

\$1,000 EXPEDITED RELEASE PAYMENT CLAIM FORM

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

DOW CORNING OTHER PRODUCTS FUND (CLASS 9)

Use this form to apply for the \$1,000 Expedited Release Payment. Please read these Instructions and the "Claimant Information Guide" 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. WHAT IS THE \$1,000 EXPEDITED RELEASE PAYMENT?

You will receive the \$1,000 Expedited Release Payment simply by showing that you were implanted with one (1) of the eligible Dow Corning implants after 1979. Complete and submit this claim form and the Proof of Manufacturer Form (the blue edge) and medical records by the deadline.

3. WHAT DOW CORNING IMPLANTS ARE ELIGIBLE FOR THE \$1,000 EXPEDITED RELEASE PAYMENT?

You will be eligible if you submit the Proof of Manufacturer Form (the blue edge) 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, "Unique Identifiers" and types of medical records you need 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) and this claim form to apply for a settlement payment. The Claims Administrator has discretion to consider these claims if there are excess funds in the Other Products Fund.

5. IF I RECEIVE THE \$1,000 EXPEDITED RELEASE PAYMENT, CAN I RECEIVE OTHER SETTLEMENT PAYMENTS FROM THE OTHER PRODUCTS FUND?

No.

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

◆ INSTRUCTIONS for \$1,000 EXPEDITED RELEASE PAYMENT CLAIM FORM ◆

6. WHAT IS THE DEADLINE TO SUBMIT MY EXPEDITED RELEASE PAYMENT CLAIM FORM?

You must submit this claim form and the Proof of Manufacturer Form (the blue edge) with supporting medical records on or before two (2) years after the Effective Date. *(Read Question Q1-4 in the Claimant Information Guide for more information about the Effective Date.)*

7. 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 on the internet.

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

AFFIX YOUR LABEL HERE

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. Check Box 2A to apply for the \$1,000 Expedited Release Payment.

- 2A. ☐ I am applying for the \$1,000 Expedited Release Payment. (You must also submit the Proof of Manufacturer Form and medical records that show that you were implanted with an eligible Dow Corning implant after 1979.)

3. Sign and return this claim form on or before two (2) years after the Effective Date.

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

Date Signed

Signature of Claimant, Executor/Administrator, or Guardian