

# Opioid Settlement Election Form: California Tribes

Name of Tribe: \_\_\_\_\_

Tribe Address: \_\_\_\_\_

As determined by the Settlement Directors, California Tribes that are members of an inter-tribal health program, or an inter-tribal health organization, or a tribal health consortium (referred to herein in the singular as “a Consortium”) may (but are not required to) elect to direct all or a portion of the Tribe’s allocation to a Consortium to carry out health services on behalf of the Tribe under the Indian Self-Determination Act. If your Tribe elects to transfer any portion of its allocation to a Consortium, it must include an authorizing resolution of the tribal governing body and a letter of acceptance from the Consortium.

**If the Tribe wishes to direct all or a portion of its settlement allocation to a Consortium, it must submit to the Directors this Election Form, the Tribe’s authorizing resolution, and the Consortium’s acceptance letter no later than **August 7, 2025**, by email to [NATO@browngreer.com](mailto: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. The Upload button also has Tribal Council Resolution and Consortium Letter of Acceptance Document Types for you to submit as well.**

**California Tribes that DO NOT submit a completed Election Form with the authorizing resolution and acceptance letter on or before August 7, 2025 will receive 100% of their 2025 allocation directly, pursuant to the payment instructions already submitted by the Tribe.**

**- MAKE YOUR ELECTIONS ON THE NEXT PAGE -**

[remainder of this page intentionally left blank]

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Name of Tribe: \_\_\_\_\_

## CHECK ONE:

The Tribe wishes to transfer 100% of its settlement allocation to a Consortium that is authorized to carry out health care services on behalf of the Tribe under the Indian Self-Determination Act. And, that Consortium has agreed to accept the settlement funds along with all applicable use restrictions and reporting responsibilities. The Tribe's resolution authorizing this election is attached, as is the Consortium's acceptance letter acknowledging its reporting and approved use obligations.

If checked, name and address of the Consortium:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

The Tribe wishes to transfer \_\_\_\_\_ % of its settlement allocation to a Consortium that is authorized to carry out health care services on behalf of the Tribe under the Indian Self-Determination Act. And, that Consortium has agreed to accept the settlement funds along with all applicable use restrictions and reporting responsibilities. The Tribe's resolution authorizing this election is attached, as is the Consortium's acceptance letter acknowledging its reporting and approved use obligations.

If checked, name and address of the Consortium:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**IF THE TRIBE ELECTS THIS OPTION, BOTH THE TRIBE AND THE CONSORTIUM MUST COMPLY WITH ALL REPORTING REQUIREMENTS.**

The Tribe wishes to change its previous election and now wants to receive 100% of the settlement allocation.

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

Signing Official (Print): \_\_\_\_\_

Signing Official (Sign): \_\_\_\_\_

Date: \_\_\_\_\_