

EXHIBIT

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S F D C T

SETTLEMENT FACILITY
DOW CORNING TRUST

P.O. Box 52420
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

DATE



SID:

CLAIMANT NAME
ADDRESS
CITY STATE
UNITED STATES OF AMERICA

DISEASE CLAIM FORM ERROR – CLASS 7

Re:

The Settlement Facility-Dow Corning Trust (SF-DCT) is unable to proceed with your Disease Claim Review for the following reasons:

SIGNATURE MISSING OR INVALID:

You submitted a Class 7 Disease Claim Form requesting a review for a disease payment. Your form was not signed or contained an invalid signature. SF-DCT requires a valid signature on the claim form before we can begin a disease review. We have enclosed a new Claim form. You must complete all sections of the form.

You will have **thirty (30)** days from the date of this letter to submit a corrected Class 7 Claim form addressing the problems noted above. **Please note:** This is time sensitive material and failure to respond will result in your disease claim being permanently denied.

Please be advised that you are not eligible to receive an Expedited Release payment because of the amount of compensation you previously received from the Revised Settlement Program (RSP), the Foreign Settlement Program (FSP), or from certain other breast implant manufacturers.

If you have questions about this letter, please consult with your attorney or if you are not represented, please call the Claims Assistance Department: @ 1-866-874-6099.

Sincerely,
Settlement Facility-Dow Corning Trust

For assistance or questions call the Claims Assistance Program at 1-866-874-6099
or go to www.dcssettlement.com on the internet.

DS-OL-5258 Invalid signature