

\$1,750 (U.S.) EXPLANT PAYMENT OR \$3,000 (U.S.) INCREASED EXPLANT PAYMENT CLAIM FORM, OPTION 1

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 \$1,750 (U.S.) Explant Payment or the \$3,000 (U.S.) Increased Explant Payment. Please read these Instructions and Section 6 in the "Option 1 Claimant Information Guide" for more information.

1. WHAT IS THE \$1,750 (U.S.) EXPLANT PAYMENT, OPTION 1?

The \$1,750 (U.S.) Explant Payment is for removal of your Dow Corning breast implant(s). To be eligible, your Dow Corning breast implant(s) must be removed after December 31, 1990 and on or before ten (10) years after the "Effective Date." (Read Question Q9-5 in the Option 1 Claimant Information Guide for more information about the "Effective Date.")

2. WHAT IS THE \$3,000 (U.S.) INCREASED EXPLANT PAYMENT, OPTION 1?

The \$3,000 (U.S.) Explant Payment is for removal of your Dow Corning breast implant(s). To be eligible, you must:

- A. Submit proof that your Dow Corning breast implant(s) were removed after December 31, 1990 and on or before ten (10) years after the Effective Date; and
- B. Agree to waive the Premium Payment of \$1,750 (U.S.) on any approved rupture claim. You may still receive the \$7,000 (U.S.) Rupture Payment if you qualify.

3. WHAT DO I HAVE TO DO TO RECEIVE THE \$1,750 (U.S.) EXPLANT PAYMENT OR THE \$3,000 (U.S.) INCREASED EXPLANT PAYMENT?

First, complete and submit the Proof of Manufacturer Form, Option 1 (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant. (Read the Proof of Manufacturer Form, Option 1 Instructions.)

Second, complete and submit the Explant Payment Claim Form (the yellow edge) and one (1) of the following types of medical records that show that your Dow Corning breast implant(s) were removed after December 31, 1990 and on or before ten (10) years after the Effective Date:

- a. an itemized hospital bill; or
- b. the bill from the surgeon who removed your breast implants; or
- c. the surgical report; or
- d. an insurance company's statement of benefits; or
- e. contemporaneous hospital records (including the hospital pathology report); or
- f. the contemporaneous office notes from the surgeon who removed your breast implants; or
- g. a pre-operative medical document, together with confirmation from a medical provider or insurance company that the surgery actually took place as scheduled.

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.dcssettlement.com on the internet

4. CAN I RECEIVE THE \$1,750 (U.S.) EXPLANT PAYMENT OR THE \$3,000 (U.S.) INCREASED EXPLANT PAYMENT IF I GET SILICONE GEL BREAST IMPLANTS TO REPLACE THE DOW CORNING BREAST IMPLANTS THAT ARE REMOVED?

The answer depends on two (2) things:

1. The date that your eligible Dow Corning breast implant(s) were removed; and
2. The date that you received silicone gel breast implant(s) to replace your removed Dow Corning breast implants.

Please review the following standards carefully:

- A. If your Dow Corning breast implant(s) were removed during 1991 and you received any *silicone gel* or *double lumen silicone gel* breast implants during that same explant procedure, then you are not eligible for either the \$1,750 (U.S.) Explant Payment or the \$3,000 (U.S.) Increased Explant Payment.
- B. If your Dow Corning breast implant(s) were removed on or after January 1, 1992 and you received any *silicone gel* or *double lumen silicone gel* breast implants during that same explant procedure or in any subsequent procedure, then you are not eligible for either the \$1,750 (U.S.) Explant Payment or the \$3,000 (U.S.) Increased Explant Payment.
- C. If your Dow Corning breast implants were removed and you receive(d) only *saline* breast implants, and have not received any *silicone gel* breast implants, then you are eligible for either the \$1,750 (U.S.) Explant Payment or the \$3,000 (U.S.) Increased Explant Payment.

5. WHAT TYPES OF DOW CORNING BREAST IMPLANTS ARE ELIGIBLE FOR THE \$1,750 (U.S.) EXPLANT PAYMENT OR THE \$3,000 (U.S.) INCREASED EXPLANT PAYMENT?

The \$1,750 (U.S.) Explant Payment or \$3,000 (U.S.) Increased Explant Payment is available for the removal of Dow Corning saline, silicone gel and double lumen (gel/saline) breast implants.

6. CAN I RECOVER THE \$1,750 (U.S.) EXPLANT PAYMENT OR THE \$3,000 (U.S.) INCREASED EXPLANT PAYMENT IF I HAVE TWO (2) SETS OF DOW CORNING BREAST IMPLANTS REMOVED AFTER 1990?

No, you cannot recover more than one (1) Explant Payment.

7. I CAN'T AFFORD TO HAVE MY DOW CORNING BREAST IMPLANTS REMOVED. IS THERE FINANCIAL AID AVAILABLE SO THAT I CAN GET THE IMPLANTS REMOVED?

Yes, there is an Explant Assistance Program that can assist you if you do not have the money to have your Dow Corning breast implants removed. To apply, check Box 2B on the Explant Payment Claim Form. The Settlement Facility will send you information about the Explant Assistance Program. (Read Question Q6-15 in the Option 1 Claimant Information Guide for more information.)

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8. CAN I COMPLETE THE EXPLANT PAYMENT CLAIM FORM AND SEND MY MEDICAL RECORDS AND DOCUMENTS IN MY NATIVE LANGUAGE OR DO THEY HAVE TO BE IN ENGLISH?

You may submit the Explant Payment Claim Form (the yellow edge) and medical records and documents in your own language. We will be able to process your claim faster though if you complete the claim form and have your medical records translated to English. *(Read Question Q2-6 in the Option 1 Claimant Information Guide for more information.)*

9. WHAT IS THE DEADLINE TO SUBMIT MY EXPLANT PAYMENT CLAIM FORM AND MEDICAL RECORDS?

You must submit the Explant Payment Claim Form (the yellow edge) and medical records on or before ten (10) years after the "Effective Date." *(Read Question Q9-5 in the Option 1 Claimant Information Guide for more information on the "Effective Date.")* Before a claim can be paid, you must also submit the Proof of Manufacturer Form (the blue edge) and acceptable proof that the removed implant(s) were made by Dow Corning.

10. WHAT IF I HAVE A PROBLEM OR RECEIVE A "DEFICIENCY NOTICE" ON MY EXPLANT CLAIM? IS THERE A DEADLINE TO SUBMIT ADDITIONAL DOCUMENTS TO CORRECT THE PROBLEM?

If there is a problem with either your Explant Payment Claim Form (the yellow edge) or medical records, you will receive a letter from the Settlement Facility informing you of the problem. You will have six (6) months from the date of that letter to correct the problem. If you do not correct the problem within this six (6) month period, then your explant claim will be rejected permanently. You will not be eligible to receive the \$1,750 (U.S.) Explant Payment or the \$3,000 (U.S.) Increased Explant Payment. Because of this short time period to correct problems, it is important that you review your medical records carefully before you send them in for review.

If your medical records meet the proof requirement described in Question 3 and 4 above, then you will receive a letter from the Settlement Facility informing you that your claim is approved. Approved claims will be paid after the Effective Date.

11. 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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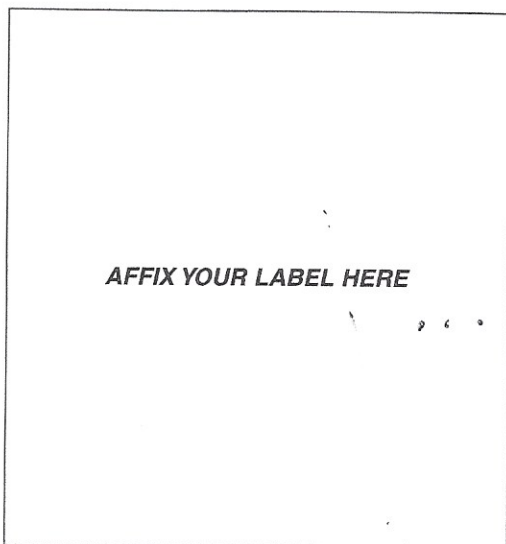
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Use this form to apply for the \$1,750 (U.S.) Explant Payment or the \$3,000 (U.S.) Increased Explant Payment for the removal of your Dow Corning breast implant(s).

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



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. Check Box 2A, 2B or 2C. Check only one (1) of these boxes. Read the Instructions and Section 6 in the Option 1 Claimant Information Guide for more information.

2A. ☐ I am making a claim for the \$1,750 (U.S.) Explant Payment. I had my Dow Corning breast implant(s) removed *after* December 31, 1990 and *on or before* ten (10) years after the "Effective Date." Please check any of the following that apply to you:

A1. ☐ My medical records for the implant removal are attached. (*Please keep a copy for your file.*)

A2. ☐ I have already submitted my medical records for the implant removal, and I do not have any additional records to submit.

OR

2B. ☐ I am making a claim for the \$3,000 (U.S.) Increased Explant Payment. I understand and agree that I may still apply for the \$7,000 (U.S.) Rupture Payment, but I will not be eligible for a Premium Payment (\$1,750 U.S.) on an approved rupture claim.

OR

- 2C. ☐ I have a Dow Corning breast implant that I want to have removed but I do not have the funds available to pay for the costs of the removal surgery. Please send me information on the Explant Assistance Program. If you have checked this box, please skip to Q4 and sign this form.

3. Check either Box 3A, 3B or 3C. Failure to check one (1) of these boxes may result in a "deficiency notice" from the Settlement Facility asking you to answer the question.

- 3A. ☐ I was implanted with *silicone gel* breast implant(s) or double lumen *silicone gel* breast implant(s) after my Dow Corning breast implant(s) were removed. Please answer the following questions in A1 and A2:

- A1. What is the date when your Dow Corning breast implant(s) were removed?

/ /
 Month Day Year

- A2. What is the date(s) and brand name or manufacturer of each *silicone gel* breast implant or double lumen *silicone gel* breast implant that you were implanted with after your Dow Corning breast implants were removed?

A2a. DATE OF REIMPLANTATION: Brand or manufacturer name:
 / / _____
 Month Day Year

A2b. DATE OF REIMPLANTATION: Brand or manufacturer name:
 / / _____
 Month Day Year

- 3B. ☐ I was implanted with breast implant(s) after my Dow Corning breast implant(s) were removed, but they contained only *saline*. I was not implanted with any breast implant that contained silicone gel.
- 3C. ☐ I was not implanted with any breast implant(s) after my Dow Corning breast implant(s) were removed.

4. Sign and return the Explant Payment Claim Form below, and return it on or before ten (10) 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