

Bulk Data and Document Instructions

Download the Excel file for the applicable claim form type:

- Purdue Non-NAS PI Data Table
- Purdue NAS PI Data Table for PREVIOUSLY FILED Claims
 - for those previously filed in Mallinckrodt, Endo and/or Rite Aid
- Purdue NAS PI Data Table for NEW Claims

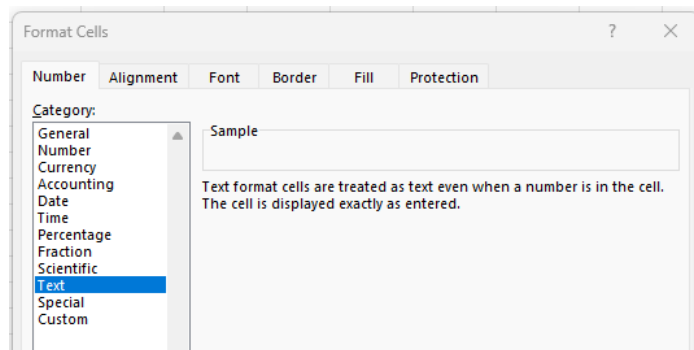
Please review the information that follows closely and in its entirety before utilizing the tables. If you have questions regarding the use of the submittal tables, please send your questions via email to purduepitrust@purduepitrust.com (preferred) or call 855-637-5538, and we will be glad to assist.

DUE TO THE SHORT CLAIM SUBMITTAL/PROCESSING WINDOW, THE TRUST WILL NOT ACCEPT BULK DOCUMENT SUBMITTALS WITHOUT COMPLETED BULK DATA TABLES (i.e. The Trust will not key the submittal tables for the firm). If the firm fails to submit the Bulk Document Submittal with the Bulk Data Table or vice versa, the Trust will notify the firm of the issue and flag the submission as deficient for processing and will not process the claims until the table or documents are received. This will delay the processing of your claims.

General Information Applicable to All Table Types

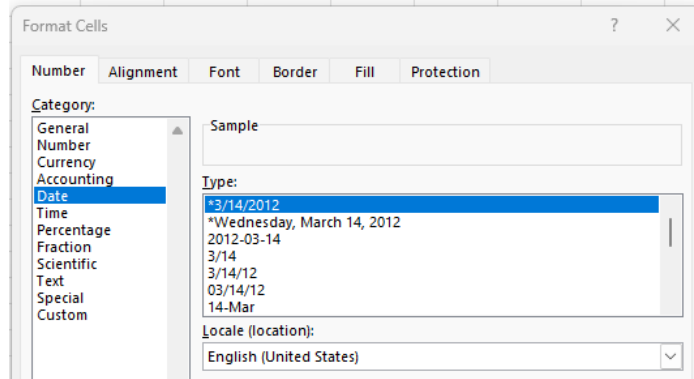
Header Rows

- **Row 1** = Claim Form Part/Section
- **Row 2** = Required data format, if applicable, and notes regarding how to complete the cell/section
 - Applicable columns are pre-set to required format, however, if you copy/paste from another table that has a different format, you will need to adjust your formatting to match.
 - Examples:
 - SSN with **no** dashes – 012345678, not 012-34-5678
 - Column must be formatted as “Text” as reflected below to ensure that any leading zeros are picked up properly.



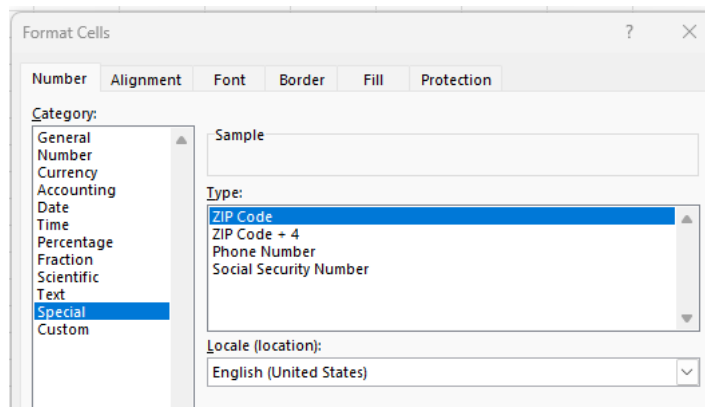
■Date

- Column must be formatted as the default date format reflected below.



■Zip Code

- Column must be formatted as Special > Zip Code to ensure that the leading zeros pick up (it will still allow you to enter the +4, if applicable) as reflected below.



- Row 3 = Field Content Description

Important Note: Please do not modify the spreadsheet fields or columns in any way as scoring tables and a master inventory will be built using the files. You can, however, hide columns that are not applicable to your inventory to ease data entry, if needed.

Additional Notes

- Injured Party's **full** SSN or SIN is **required** for submittal as the unique SSN/SIN is used in multiple validation steps. If you have a claimant that does not have a SSN/SIN, please email purduepitrust@purduepitrust.com to set up a time to discuss the situation and determine next steps.
- Please do not upload Bulk Data Table/Document submittals more frequently than once a week. Though, we do ask that you space out your submittal batches as they are ready vs waiting until the end of the submittal period and submitting a large batch(es) at one time.
- Please ensure that your list count (the number of claims included on your data table) and document folder/file count match, so there aren't missing claim entries or document submittals that have to be resolved.

- With the short processing/deficiency window and the large volume of potential claims, we ask that you only upload Proof of Use documents to support the Tier claimed for Non-NAS or Proof of Exposure and Injury documents to meet the proof requirements for NAS (i.e. do not submit large files with hundreds of pages for review that do not provide potential proof). Likewise, please only submit claims for those that you are submitting proof for (i.e. do not include a claim on the data file that you only a claim form ready for). Multiple batches can be submitted throughout the 60-day submittal window, therefore, those that you are still working up proof for should be held for submittal once the documents AND proof are ready for submittal.

Information Regarding Specific Tables

Purdue Non-NAS PI Data Table

- Firm Client ID
 - If no Firm Client ID, use SSN with no dashes
- Purdue Proof of Claim Number(s)
 - List all POCs issued by Kroll/Prime Clerk for the claim
- PART ONE, SECTION 1.A (columns C through S) is for **LIVING** Claimants/Injured Parties and PART ONE, SECTION 1.B (columns T through AO) is for **DECEASED** Claimants/Injured Parties.
 - Injured parties should be entered under either 1.A or 1.B. No one should be listed in both sections.
- PART ONE, SECTION 1.A
 - “Claimant” (columns C through K) is referring to the living injured party and
 - “Claimant Representative” (columns L through S) is referring to the living injured party’s representative if they are incapacitated or are a minor and have a Power of Attorney, Legal Guardian (if a minor), Conservator, etc. representing them.
 - Documentation supporting the Legal Authority of the representative is required.
- PART ONE, SECTION 1.B
 - “Opioid User” (columns C through K) is referring to the deceased injured party and
 - “Opioid User Claimant” (columns Z through AG) is referring to the court appointed representative of the Decedent’s estate or the Decedent’s legal heir as per the intestate statute of the state or domicile of the Decedent at the time of the Decedent’s death (i.e. parent, sibling, child, spouse, etc.).
 - A Death Certificate AND Estate Documents or a completed Heirship Declaration is required.
 - “Opioid User Claimant Representative” (columns AH through AO) is referring to the estate representative’s or legal heir’s representative if they are incapacitated or are a minor and have a Power of Attorney, Legal Guardian (if a minor), Conservator, etc. representing them.
 - Documentation supporting the Legal Authority of the representative is required.
- PART TWO
 - Put an “X” in any of the cells for the medications listed (columns AP through BC) that were prescribed to the injured party.
 - If the medication was prescribed/filled as a generic, enter the name of the generic in columns BD through BG. If there are more than 4 generics, you can enter multiple in a cell and separate them with a “/”.
 - The date of first usage cell is formatted for a MM/DD/YYYY date. If only the year is known, use January 1st and enter 1/1/YYYY, or if only the month/year is known, use the 1st of the month and enter MM/1/YYYY.
- PART THREE
 - Enter “Tier 1” or “Tier 2”, not just “1” or “2”.
- PART FOUR
 - For the “Insurance Company Paid for Treatment” column and the insurance carrier type columns, enter a “Y” or “N” for all lines for all columns.

- For those with a "Y", enter all available information for insurance carrier. Most important are Full carrier name (ex. Not BCBS, but BCBS of Indiana), Policy/Contract/Group Number and Policy Holder, if different than injured party.
- PART FIVE
 - Provide the requested information regarding the signee.
- CONFIRMATION OF SUBMISSION OF REQUIRED PROOF
 - Place an "X" in the applicable cell for each line indicating whether the evidence is being provided with the claim as part of the Bulk Document Submittal **OR** if the evidence was previously provided to Kroll/Prime Clerk with the Proof of Claim submittal.

Purdue NAS PI Data Table for PREVIOUSLY FILED Claims

- Firm Client ID
 - If no Firm Client ID, use SSN with no dashes
- Purdue Proof of Claim Number(s)
 - List all POCs issued by Kroll/Prime Clerk for the claim
- Child/Injured Party Name and SSN
 - "NAS Child/Injured Party" (columns C through F) is referring to the child diagnosed by a licensed medical provider of a medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication
- Claimant/Proxy Name and Relation
 - "Claimant/Proxy" (columns C through K) is referring to the Natural/Birth Parent, Adoptive Parent, Legal Guardian, or Other Custodian of the NAS Child.
 - If the Proxy **HAS CHANGED** since the original submittal of a previously filed claim for a NAS Child, a Proxy Form is required and documentation supporting the Proxy type is required for those that are not the Custodial Parent.
 - If the NAS Child is an adult, this section is not applicable UNLESS there is a POA or Conservator.
 - If there is a POA or Conservator for an adult NAS Child, documentation supporting the Legal Authority of the representative is required.
 - If the NAS Child is deceased, this information should reflect the court appointed representative of the Decedent's estate or the Decedent's **legal heir** as per the intestate statute of the state or domicile of the Decedent at the time of the Decedent's death (i.e. parent, sibling, spouse, etc.).
 - A Death Certificate **AND** Estate Documents or a completed Heirship Declaration is required.
- Previous Filings
 - Place an "X" in the applicable cell(s) indicating whether a claim for the NAS Child was previously filed under Mallinckrodt, Endo and/or Rite Aid.

Purdue NAS PI Data Table for NEW Claims

- Firm Client ID
 - If no Firm Client ID, use SSN with no dashes
- Purdue Proof of Claim Number(s)
 - List all POCs issued by Kroll/Prime Clerk for the claim
- PART ONE, SECTION 1.A,
 - "NAS Child" (columns C through L) is referring to the child diagnosed by a licensed medical provider of a medical, physical, cognitive or emotional condition resulting from the NAS Child's intrauterine exposure to opioids or opioid replacement or treatment medication
- PART ONE, SECTION 1.B,
 - "Proxy" (columns M through V) is referring to the Natural/Birth Parent, Adoptive Parent, Legal Guardian, or Other Custodian of the NAS Child.
 - A Proxy Form is required and documentation supporting the Proxy type is required for those that are not the Custodial Parent.
 - If the NAS Child is an adult, this section is not applicable UNLESS there is a POA or Conservator.
 - If there is a POA or Conservator for an adult NAS Child, documentation supporting the Legal Authority of the representative is required.

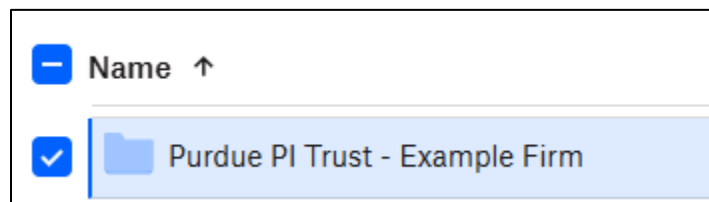
- If the NAS Child is deceased, this information should reflect the court appointed representative of the Decedent's estate or the Decedent's legal heir as per the intestate statute of the state or domicile of the Decedent at the time of the Decedent's death (i.e. parent, sibling, spouse, etc.).
 - A Death Certificate AND Estate Documents or a completed Heirship Declaration is required.
- "Proxy Representative" (columns W through AD) is referring to the Proxy's representative if the Proxy is incapacitated and have a Power of Attorney, Conservator, etc. representing them.
 - Documentation supporting the Legal Authority of the representative is required.
- PART TWO, SECTION 2.A
 - Provide the Licensed Medical Provider name(s), address and Date of Diagnosis for all providers who have diagnosed the NAS Child with any medical, physical, cognitive or emotional condition resulting from his/her intrauterine exposure to opioids or opioid replacement or treatment medication(s).
 - The Date of Diagnosis cell is formatted for a MM/DD/YYYY date. If only the year is known, use January 1st and enter 1/1/YYYY, or if only the month/year is known, use the 1st of the month and enter MM/1/YYYY.
- PART TWO, SECTION 2.C
 - Provide the name of the Facility where the NAS Child was Born along with the City and State.
- PART THREE
 - For the "Insurance Company Paid for Treatment" column and the insurance carrier type columns, enter a "Y" or "N" for all lines for all columns.
 - For those with a "Y", enter all available information for insurance carrier. Most important are Full carrier name (ex. Not BCBS, but BCBS of Indiana), Policy/Contract/Group Number and Policy Holder, if different than injured party.
- PART FOUR
 - Provide the requested information regarding the NAS Child and the Signee.
- CONFIRMATION OF SUBMISSION OF REQUIRED PROOF
 - Place an "X" in the applicable cell(s) indicating whether a claim for the NAS Child was previously filed under Mallinckrodt, Endo and/or Rite Aid.

Submittal Information for Bulk Data Tables and Documents

Submittal Process for Both Bulk Data Tables and Documents

Due to the sensitivity and regulations around the data being passed, files must be submitted securely; therefore:

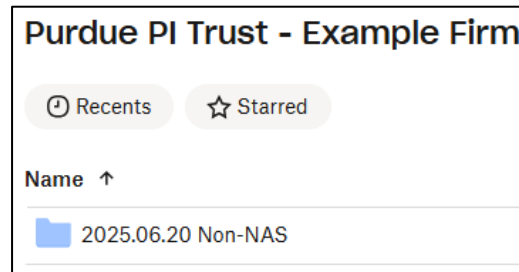
- A Dropbox folder will be provided **by the Trust** for each Firm. We will not use outside Dropbox or other file share accounts as the standardization of the receipt and maintenance of these records is paramount due to the tight timeline.



- Setup Requirements – Email the following to purduepitrust@purduepitrust.com
 - Firm Name
 - Email of those that should have access to the Dropbox
 - Access can be removed/added as needed
- Some Firms already have a Dropbox set up. If that is the case for your firm, we will share the Dropbox with any adds requested and will reply with your firm's link directly to the Dropbox.

Submittal Batch Naming Format

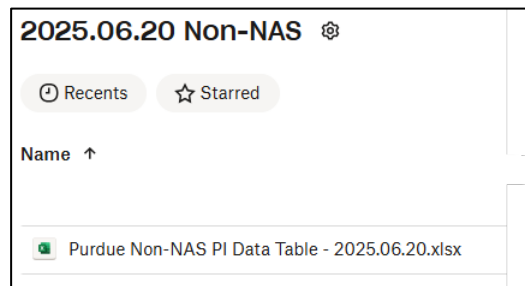
Folders for each submittal batch should be added to your Firm's Dropbox folder and should be named based on the date the batch is being submitted using the YYYY.MM.DD format (ex. 2025.06.20). If your firm will be submitting both Non-NAS and NAS claims, please include a specification at the end of the folder name as to whether the submittal is NAS or Non-NAS (ex. 2025.06.20 NAS). Note: If your Firm is submitting both Non-NAS and NAS claims, you may have submittals on the same day for both claim types, so you would have both a 2025.06.20 NAS and a 2025.06.20 Non-NAS folder on that day.



Bulk Data Table Naming Format

Bulk Data Tables should be named as follows and saved to the same dated batch folder.

- Purdue Non-NAS PI Data Table - YYYY.MM.DD
- Purdue NAS PI Data Table PREVIOUS – YYYY.MM.DD
 - This table will not have accompanying documents unless there is a related Proxy change and/or a NAS Child has passed since his/her original submittal.
- Purdue NAS PI Data Table NEW – YYYY.MM.DD

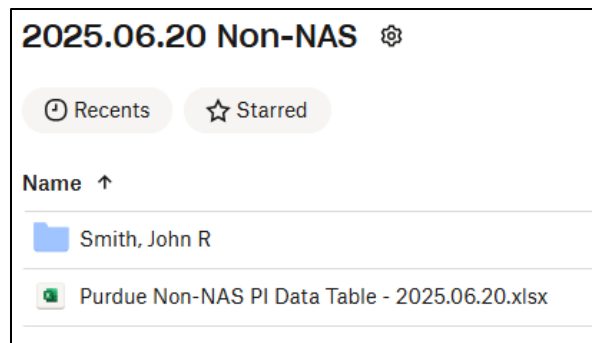


Bulk Document Naming Format

Bulk Document submittals should be named as follows and saved to the same dated batch folder.

If you are uploading **multiple documents** for the injured party:

- Create a folder for each injured party using the **Last, First** naming format (ex. Smith, John) using the name of the Injured Party, not the representative (i.e. not the representative, if deceased or the Proxy, if a minor). Middle initials or suffixes can be used if there are clients with the same name or you can use your client ID if you would like (ex. Smith, John – 1234567).

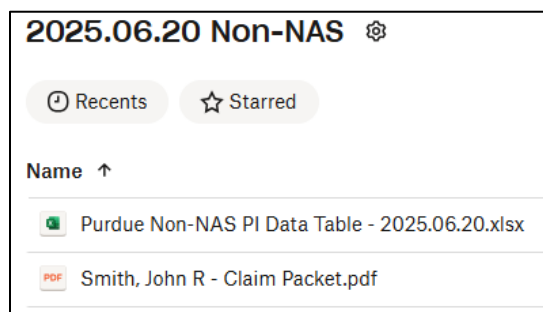


- Within the injured party's folder, the files should be named using the same **Last, First** naming format used in creating the folder. You can also add file/document type identifiers to the file name (ex. Claim Form, HIPAA, Proof of Use, Death Certificate, Heirship Declaration, Estate Documents, Proxy Documentation, Proof of Exposure (for NAS), Proof of Injury (for NAS), etc., but keep the file name to no more than 100 characters and spaces combined (ex. Smith, John – Proof of Use – Walgreens).



If you are uploading a **single, consolidated document** for the injured party:

- The file naming format is **Last, First** (ex. Smith, John) using the name of the Injured Party, not the representative (i.e. not the representative, if deceased or the Proxy, if a minor). Middle initials or suffixes can be used if there are clients with the same name or you can use your client ID if you would like (ex. Smith, John – 1234567). You can add file/document type identifiers (ex. Claim Packet), but that is not necessary since it is one file per claim.



We appreciate your time spent reviewing this information and following the directions provided as it will be beneficial to all involved. Should you have any questions about any of the information provided, please email the Trust at purduepitrust@purduepitrust.com providing your Firm's information as well as your question(s), so we can best assist you.