

EXHIBIT

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S F D C T
SETTLEMENT FACILITY
DOW CORNING TRUST

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

[Date]



SID: [SID Number]

[CLAIMANT / LEGAL REPRESENTATIVE]

[STREET ADD 1
STREET ADD 2
CITY, STATE, ZIP
REGION
COUNTRY]

_____ Re: [Claimant Name]
_____ **Implant Manufacturer - Class 7 Silicone Material Claim**

_____ We have reviewed your claim form for Class 7 silicone material. The Settlement requires that you have
_____ acceptable proof of a silicone gel breast implant from one of the following manufacturers:

- _____ Bioplasty
- _____ Baxter
- _____ Bristol
- _____ Cox-Uphoff
- _____ Mentor
- _____ Koken
- _____ Medasil
- _____ Silimed
- _____ Societe Prometel

The documents you submitted identified your breast implant as a saline implant. For that reason, you are not permitted to participate in the Settlement Program. If you feel this information is incorrect, you must send the corrected information, in writing, to the Settlement Facility for further review.

Please submit information to:
The Settlement Facility-Dow Corning Trust
P.O. Box 52429
Houston, Texas 77052

Sincerely,

Claims Operations
Settlement Facility - Dow Corning Trust

Encl: Error Correction and Appeal Process

cc: [cc_name]

PM-2304

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For assistance or questions call the Claims Assistance Program at 1 866.874.6099 (toll free), through electronic mail at info@sfidct.com, or go to www.dosettlement.com on the internet.