

# EXHIBIT

J

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: XXXXXXX

CLAIMANT NAME  
STREET ADDRESS  
CITY, STATE ZIP  
COUNTRY

FINAL NOTICE



Re: CLAIMANT NAME

Class 7 Disease Claim Eligibility Status

You were previously informed that you had thirty (30) days to correct the problems with your claim and submit a new claim form. This letter serves as a final notice to correct the problems with your claim form. You will have thirty (30) days to respond to this letter. Failure to respond will result in your claim being closed and permanently denied a Disease review.

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.

Submit all correspondence and your revised Claim Form to:

Disease Claim Review  
The Settlement Facility-Dow Corning Trust  
P.O. Box 52429  
Houston, Texas 77052

Sincerely,

Claims Operations  
Settlement Facility - Dow Corning Trust

Enclosure: Claim Form

For assistance or questions call the Claims Assistance Program at 1-866-874-6099 (toll free)  
Or go to [www.dosettlement.com](http://www.dosettlement.com) on the Internet

DS-OL-5210