

Medtronic

Structural Heart and Aortic
50 Pasir Panjang Rd,
Singapore 117440

SYNTACTX

**Valiant Navion™ Thoracic Stent Graft System
SAFE-N LIMITED WARRANTY**

Uninsured Status Verification Form

For SAFE-N Limited Warranty: Patient and Physician Support Program

Please complete and sign the form and submit to Syntactx. For any questions in completing this verification form, please contact Medtronic through Syntactx at the SAFE-N reimbursement helpline: +60 800 813 868 (1 800 813 868) (Malaysia) and +65 800 852 8381 (800 852 8381) Singapore or email:

SAFE-N-Reimburse@syntactx.com.

Patient Full Name: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

Directions: Patients claiming uninsured status must read and fill-out the following verification statement and sign below. If a patient is unable to complete this form on his or her own behalf, a representative who has submitted the Legal Representative or Caregiver Authorization and provided the required documentation may sign on the patient's behalf.

Certification of Uninsured Status and Verification Statement:

I, _____, am the patient identified above that has been implanted with the Valiant Navion™ Thoracic Stent Graft System and am eligible for participation in the SAFE-N Limited Warranty Program ("Program"). I am currently uninsured and represent that I am not eligible for and, consequently, do not have individual, employer-sponsored (through self or spouse), or reimbursement coverage for costs in connection with the above System and/or any related procedure.

I certify that the statements and information contained herein or provided are true, accurate, and complete.

Patient Signature: _____

Date: _____

Legal Representative Signature: _____

Date: _____

Additional limitations may apply. Reimbursements are subject to review and approval. The SAFE-N Limited Warranty is limited to its express terms and does not constitute a representation, judgment, admission, or assumption of liability by Medtronic with respect to imaging, reintervention, and/or utilized thoracic stent graft systems. No action taken by Medtronic in connection with the Voluntary Product Recall, including this SAFE-N Limited Warranty, shall be construed as an admission of any fault or liability whatsoever to the patient, doctor, health care professional, or to any third party. Medtronic makes no representation with respect to any potential impact of reimbursements on a

**patient's eligibility to participate in a Health Savings Account or other tax-favored health plan; please consult with a tax advisor as necessary.
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