

**COMMON BENEFIT TRUST  
EXPLANT FINANCIAL ASSISTANCE PROGRAM**

P.O. Box 1028  
Birmingham, AL 35201

Telephone: 205-252-6784

July 23, 2018

Re: Your Post-January 26, 2018 Application for Explant Financial Assistance

You are receiving this letter because you submitted an Application for Explant Financial Assistance after January 26, 2018.

As you may be aware, the acceptance of Applications for Explant Financial Assistance was suspended on January 26, 2018. On that date we posted a public notice at the Program's webpage, <http://www.explantassistance.com>, announcing the suspension.

We stressed that the suspension meant that the Program was not accepting new Applications. Accordingly, we removed the Application form from the webpage in order to prevent or at least discourage the submission of additional Applications. However, we also knew that some additional post-suspension Applications would continue to be received. Therefore, we included in the suspension notice a plan concerning how such Applications would be treated.

Regarding Applications post-marked after January 26, we stated that these would be reviewed only if two conditions were met. First, it would have to be later determined by us that funds would again be available. Second, in the event it was later determined by us that funds would again be available, an Application would be reviewed only if the applicant requested in writing to be put on a wait list for review.

We stated in the Notice that *If we determine that funds are sufficient to start accepting Applications again, we will post an appropriate announcement at our webpage.*

Unfortunately, it has become clear that there will not be sufficient funds to lift the Application suspension. This means that the Program is unable to accept your Application.

Please use the attached sheet to indicate if you would like your Application returned to you by mail. If we do not receive the attached sheet, post-marked no later than **December 31, 2018**, your Application will be shredded.

Sincerely yours,

James J. Condra  
Program Director

**Please Return This Sheet No Later Than December 31, 2018 to:**

Explant Financial Assistance Program  
PO Box 1028  
Birmingham, AL 35201

*Please initial the space below if you would like your Application returned to you, followed by your printed name, your signature and the date:*

\_\_\_ I understand that my Application has not been accepted by the Explant Financial Assistance Program, please return it to me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date of Signature: \_\_\_/\_\_\_/\_\_\_  
(month / day / year)