

**PROOF OF MANUFACTURER FORM**  
**I n s t r u c t i o n s**  
**DOW CORNING OTHER PRODUCTS FUND (CLASS 9)**

Use this form to submit medical records or documents that show that you were implanted with an eligible Dow Corning non-breast implant after 1979. Please read these Instructions and the Claimant Information Guide for more information before completing this form.

**1. WHAT IS THE "OTHER PRODUCTS FUND"?**

The Other Products Fund ("the Fund") is a fund of \$36 million (Net Present Value) set aside solely to pay claims of persons who were implanted with an eligible Dow Corning implant (not a breast implant) after 1979. (Read Question 4 below and Section 5 in the Claimant Information Guide for more information about eligible implants.)

**2. WHY DO I NEED TO COMPLETE THE "PROOF OF MANUFACTURER FORM" AND SUBMIT MEDICAL RECORDS OR DOCUMENTS?**

The Proof of Manufacturer Form (the blue edge) is your opportunity to tell the Settlement Facility what type of Dow Corning implant you have. The type of implant you have will determine what settlement payments are available to you.

Before you complete a claim form to apply for a settlement benefit, first complete the Proof of Manufacturer Form and submit the medical records and documents described in Question 5.

**3. WHAT DOW CORNING IMPLANTS ARE ELIGIBLE FOR SETTLEMENT PAYMENTS FROM THE OTHER PRODUCTS FUND?**

You will be eligible if you submit the Proof of Manufacturer Form and medical records or documents that show that you were implanted with any of the following Dow Corning implants after 1979:

TMJ	Wrist
Chin	Knee
Facial	Hip
Nasal (gel or silicone)	Testicular
Finger	Penile
Toe	

(Read Section 5 in the Claimant Information Guide for more information on brand names and "Unique Identifiers" to support your Proof of Manufacturer claim.)

**4. AM I ELIGIBLE FOR SETTLEMENT PAYMENTS IF MY DOW CORNING IMPLANT WAS IMPLANTED BEFORE 1980 (i.e., NOVEMBER 1979)?**

You may complete and submit the Proof of Manufacturer Form (the blue edge). The Claims Administrator has discretion to consider these claims if there are excess funds in the Other Products Fund.

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## 5. WHAT TYPE OF MEDICAL RECORDS AND DOCUMENTS CAN I SUBMIT TO SHOW THAT DOW CORNING MADE MY IMPLANT?

Your medical records or documents must show when your eligible Dow Corning implant was implanted. It must be clear from your records as a whole (including product descriptions and any lot or catalog references) that the brand/manufacturer name was used in those records to signify a Dow Corning implant and not simply as a generic statement signifying the use of another implant (for example, the generic reference of the brand "silastic-type" or "silastic" all lower case, is not sufficient). Also, there must be nothing in your records that is inconsistent with the conclusion that the brand/manufacturer name is a Dow Corning implant. The dimensions, design, shape, chemical make-up and unique identifiers (if any) must be consistent with a Dow Corning implant (for example, inconsistent information is when lot, size, or catalog numbers, or brand or style descriptions do not describe any known Dow Corning implant or are consistent with another manufacturer's product).

**You can submit any of the following medical records or documents listed at paragraphs A-J:**

- A. Hospital records of the surgeon's report of the implant surgery — written at or near the time of your implant surgery — that specify a Dow Corning brand name or Dow Corning as the manufacturer. The list of Dow Corning brand names is listed in Tab 1 to the Claimant Information Guide.
- B. A "certified copy" of your medical records that contains the implant package label demonstrating a Dow Corning implant as listed in Tab 1 to the Claimant Information Guide. (*Read Question 6 below for a definition of "certified copy."*) Note: a certified copy is required only if:
  1. The label is on a page that does not affirmatively reveal it to be a part of your hospital or medical records and does not have a lot number, serial number, or catalog number on it; or
  2. The hospital records are organized so that the implant label/sticker was put on a page by itself. If the page containing the implant label/sticker clearly comes from the hospital's contemporaneous record of the implant surgery, has other information relating to your hospitalization on that page, and has sufficient patient identification for the Settlement Facility to tell that it came from your records, it falls into the acceptable proof category of contemporaneous hospital records, and does not have to be certified.
- C. Original Implant labels clearly marked with a lot, serial or catalog number accompanied by sufficient hospital records to determine that the Dow Corning implant was actually implanted in you. The Settlement Facility will maintain a list of these numbers to ensure that no duplicates are used. (*Read Question Q5-7 in the Claimant Information Guide for information about lot, serial and catalog numbers of Dow Corning implants.*)
- D. Medical records from your implanting surgeon — written at the time of your implant surgery — that specify a Dow Corning brand name or Dow Corning as the manufacturer. The list of Dow Corning brand names is listed in Tab 1 to the Claimant Information Guide.
- E. An affirmative statement from your implanting physician attesting that you were implanted with a Dow Corning implant. The physician making this affirmative statement must also provide the basis for that conclusion. This type of proof is acceptable only if:
  1. The records outlined in subparagraphs 5A, 5B, 5C or 5D above are not available; and
  2. It must include a description of what steps were taken to try to secure the types of proof outlined in subparagraphs 5A, 5B, 5C or 5D above; and

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3. It must explain why those records were not available. This statement cannot rest upon unacceptable proof as listed in Question Q5-8 in the Claimant Information Guide.
- F. A health insurance claim form, signed by your implanting physician reasonably close to the date of the implant surgery, naming the type of implant used.
- G. Dow Corning's invoice or packing list contained in your medical or hospital records relating to the implant surgery. If the Settlement Facility cannot determine that the invoice or packing list actually was included in those records, they may require a "certified copy" of the records or a supplemental statement from the records custodian.
- H. "Patient Informed Consent" forms signed by you and dated close to the date of your implant surgery, accompanied by other contemporaneous medical or hospital records verifying that the implant surgery actually occurred and identifying Dow Corning as the manufacturer of the implant.
- I. Statements filed in court pleadings by an authorized Dow Corning representative specifically acknowledging that your implant(s) was manufactured by Dow Corning.
- J. "Unique Identifiers" of Dow Corning finger, toe, wrist, knee and hip implants are acceptable proof if you submit one (1) of the following:
1. Medical records from the physician who removed your implant, created at or within thirty (30) days of the time of the implant removal surgery, that describe a "Unique Identifier" for a finger, toe, wrist, knee or hip implant. *(The list of "Unique Identifiers" is at Question Q5-6 in the Claimant Information Guide.); or*
  2. A photograph of your Dow Corning implant that has been removed that depicts one (1) of the "Unique Identifiers" of a finger, toe, wrist, knee or hip implant. *(The list of "Unique Identifiers" is at Question Q5-6 in the Claimant Information Guide.)* The photograph must be accompanied by a statement from your physician identifying the implant in the photograph as one (s)he removed from you. The photograph must also be accompanied by a statement indicating whether this implant is available for inspection and who has the implant.

## 6. WHAT IS A "CERTIFIED COPY" OF A MEDICAL RECORD?

A certified copy is a copy of records with a certificate attached, usually signed by the custodian of records for that office or facility, affirming that the attached pages are true and accurate copies of records in a particular patient's file.

## 7. WHAT ARE THE ACCEPTABLE BRAND NAMES FOR DOW CORNING IMPLANTS?

If your medical records or other documents are based on Question 5, then any of the following are an acceptable brand name for Dow Corning implants:

BRAND NAME	STATUS
Dow Corning	Acceptable
Dow Corning Wright	Acceptable
DC or DCW	Acceptable
SILASTIC or Silastic	Acceptable

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**8. IS THERE A DEADLINE TO SUBMIT MY PROOF OF MANUFACTURER FORM AND MEDICAL RECORDS OR DOCUMENTS?**

Yes, you must submit your Proof of Manufacturer Form (the blue edge) and medical records or documents on or before two (2) years after the "Effective Date." (*Read Question Q11-4 in the Claimant Information Guide for more information on the Effective Date.*) Please note, however, that you can receive payment from the Other Products Fund only after you complete and submit the Proof of Manufacturer form and medical records or documents that show you were implanted with a Dow Corning implant.

**9. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?**

The Claims Assistance Program is available to answer questions about how to complete the forms in your Claims Package. They can also assist you with information on how to obtain the medical records and documents to support your claim. There is no charge to you for this service.

Call **Toll Free** at 1-866-874-6099 or go to [www.dcsettlement.com](http://www.dcsettlement.com) on the internet.

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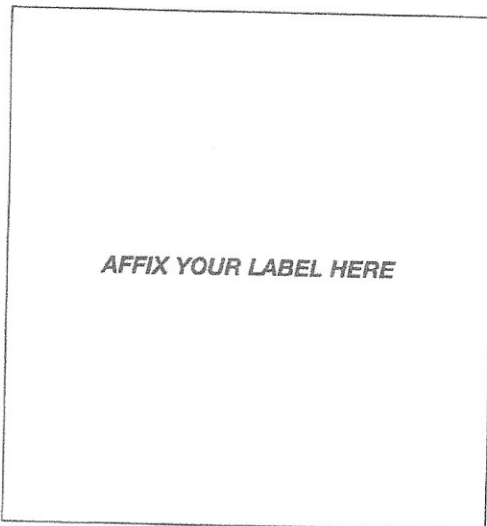
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# **PROOF OF MANUFACTURER FORM** **DOW CORNING OTHER PRODUCTS FUND (CLASS 9)**

Use this form to submit medical records or documents that show that you were implanted with an eligible Dow Corning implant.

**1. Use the peel-off label provided in your packet.**



**PROVIDE UPDATES OR CORRECTIONS BELOW:**

1. Social Security Number: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_  
 Mon /Date/Year
3. \_\_\_\_\_  
 New Last Name
4. \_\_\_\_\_  
 New Address
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Daytime Phone: (\_\_\_\_) \_\_\_\_\_
6. Evening Phone: (\_\_\_\_) \_\_\_\_\_
7. Attorney's Name/Address/Phone/Fax: \_\_\_\_\_  
 \_\_\_\_\_
8. If you want to receive newsletters or information about your claim by e-mail, provide your e-mail address: \_\_\_\_\_

**2. I am submitting medical records for the Dow Corning implant checked below. (Please keep a copy of your medical records for your file.) (Read Section 5 in the Claimant Information Guide for more information.)**

- 2A. ☐ I was implanted with a Dow Corning Temporomandibular Joint Implant (TMJ) - a spacer constructed of SILASTIC® sheeting or a TMJ Implant made of SILASTIC® Block manufactured by Dow Corning.
- 2B. ☐ I was implanted with a Dow Corning Wilkes Temporomandibular Joint implant H.P.
- 2C. ☐ I was implanted with a Dow Corning chin, facial, nasal gel or nasal silicone implant.
- 2D. ☐ I was implanted with a Dow Corning finger, toe or wrist implant.
- 2E. ☐ I was implanted with a Dow Corning knee or hip implant
- 2F. ☐ I was implanted with a Dow Corning testicular implant.
- 2G. ☐ I was implanted with a Dow Corning penile implant.

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**3. Complete the following chart to provide information about all of the implants you have received. If additional space is needed, use a blank piece of paper and clearly print your name and Social Security Number or Claim Number on each piece of paper.**

Date of Implant Surgery	Type of Implant	Brand Name or Name of Implant Manufacturer	Country Where You Were Implanted	Date Implant Was Removed
____/____/____ (Month /Day/Year)	<input type="checkbox"/> TMJ <input type="checkbox"/> Chin, facial, nasal gel or silicone <input type="checkbox"/> Finger, toe, wrist <input type="checkbox"/> Knee or Hip <input type="checkbox"/> Testicular <input type="checkbox"/> Penile	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year)  <input type="checkbox"/> Not Removed
____/____/____ (Month /Day/Year)	<input type="checkbox"/> TMJ <input type="checkbox"/> Chin, facial, nasal gel or silicone <input type="checkbox"/> Finger, toe, wrist <input type="checkbox"/> Knee or Hip <input type="checkbox"/> Testicular <input type="checkbox"/> Penile	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year)  <input type="checkbox"/> Not Removed

**4. If your Dow Corning implant was removed, check either Box 4A or 4B below.**

4A. ☐ I do not have the Dow Corning implant that was removed and do not know where it is.

4B. ☐ My Dow Corning implant was removed. The person listed below has it (if it is in your possession, write your name below):

B1. Name: \_\_\_\_\_

B2. Address: \_\_\_\_\_

**5. Sign the Proof of Manufacturer Form below.**

I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Claimant, Executor/Administrator, or Guardian

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