

\$600 (U.S.) PROOF OF MANUFACTURER FORM, OPTION 3

I n s t r u c t i o n s

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)

Use this form to apply for the \$600 (U.S.) Proof of Manufacturer Payment. Please read these Instructions and the Option 3 Claimant Information Guide for more information.

1. *WHAT IS THE \$600 (U.S.) PROOF OF MANUFACTURER PAYMENT, OPTION 3?*

If you filed a "Proof of Claim" form with the United States bankruptcy court in Michigan on or before February 14, 1997, you will receive \$600 (U.S.) if you complete and return this claim form on or before fifteen (15) years after the Effective Date. (Read Question Q5-5 in the Option 3 Claimant Information Guide for more information on the Effective Date.)

2. *DO I HAVE TO SUBMIT ANY ADDITIONAL DOCUMENTS WITH THIS CLAIM FORM TO RECEIVE THE \$600 (U.S.) PROOF OF MANUFACTURER PAYMENT?*

No.

3. *WHAT ARE THE BRAND NAMES FOR DOW CORNING BREAST IMPLANTS?*

If you were implanted with any of the following brands, then you are eligible for the \$600 (U.S.) Proof of Manufacturer Payment:

BRAND NAME	STATUS
Cronin	Acceptable if your breast implants were implanted in or from 1963 - 1971
Dow Corning	Acceptable
Dow Corning Wright	Acceptable
DC or DCW	Acceptable
Mueller, V. or V. Mueller	Acceptable if your breast implants were implanted after January 1, 1968 and before August 31, 1974
SILASTIC or Silastic	Acceptable
SILASTIC II or Silastic II	Acceptable
SILASTIC MSI or Silastic MSI	Acceptable
"silastic" - in all lower case letters	Acceptable if it is contained in a contemporaneous operative report for a breast implantation prior to 1969, provided that there is no other information in your records that is inconsistent with a Dow Corning product. This type of proof shall be used only if you do not have any explant records demonstrating a "Unique Identifier."
Varifil	Acceptable

DO NOT RETURN INSTRUCTIONS WITH FORM

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

4. CAN I COMPLETE THIS CLAIM FORM IN MY NATIVE LANGUAGE OR DOES IT HAVE TO BE IN ENGLISH?

You may submit this claim form in your own language. We will be able to process your claim faster though if you complete it in English.

5. IF I RECEIVE THE \$600 (U.S.) PROOF OF MANUFACTURER PAYMENT, CAN I RECEIVE OTHER SETTLEMENT PAYMENTS?

No.

6. 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.

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FOR DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)

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

AFFIX YOUR LABEL HERE

PROVIDE UPDATES OR CORRECTIONS BELOW:

1. Claim Number or 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 applying for the \$600 (U.S.) Proof of Manufacturer Payment.

I state under oath that I was implanted with a Dow Corning breast implant. I understand and agree that if I accept the \$600 (U.S.) Proof of Manufacturer Payment, I cannot receive any other payment.

3. Sign and return this form on or before fifteen (15) years after the Effective Date.

I declare under penalty of perjury that I was implanted with a Dow Corning breast implant, and that the information on this form is true, correct and complete to the best of my knowledge, information and belief. I release all claims against Dow Corning, the Released Parties and the Settlement Facility that I have now or may have in the future arising from my Dow Corning breast implant(s) or any component materials in my implants.

Date Signed

Signature of Claimant, Executor/Administrator, or Guardian