$10,000 TMJ ENHANCED PAYMENT CLAIM FORM
Instructions

DOW CORNING OTHER PRODUCTS FUND (CLASS 9)

Use this form to apply for the $10,000 TMJ Enhanced Payment. Please read these Instructions and the "Claimant Information Guide" carefully 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 2 on the claim form and Section 5 in the Claimant Information Guide for eligible TMJ implants.)*

2. WHAT IS THE $10,000 TMJ ENHANCED PAYMENT?

You will receive the $10,000 TMJ Enhanced Payment if your eligible Dow Corning TMJ implant was implanted after 1979 and resulted in an "Inflammatory Foreign Body Response with Active, Localized Bone Resorption" as defined in Question 4 and you submit the required proof by the deadline.

3. 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.

4. WHAT IS THE DEFINITION OF "INFLAMMATORY FOREIGN BODY RESPONSE WITH ACTIVE, LOCALIZED BONE RESORPTION"?

"Inflammatory Foreign Body Response with Active, Localized Bone Resorption" means a cellular response characterized by the presence of macrophages and giant cells containing particles of silicone found at the site of a localized, active bone resorption. There must be a scalloped, balloon, or erosive pattern in the bone adjacent to the implanted Dow Corning TMJ implant.

The Inflammatory Foreign Body Response must be "chronic," and the Inflammatory Foreign Body Response with Active, Localized Bone Resorption must be the result of dysfunction of the TMJ implant causing clinical failure and resulting in removal of the implant. "Chronic" as used herein means that the Inflammatory Foreign Body Response continued and was documented by pathology more than three (3) months after implantation at the site of the implant.

5. WHAT DO I NEED TO DO TO RECEIVE THE $10,000 TMJ ENHANCED PAYMENT?

1. Complete and submit the Proof of Manufacturer Form (the blue edge) and medical records that show thatyou were implanted with a Dow Corning TMJ implant after 1979 and that it remained implanted for at least three (3) months; *and*

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

2. Complete this claim form and submit it by the deadline along with all of the following:

   A. Medical records that show that you were personally examined by a board-certified physician specializing in oral and maxillofacial surgery; *and*

   B. Either the operative report from the implant removal surgery or the notes from your treating surgeon immediately prior to the removal of the TMJ implant. The operative report or office notes must state that the revision or implant removal surgery was required because of the Inflammatory Foreign Body Response with Active, Localized Bone Resorption as defined in Question 4 in the Instructions; *and*

   C. If they exist, either the pathology slides or report on the tissue or bone removed during the implant removal surgery. The tissue or bone must be from the site of active, localized bone lysis adjacent to the Dow Corning TMJ implant. The slides or report must show findings of macrophages and giant cells containing particles of silicone; *and*

   D. An X-ray, MRI, roentgenogram or a report from a roentgenogram or X-ray or a MRI report of examination, taken within two (2) months prior to the implant removal surgery, that shows findings of active, localized bone lysis with a scalloped, balloon or erosive pattern in the bone adjacent to the implanted joint. The Claims Administrator shall have the discretion in appropriate cases to grant an exception to the two-month time limitation for such reports; *and*

   E. All medical records affirmatively documenting the presence of any of the "Exclusions" listed in Question 4 on the claim form.

6. WILL THERE BE ANY REDUCTION IN THE TMJ ENHANCED PAYMENT OPTION BENEFIT IF I ALSO HAD ANOTHER IMPLANT FROM A DIFFERENT MANUFACTURER?

If you have a Dow Corning TMJ covered implant and a TMJ implant product manufactured by any other manufacturer (including Vitek), then your TMJ Enhanced Payment will be reduced by 50%.

7. CAN I RECEIVE PAYMENT FOR THE INFLAMMATORY FOREIGN BODY RESPONSE AND A SEPARATE TMJ ENHANCED PAYMENT?

No.

8. WHAT IS THE DEADLINE TO SUBMIT A CLAIM FOR THE TMJ ENHANCED PAYMENT?

You must submit your claim form and supporting medical records on or before two (2) years after the Effective Date. *(Read Question Q11-4 in the Claimant Information Guide for more information about the Effective Date.)*

9. WHAT HAPPENS IF I HAVE A PROBLEM WITH MY TMJ ENHANCED PAYMENT PROOF, AND THE CLAIM IS DENIED?

If there is a problem with your claim form 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 claim will be denied permanently. 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 requirements described in Question 5, 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.

10. 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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Use this form to apply for the $10,000 TMJ Enhanced Payment.

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 the box below for the type of Dow Corning TMJ implant that you had:

2A. ☐ My TMJ implant consisted of a spacer constructed of SILASTIC® sheeting manufactured by Dow Corning.

2B. ☐ My TMJ Implant was made of SILASTIC® Block manufactured by Dow Corning.

2C. ☐ My TMJ Implant was a "Wilkes."

2D. ☐ My TMJ Silastic TMJ Implant H.P. consisted of size 1, size 2 or size 3.

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3. To qualify, you must submit medical records that show that you meet all of the following criteria (3A-F). (Please keep a copy of your medical records for your file.)

3A. ☐ My covered Dow Corning TMJ implant was removed because of an "Inflammatory Foreign Body Response"; *and*

3B. ☐ I am submitting medical records that show that I have been personally examined by a board-certified physician specializing in oral and maxillofacial surgery; *and*

3C. ☐ I am submitting either the operative report from the implant removal surgery or the notes from my treating surgeon immediately prior to the removal of the TMJ implant. The operative report or office notes must state that the revision or implant removal surgery was required because of the Inflammatory Foreign Body Response with Active, Localized Bone Resorption as defined in Question 4 in the Instructions; *and*

3D. ☐ I am submitting the medical records that show that the board-certified physician made specific findings of "Inflammatory Foreign Body Response with Active, Localized Bone Resorption" as defined in Question 4 in the Instructions; *and*

3E. ☐ I am submitting either the pathology slides or report on the tissue or bone removed during the implant removal surgery. The tissue or bone must be from the site of active, localized bone lysis adjacent to the Dow Corning TMJ implant. The slides or report must show findings of macrophages and giant cells containing particles of silicone; *and*

3E1. ☐ The pathology slides or report do not exist.

3F. ☐ I am submitting an X-ray, MRI, roentgenogram or a report from a roentgenogram or X-ray or a MRI report of examination that shows findings of active, localized bone lysis with a scalloped, balloon or erosive pattern in the bone adjacent to the implanted joint.

4. Do your medical records contain a reference to any of the following "Exclusions" during the time that your Dow Corning implant was implanted (if so, attach a copy of those records)?

	No	Yes	Exclusions:
4A.	☐	☐	Damage to the Dow Corning implant during the implant surgery.
4B.	☐	☐	Identifiable abuse or misuse of the Dow Corning implant.
4C.	☐	☐	Your extreme sensitivity to the implanted material.
4D.	☐	☐	Inflammatory Foreign Body Response attributable to a prior bone resorption condition.

If you do not answer 4A - 4D, you will receive a letter informing you that there is a deficiency in your claim and you cannot receive payment until you answer the question. If you answer yes to any part of 4A - 4D, attach a copy of your medical records. Failure to do so will result in a deficiency in your claim.

5. Sign and return this form on or before the 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 (Claimant or Personal Representative) _____