Opioid Settlement Election Form: Alaska Tribes

Name of Tribe: _____

Tribe Address: _____

Tribal Allocation Orders Nos. 1 and 2, entered in *In Re: National Prescription Opiate Litigation* (MDL 2804), established how settlement distributions will be made to Tribes and Tribal Health Organizations (THOs) participating in the national tribal opioid settlements.

Under the terms of these settlements and Orders, settlement disbursements for the benefit of the Alaska Tribes that are members of Alaska THOs will be paid to the Alaska THOs, unless a Tribe elects to receive its share of funds directly.

IF YOUR TRIBE IS A MEMBER OF AN ALASKA THO AND WISHES TO RECEIVE ITS SUB-ALLOCATION DIRECTLY, YOU MUST COMPLETE AND SUBMIT THIS ELECTION FORM BY AUGUST 7, 2026. Additionally, if the Tribe submits an Election Form, it must submit Participation Forms and payment instructions, in order to receive settlement funds, if it has not done so already.

This form must be completed by an authorized tribal official and returned to the Directors no later than August 7, 2026, by email to NATO@browngreer.com, or through your settlement portal at https://www.mdlcentrality.com by clicking the Upload button in the Documents section, selecting the Election Form to Transfer Funds Document Type and uploading your completed Form.

Your Tribe does not need to submit an Election Form if your Tribe does not wish to receive its allocation directly

If your Tribe is a member of an Alaska THO and your Tribe does not complete and return this form by August 7, 2026, 100% of your Tribe's allocation will be sent to the applicable Alaska THO.

- MAKE YOUR ELECTIONS ON THE NEXT PAGE -

[remainder of this page intentionally left blank]

Opioid Settlement Election Form: Alaska Tribes

Name of Tribe: _____

ELECTION:

☐ The Tribe wishes to directly receive its sub-allocation under the settlement(s). The Tribe will be responsible for compliance with all applicable use restrictions and reporting responsibilities. Required Participation Forms are attached if the Tribe did not previously submit them. The Tribe will separately submit payment instructions if it has not already done so.

☐ The Tribe wishes to change its previous election and now wants to transfer 100% of its settlement allocation to a Tribal Health Organization that is authorized to carry out health care services on behalf of the Tribe under the Indian Self Determination Act. And, that Tribal Health Organization has agreed to accept the settlement funds along with all applicable use restrictions and reporting responsibilities.

If checked, name and address of the Tribal Health Organization:

Name: _____

Address: _____

ATTESTATION

By signing this election form I hereby attest that I have all necessary power and authorization to make this election on behalf of the above-named Tribe.

I understand and agree that if my Tribe has elected to directly receive its sub-allocation, my Tribe will not receive any disbursements of settlement funds unless and until the Tribe has also submitted required Participation Forms and provided authorized payment instructions.

I attest that the statements on this form are correct and true to the best of my knowledge.

Signing Official (Print): _____

Signing Official (Sign): _____

Date: _____