating to the condition claimed.

A Representative Claimant of a Diet Drug User who was diagnosed with Endocardial Fibrosis on or before September 30, 2005, can submit a claim to the Trust for Matrix-Level Benefits based on that diagnosis and must also register that claim with the Trust by mailing to the Trust a completed and signed BLUE Form **postmarked no later than January 31, 2006**. Each Derivative Claimant of such a Diet Drug User whose claim has been registered by January 31, 2006, must mail to the Trust a separate completed and signed GREEN Form to seek Matrix-Level Benefits.

WARNING: Class Members seeking payment for Endocardial Fibrosis who do not meet these September 30, 2005 and January 31, 2006 deadlines will forever waive their rights to these Matrix-Level Benefits.



E. Summary of Settlement Benefits and Registration Requirements

The table to the right summarizes the foregoing information about the benefits available under the Settlement, the basic Claim Forms you need to mail, and the deadlines for mailing them. The BLUE, GREEN, GRAY, and WHITE Forms provide further detail on how you submit and complete your claim.

	Benefit	Used Pondimin® and/or Redux™ for 61 Days or More (if otherwise eligible)	Used Pondimin® and/or Redux™ for 60 Days or Less (if otherwise eligible)	Who Can Seek	Registration Requirements and Deadlines	Other Material Needed to Complete Claim
Fund A Medical Monitoring Benefits	**Free Echocardiogram and Doctor Visit in the Screening Program**	YES	Generally NO, but may be available under the compassionate and humanitarian program	Diet Drug Users	Mail BLUE Form by August 1, 2002. If applying for compassionate and humanitarian program, also mail BROWN Form by August 1, 2002.	• Prescription records • If submitting BROWN Form, the materials required by BROWN Form
	Reimbursement for Echocardiogram Received Outside the Screening Program	YES, if the Echo was after March 30, 2000, and before January 3, 2002	YES, if diagnosed FDA Positive between January 4, 2002, and January 3, 2003	Diet Drug Users	Mail BLUE Form and WHITE Form by May 3, 2003.	• Prescription records • Echo report • GRAY Form • Echo tape or disk • Invoice for Echo • Proof of payment
	Reimbursement for Echocardiogram Received Outside the Screening Program, if the Trust has Enough Funds	YES	YES	Diet Drug Users or Representative Claimants	Mail BLUE Form and WHITE Form by August 1, 2002.	• Prescription records • Echo report • GRAY Form if Echo after September 30, 1999 • Echo tape or disk • Invoice for Echo • Proof of payment
	Cash or Additional Medical Services	YES, if FDA Positive, $6,000 cash or $10,000 in medical care	YES, if FDA Positive, $3,000 cash or $5,000 in medical care	Diet Drug Users	Mail BLUE Form by May 3, 2003.	• Prescription records • Echo report • GRAY Form if Echo after September 30, 1999 • Echo tape or disk
	Prescription Cost Refunds	YES (subject to $500 limit and availability of funds after paying other benefits to class)	YES	Diet Drug Users or Representative Claimants	Mail BLUE Form by August 1, 2002.	• Prescription records
Fund B Matrix Benefits	**Cash Payments for Matrix-Level Benefits**	YES, from $7,389 to $1,485,000 for Diet Drug Users and from $500 to $15,000 for Derivative Claimants	YES, from $7,389 to $297,000 for Diet Drug Users and from $500 to $3,000 for Derivative Claimants	Diet Drug Users, Representative Claimants, and Derivative Claimants	Obtain Echo by January 3, 2003; mail GRAY Form promptly to show FDA Positive or mild mitral diagnosis. Mail BLUE Form by May 3, 2003. Mail GREEN Form by December 31, 2015.	• Prescription records • Echo report • Echo tape or disk • Medical records • Attorneys' fees and costs information

F. Opt-Out Rights

1. Introduction

During the period from November 18, 1999, through March 30, 2000, Class Members were afforded an unconditional right to object to the Settlement. The Trial Court overruled those objections to the Settlement in an opinion entered on August 28, 2000. Although certain objectors appealed from that decision, those appeals have been resolved. Class Members have no further opportunity to object to the Settlement.

In addition, during the period from November 18, 1999, through March 30, 2000, Class Members were given an unconditional right to opt out of the Settlement and independently pursue all of their claims against AHP and other parties in court. The opportunity to exercise this unconditional Initial Opt-Out ended on March 30, 2000, and is no longer available.

If you submitted an Initial Opt-Out, have not already resolved your claim, and would like to revoke your Initial Opt-Out to seek benefits under the Settlement, you can still do so. Contact Orran L. Brown, who represents AHP on this issue, at Bowman and Brooke LLP, Riverfront Plaza West Tower, Suite 1500, 901 E. Byrd Street, Richmond, Virginia 23219, for further information on how to revoke an Initial Opt-Out.

2. The Injunction in Pretrial Order No. 1415

In Paragraph 7 of Pretrial Order No. 1415 approving the Settlement, the Trial Court enjoined all Class Members who have not validly opted out of the Settlement from asserting or continuing to prosecute claims against AHP and other parties defined as Released Parties in Section I.48 of the Settlement Agreement. This injunction applies to all the claims arising from the use of the diet drugs that are defined as "Settled Claims" in Section I.53 of the Settlement Agreement.

As a result, if you have not submitted a valid opt-out to exclude yourself from the Settlement, you cannot sue AHP and other parties on any Settled Claim. Bringing suit based on a Settled Claim when you have not validly exercised an Intermediate Opt-Out or a Back-End Opt-Out is a violation of the terms of the injunction contained in Paragraph 7 of Pretrial Order No. 1415. Class Members who have validly opted out, either previously or as described in this Notice, are not enjoined from filing suits as permitted under the terms of the Settlement Agreement.

3. Claims Relating to Primary Pulmonary Hypertension

The Settlement does not include claims for primary pulmonary hypertension ("PPH"), a rare and often fatal pulmonary disease that plaintiffs contend is linked to the use of the diet drugs. PPH should not be confused with high blood pressure, which is sometimes called "hypertension." If you have a PPH claim as defined in Section I.46 of the Settlement Agreement and can satisfy all the elements of that definition, you may pursue that claim in court outside of this Settlement, whether or not you opt out.

4. Summary of the Opt-Out Rights

If you submitted a PINK AIO Form, you cannot opt out now. There are two limited opt-out rights still available to Class Members who have not submitted PINK AIO Forms: (1) the Intermediate Opt-Out and (2) the Back-End Opt-Out. Each opt-out right has certain eligibility requirements that must be met before a Class Member can opt out of the Settlement. The Settlement Agreement also imposes certain restrictions on the types of claims that Class Members can bring in a lawsuit against AHP and other parties. ***Class Members who opt out of the Settlement give up rights to future benefits under the Settlement, including the right to be paid on the Matrix and receive additional payments if the Diet Drug User's conditions worsen. Therefore, any decision concerning whether to opt out of the Settlement is a serious one.***

The provisions of the Settlement Agreement that govern these opt-out rights are found at Sections IV.D.3 and IV.D.4 of the Settlement

Agreement. Those provisions are controlling notwithstanding anything contained in this summary Notice or in any Forms. You may read (and download) a copy of the entire Settlement Agreement at www.settlementdietdrugs.com, which is the official website address for the Settlement. You also may have the Trust mail you a copy by contacting the Trust by email through that website, by telephone at (800) 386-2070, or by mail at P.O. Box 7939, Philadelphia, Pennsylvania 19101.

The opt-out rights can be exercised only by a Diet Drug User or by the Representative Claimant of a Diet Drug User who is eligible to do so under the terms of the Settlement. The Diet Drug User's or Representative Claimant's choice of whether to exercise an opt-out right will be binding on any associated Derivative Claimants.

5. The Intermediate Opt-Out

A Diet Drug User (or the Representative Claimant of this Diet Drug User) is eligible to exercise an Intermediate Opt-Out if the Diet Drug User:

(1) was not diagnosed as FDA Positive before September 30, 1999;

(2) is first diagnosed by a qualified physician as FDA Positive based on an Echocardiogram performed after beginning use of the diet drugs and after September 30, 1999, but on or before January 3, 2003;

(3) did not submit a PINK AIO Form to the Trust; and

(4) has not been paid a Cash/Med Benefit from the Trust.

To exercise an Intermediate Opt-Out right, an otherwise eligible Diet Drug User (or Representative Claimant of a Diet Drug User) must complete and sign the ORANGE Form #2 that is included with this Notice. The Class Member exercising the opt-out must mail the original of the signed ORANGE Form #2 to the Trust and mail a copy of it to AHP, as instructed in the ORANGE Form #2. *Both mailings must be postmarked no later than May 3, 2003.*

The Class Member exercising the opt-out must personally sign the ORANGE Form #2. A lawyer cannot sign for a Class Member unless the lawyer qualifies as an authorized Representative Claimant. The opt-out must be registered on the ORANGE Form #2. Letters or filings elsewhere will not be sufficient. An opt-out must be mailed to both the Trust and AHP by the deadline in order to be timely. ***If you already have a pending suit, you still must mail to the Trust and AHP a complete and timely Orange Form #2 to opt out.***

If you exercise an Intermediate Opt-Out, you will not be able to receive any more benefits from the Trust and will not be able to submit any claims to the Trust in the future should your condition worsen. In addition, any suit you bring against AHP and other parties based on an Intermediate Opt-Out right is subject to certain restrictions, including the following:

(1) You can assert claims based only on the heart valve of the Diet Drug User that was first diagnosed as FDA Positive after September 30, 1999, but on or before January 3, 2003. No claims can be brought relating to other heart valves or other health conditions, such as alleged neurological injuries.

(2) You cannot allege or pursue any claims against AHP or any other company related to AHP for punitive, exemplary, or any multiple damages.

(3) You cannot use or introduce into evidence any previous verdicts or judgments against AHP or any other company related to AHP or factual findings necessary to such verdicts or judgments under the doctrines of res judicata, collateral estoppel, or other doctrines of claim or issue preclusion.

There are other restrictions on the claims you can bring after exercising an Intermediate Opt-Out right, as described in Section IV.D.3 of the Settlement Agreement. In addition, if you opt out neither you nor AHP can seek to introduce and/or offer in any judicial proceeding, except as necessary to enforce the terms of the Settlement: the terms of the Settlement Agreement; any statement, transaction, or proceeding in connection with the negotiation, execution, or implementation of the Settlement Agreement; any statements in this Notice or any other notice of the Settlement; any stipulations, agreements, or admissions made or entered into in connection with the fairness hearing; any finding of fact or conclusion of law made by the Court; or any position relying on the terms of the Settlement.

WARNING: If you validly opt out and choose to file suit against AHP, AHP will be able to defend against your claim. AHP will not be able to assert certain defenses to your claim, including statute of limitations and other defenses based on a failure to timely pursue the claim, but only if you bring your lawsuit within one year from the date on which you exercise your Intermediate Opt-Out right.

6. The Back-End Opt-Out

A Diet Drug User (or the Representative Claimant of this Diet Drug User) is eligible to exercise a Back-End Opt-Out if the Diet Drug User:

(1) is diagnosed by a qualified physician as FDA Positive or as having mild mitral regurgitation based on an Echocardiogram performed after beginning use of the diet drugs and on or before January 3, 2003;

(2) did not submit a PINK AIO Form to the Trust;

(3) has first reached a Matrix-Level condition based on valvular heart disease after September 30, 1999, **and has mailed to the Trust a signed BLUE Form postmarked no later than May 3, 2003**, or is first diagnosed as having Endocardial Fibrosis between September 30, 1999 and September 30, 2005; and

(4) has not claimed any Matrix-Level Benefits from the Trust.

WARNING: If you want to preserve your right to exercise a Back-End Opt-Out based on valvular heart disease, you must mail to the Trust a signed BLUE Form postmarked no later than May 3, 2003. If you do not, you will forever waive your right to exercise a Back-End Opt-Out.

To exercise a Back-End Opt-Out right, an otherwise eligible Diet Drug User (or Representative Claimant of a Diet Drug User) must complete and sign the ORANGE Form #3 that is included with this Notice. The Class Member exercising this opt-out must mail the original of the signed ORANGE Form #3 to the Trust and mail a copy of it to AHP, as instructed in the ORANGE Form #3. *Both mailings must be postmarked within 120 days of the date on which the Diet Drug User first knew or should have known in the exercise of reasonable diligence that he or she had a Matrix-Level condition, or by May 3, 2003, whichever date is later.*

The Class Member exercising the opt-out must personally sign the Form. A lawyer cannot sign for a Class Member unless the lawyer qualifies as an authorized Representative Claimant. The opt-out must be registered on the ORANGE Form #3. Letters or filings elsewhere will not be sufficient. An opt-out must be mailed to both the Trust and AHP by the deadline in order to be timely. ***If you already have a pending suit, you still must mail to the Trust and AHP a complete and timely Orange Form #3 to opt out.***

If you exercise a Back-End Opt-Out, you will not be able to receive any more benefits from the Trust and will not be able to submit any claims to the Trust in the future should your condition worsen. In addition, any suit you bring against AHP and other parties based on a Back-End Opt-Out right is subject to certain restrictions, including the following:

(1) You can assert claims based only on the heart valve or valves of the Diet Drug User diagnosed as FDA Positive or as having mild mitral regurgitation on or before January 3, 2003, and based on the condition giving rise to the opt-out. No claims can be brought relating to other heart valves or other health conditions such as alleged neurological injuries.

(2) You cannot allege or pursue any claims against AHP or any other company related to AHP for punitive, exemplary, or any multiple damages.

(3) You cannot use or introduce into evidence any previous verdicts or judgments against AHP or any other company related to AHP or factual findings necessary to such verdicts or judgments under the doctrines of res judicata, collateral estoppel, or other doctrines of claim or issue preclusion.

There are other restrictions on the claims you can bring after exercising a Back-End Opt-Out right, as described in Section IV.D.4 of the Settlement Agreement. In addition, if you opt out neither you nor AHP can seek to introduce and/or offer in any judicial proceeding, except as necessary to enforce the terms of the Settlement: the terms of the Settlement Agreement; any statement, transaction, or proceeding in connection with the negotiation, execution, or implementation of the Settlement Agreement; any statements in this Notice or any other notice of the Settlement; any stipulations, agreements, or admissions made or entered into in connection with the fairness hearing; any finding of fact or conclusion of law made by the Court; or any position relying on the terms of the Settlement.

WARNING: If you validly opt out and choose to file suit against AHP, AHP will be able to defend against your claim. AHP will not be able to assert certain defenses to your claim, including statute of limitations and any other defense based on a failure to timely pursue the claim, but only if you bring your lawsuit within one year from the date on which you exercise your Back-End Opt-Out right.

G. Answers to Other Questions You May Have

1. What is the Trust?

The Trust was created to provide a vehicle for administration of the Settlement. The Trust is managed by seven independent Trustees appointed to serve by the Court. The Trust now has around 100 employees working on processing and paying claims. It is located in Philadelphia, Pennsylvania.

2. What is the Trust's mailing address?

AHP Settlement Trust
P. O. Box 7939
Philadelphia, PA 19101

3. How do I contact the Trust?

By telephone: (800) 386-2070
By email at: www.settlementdietdrugs.com

If you have questions or need Forms, contact the Trust at this number or the website address, or write the Trust at the address given above. Please be aware that while the Trust will be as helpful as possible, it is not authorized to provide legal advice.

4. May I hand deliver, deliver by overnight delivery service, or fax my Claim Forms, opt-out Forms, or other materials to the Trust?

No. You must mail your Forms and other submissions to the Trust at the mailing address shown in Question 2 above by first class, postage prepaid United States mail, or by Express Mail through the postal system. If you want to retain

proof of the date on which you mailed your submissions, you can use registered mail, or retain the receipt for an Express Mail. Mailing rather than delivering materials ensures that all claimants are treated equally. The Trust cannot accept any filings by facsimile or email, for it needs original documents and signatures. Be sure to plan ahead to avoid last minute problems with deadlines.

5. How do I get a copy of the complete Settlement Agreement?

You may view and print a copy of the entire Settlement Agreement as well as a copy of the Court's opinion concerning the settlement at www.settlementdietdrugs.com. You also may have the Trust mail you a copy by contacting the Trust by email through that website, by telephone at (800) 386-2070, or by mail at P.O. Box 7939, Philadelphia, Pennsylvania 19101.

6. How long will it take for the Trust to process my claim?

The Settlement Agreement sets time deadlines for the Trust to process claims. A Claim for Fund A Benefits will likely be resolved 45 to 90 days after it becomes complete. You will receive notice of the amount, if any, payable on a Matrix claim within 105 days after it is complete and those claims are paid within 30 days after they become final.

For approximately two years after the Trust began operations, much of the Trust's administrative work was carried out by outside contractors. The Trust no longer substantially relies on outside contractors to carry out claims administration functions. With the aid of a group of experienced consultants and much effort by Class Counsel and AHP, the Trust has adopted a new plan of administration using Trust employees to handle your claims. The Trust expects that these changes will result in a much higher level of service to Class Members and quicker processing of their benefit claims in the Settlement.

7. How do I get my prescription records?

You should contact the pharmacy or other supplier where you got your diet drugs and request copies of your prescription records. The proof you need must include one of the following:

(1) If the diet drug was dispensed by a pharmacy, the identity of each pharmacy that dispensed diet drugs to the Diet Drug User, including its name, address, and telephone number; and a copy of the prescription dispensing record(s) from each pharmacy, which should include the medication name, quantity, frequency, dosage, and number of refills prescribed, prescribing physician's name, assigned prescription number, original fill date, and each subsequent refill date; or

(2) If the diet drug was dispensed directly by a physician or weight loss clinic, or the pharmacy record(s) is unobtainable, the identity of each prescribing physician, including the prescribing physician's name, address, and telephone number and a copy of the medical record(s) prescribing or dispensing the diet drug(s). The medical record(s) must include records that identify the Diet Drug User, the diet drug name, the date(s) prescribed, the dosage, and the duration the drug was prescribed or dispensed.

(3) If the pharmacy records and medical records are unobtainable, an affidavit under penalty of perjury from the prescribing physician or dispensing pharmacy identifying the Diet Drug User, the diet drug(s) prescribed or dispensed, the date(s), quantity, frequency, dosage, and number of prescriptions or refills of the diet drug(s).

8. How do I get medical records from my doctors or other health care providers?

You should contact your doctor(s) to get the report of your Echocardiogram, the tape or disk of your Echocardiogram, and other medical records you need for a claim for Matrix-Level Benefits, as described in the GREEN Form.

9. What should I do if I cannot get any prescription records or medical records?

If you have a lawyer, get your lawyer to help you with this. If you do not, then contact the Trust. Whatever you do, make sure you get your BLUE Form, WHITE Form, BROWN Form, or GREEN Form to the Trust by the applicable deadline. Do not wait for all your records to send in these Forms. The deadlines apply to the Forms. After you have submitted the right Forms, the Trust will notify you of what is missing from your claim file and when you need to supply it.

10. If I have already sent the Trust a BLUE Form, do I have to send in a BLUE Form now?

No. You do not have to refile, unless the Trust notifies you of the need to do so.

11. If I have already sent the Trust a PINK Form, do I have to mail in a BLUE Form now?

No. You do not have to send in a BLUE Form in addition to your PINK Form.

12. If I have already sent in an ORANGE Form #2 or ORANGE Form #3 to exercise an opt-out, do I have to send them in again? When does the one year for filing my suit begin to run?

You do not have to send the Trust another ORANGE Form #2 or ORANGE Form #3 if the one you previously sent was complete and properly signed. You do have to make sure that you sent both the Trust and AHP a copy of your Form. The one-year period for filing suit to avoid limitations and certain other defenses began to run for you on January 3, 2002, the date of Final Judicial Approval.

13. Do I have to mail in a BLUE Form for each benefit I want or only one BLUE Form?

You only need to mail in one BLUE Form, even if you want more than one benefit. You are required, however, to mail to the Trust a new, completed GREEN Form if the Diet Drug User's condition changes and you wish to seek additional Matrix-Level Benefits.

14. What can I do now if I have already settled with AHP as an opt-out or otherwise outside the Settlement?

Your claim is finished. You cannot file any claims with the Trust, take any further action, or be paid any more benefits.

15. What do I do if I have medical or legal questions?

If you are unsure about what to do or what your rights are under your state's or territory's law, you should consult with your doctor on medical issues and talk with an attorney in your area who is familiar with handling diet drug claims if you have legal questions.

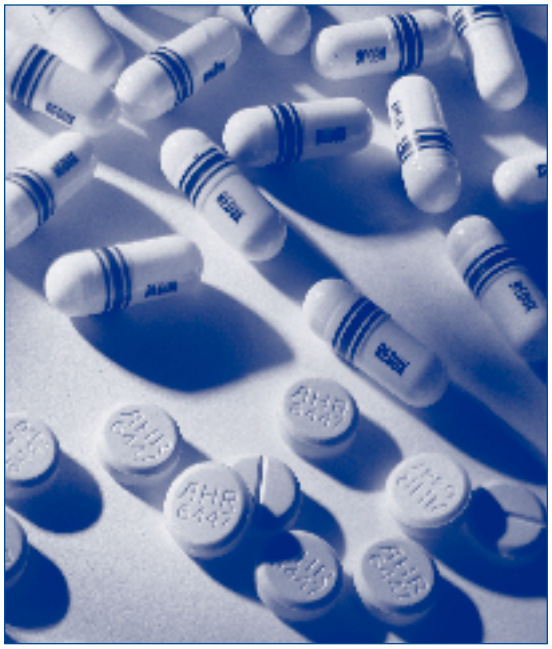
H. Summary of Claim Deadlines

The following table summarizes the information in this Notice about the basic Forms you need to mail to the Trust to claim benefits, or mail to the Trust and AHP to opt out, and the deadlines by which you need to act in each instance. This table is just for quick reference. The benefits available under the Settlement, who qualifies for them, the limited opt-out rights, as well as the other materials you will need to complete the course of action you pursue, are described in complete detail in the Settlement Agreement. Also note that this table addresses most claimants, but those who seek Matrix-Level Benefits for Endocardial Fibrosis or to opt out based on Endocardial Fibrosis have special requirements and deadlines set out in the Settlement Agreement, as summarized in this Notice, and are not covered in the table.

WARNING: If you fail to comply with the deadlines set out in this table and described in this Notice, you will lose any and all rights that you may have either to receive benefits from the Trust or to pursue any claims against AHP and certain other potential defendants.

	What You Want to Do	Form to Mail to Register This Choice	Other Forms You Must Mail for This Choice	Postmark Deadline to Mail Forms
Seek Fund A Medical Monitoring Benefits	**Free Echocardiogram in the Screening Program**	BLUE Form	None	August 1, 2002
	Free Echocardiogram in the Compassionate and Humanitarian Program	BLUE Form	BROWN Form	August 1, 2002
	Reimbursement for Echocardiogram Received Outside the Trust's Screening Program **(for those benefits not dependent on whether the Trust has sufficient funds)**	BLUE Form	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 Trust's Screening Program **(if the Trust has sufficient funds)**	BLUE Form	WHITE Form	August 1, 2002
	Cash or Additional Medical Services	BLUE Form	GRAY Form (if Echo after 9/30/99)	Mail BLUE Form by May 3, 2003.
	Prescription Cost Refunds	BLUE Form	None	August 1, 2002
Seek Fund B Matrix Benefits	**Compensation for Matrix-Level Conditions You Have Now**	BLUE Form	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	BLUE Form	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	**Intermediate Opt-Out** **(Must be diagnosed as FDA Positive for the first time after September 30, 1999, and by January 3, 2003, and must meet other requirements)**	ORANGE Form #2	None	May 3, 2003
	Back-End Opt-Out **(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)**	ORANGE Form #3	BLUE Form	Mail BLUE Form by May 3, 2003. File ORANGE Form #3 no later than May 3, 2003, or 120 days after the Diet Drug User knew or should have known of the Matrix-Level condition.

This Notice has been approved by the Court but is not an opinion of the Court regarding the merits of the litigation and does not reflect findings of fact by the Court. If there is any conflict between the terms of this Notice or any of the terms of the Claim Forms or opt-out Forms and the provisions of the Settlement Agreement, the provisions of the Settlement Agreement control.



AHP Settlement Trust

P.O. Box 7939
Philadelphia, PA 19101-7939
Toll Free: 1-800-386-2070