

# PROOF OF MANUFACTURER FORM, OPTION 1

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

### DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)

Use the “Proof of Manufacturer Form” to identify your implant manufacturer and submit medical records or documents that show that you were implanted with a Dow Corning breast implant. Please read these Instructions and Section 5 in the “Option 1 Claimant Information Guide” for more information on submitting your proof of manufacturer documents.

#### **1. WHY DO I NEED TO COMPLETE THE “PROOF OF MANUFACTURER FORM, OPTION 1” AND SUBMIT MEDICAL RECORDS OR DOCUMENTS?**

The Proof of Manufacturer Form (the blue edge), Option 1 is your opportunity to tell the Settlement Facility what type of breast implants you have. The type of breast implants you have will determine what settlement payments are available to you.

Before you complete other claim forms for settlement benefits, first complete the Proof of Manufacturer Form (the blue edge), Option 1 and submit the medical records and documents described in Question 3 below.

#### **2. WHAT IS “CLASS 6.2” AND HOW DOES IT AFFECT MY CLAIM?**

Class 6.2 is a term used in the Plan Documents. It consists of claimants who were implanted with a Dow Corning breast implant and who reside in or received their Dow Corning breast implant in one (1) of the countries listed in Question Q1-8 in the Option 1 Claimant Information Guide. The information you provide on the Proof of Manufacturer Form, Option 1 allows the Settlement Facility staff to place your claim in one (1) of the classes.

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

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

- A. Hospital records of the surgeon’s report of the breast 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 at Question 5 below.
- B. A “certified copy” of your medical records that contains the breast implant package label demonstrating a Dow Corning breast implant. (*Read Question 4 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 breast implant label/sticker was put on a page by itself. If the page containing the breast implant label/sticker clearly comes from the hospital’s contemporaneous record of the breast implant surgery, has other information related 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.

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- C. Breast implant labels clearly marked with a lot, serial or catalog number. (Read Question Q5-9 in the Option 1 Claimant Information Guide for information about lot, serial and catalog numbers of Dow Corning breast implants.) These labels do not have to be certified.
- D. Medical records from your implanting surgeon — written at the time of your breast implant surgery — that specify a Dow Corning brand name or Dow Corning as the manufacturer. The list of Dow Corning brand names is at Question 5 below.
- E. An affirmative statement from your implanting physician (or a responsible person at the treating facility where your breast implant surgery took place) attesting that you were implanted with a Dow Corning breast implant. The person 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 3A and 3B 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 3A and 3B above; and
  3. It must explain why those records were not available. The statement of steps taken can be provided by your attorney if you are represented by counsel. This statement cannot rest upon “unacceptable proof” as defined in Question Q5-11 in the Option 1 Claimant Information Guide.
- F. A health insurance claim form, signed by your implanting physician reasonably close to the date of the breast implant surgery, naming the type of breast implant used.
- G. Medical records of the physician who removed your breast implant (or other physician or appropriate professional who examined your breast implant during or after removal surgery) — written at the time of the examination of your breast implant — if that physician or other appropriate professional points out a specific characteristic of the breast implant that is on the list of “Unique Identifiers” for Dow Corning breast implants. The list of “Unique Identifiers” for Dow Corning breast implants is at Question Q5-8 in the Option 1 Claimant Information Guide.
- H. A photograph of your removed breast implant that shows one (1) of the “Unique Identifiers” for a Dow Corning breast implant, as listed in Question Q5-8 in the Option 1 Claimant Information Guide, if:
1. The photograph is accompanied by a statement from the physician who removed your breast implant; and
  2. (S)he identifies the breast implant in the photograph as one (s)he removed from you.
- I. Dow Corning or brand-specific implant “control sheets”, with cross-references to you, that reasonably appear to be contemporaneously kept records in the hospital or implanting physician’s office. (Read Question Q5-10 in the Option 1 Claimant Information Guide for a description of “control sheets.”)
- J. Dow Corning’s invoice or packing list contained in your medical or hospital records relating to the breast 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.
- K. Dow Corning’s catalog with a particular type or style of breast implant circled or otherwise marked, if contained in a “certified copy” of your medical or hospital records relating to the implant surgery, which were compiled and/or produced before or about the time of that surgery.

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- L. "Patient Informed Consent" forms signed by you and dated close to the date of your breast implant surgery, accompanied by other contemporaneous medical or hospital records verifying that the breast implant surgery actually occurred and identifying Dow Corning as the manufacturer of the breast implant.
- M. Admissions in pleadings or letters written by Dow Corning to you, your representative or your physician acknowledging that your breast implants were manufactured by Dow Corning.
- N. For breast implants implanted after July 1986, participation in Dow Corning's "Product Replacement Expense Program" ("PREP") as documented by a signed PREP brochure, statement, or similar document if contained in a "certified copy" of your contemporaneous medical or hospital records.
- O. Participation in Dow Corning's "Removal Assistance Program" after March 1992 documented by correspondence enclosing payment for uninsured medical expenses issued under the program based on receipt of proper documentation. Dow Corning will provide the names of persons it can document that participated in the Removal Assistance Program. If you are identified by Dow Corning as having participated in the Removal Assistance Program, the Settlement Facility will inform you of this, and you will not need to submit additional proof of manufacturer documents.
- P. If you rely on the following standard, you must submit all of the following:
  1. A Dow Corning invoice, sales receipt, packing statement, or import receipt that would ordinarily have accompanied a breast implant sold for implantation, where such invoice, receipt or statement references a Dow Corning breast implant; and
  2. It must contain either the claimants' name or other information identifying the claimant; and
  3. It must be accompanied by medical records that show that the claimant was later implanted with a Dow Corning breast implant within a reasonable amount of time after the date of the invoice, sales receipt, statement, or import receipt.

#### **4. 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.

#### **5. WHAT ARE THE ACCEPTABLE BRAND NAMES FOR DOW CORNING BREAST IMPLANTS?**

If your medical records or other documents are based on Question 3, paragraphs A-F or I-P above, then any of the following are an acceptable brand name for Dow Corning breast implants (*for information on paragraphs G and H in Question 3, read the Option 1 Claimant Information Guide at Section 5*):

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## ACCEPTABLE BRAND NAMES FOR DOW CORNING BREAST IMPLANTS

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

**6. CAN I COMPLETE THE PROOF OF MANUFACTURER FORM AND SEND MY MEDICAL RECORDS AND DOCUMENTS IN MY NATIVE LANGUAGE OR DO THEY HAVE TO BE IN ENGLISH?**

You may submit the Proof of Manufacturer Form (the blue edge), Option 1 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.)*

**7. IS THERE A DEADLINE TO SUBMIT THE PROOF OF MANUFACTURER FORM, OPTION 1 AND MEDICAL RECORDS OR DOCUMENTS?**

Yes, you must submit the Proof of Manufacturer Form (the blue edge), Option 1 and medical records or documents on or before fifteen (15) years after the "Effective Date." *(Read Question Q9-5 in the Option 1 Claimant Information Guide for more information on the Effective Date.)* Please note, however, that you can receive payment for Explant, Rupture, and Expedited Release or Disease only after you have first completed and submitted the Proof of Manufacturer Form (the blue edge), Option 1 and medical records or documents.

**8. 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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**PROOF OF MANUFACTURER FORM, OPTION 1**  
**FOR DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)**

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

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

<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 150px; display: flex; align-items: center; justify-content: center;"> <p><b>AFFIX YOUR LABEL HERE</b></p> </div>	<p><b>PROVIDE UPDATES OR CORRECTIONS BELOW:</b></p> <p>1. Claim Number or Social Security Number: _____</p> <p>2. Date of Birth: _____  <small>Mon /Date/Year</small></p> <p>3. _____          New Last Name</p> <p>4. _____          New Address</p> <p>_____ State _____ Zip Code</p> <p>5. Daytime Phone: (_____) _____</p> <p>6. Evening Phone: (_____) _____</p> <p>7. Attorney's Name/Address/Phone/Fax:          _____          _____</p> <p>8. If you want to receive newsletters or information about your claim by e-mail, provide your e-mail address:          _____</p>
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**2. Check either Box 2A OR 2B below. Read the attached Instructions and Section 5 in the Option 1 Claimant Information Guide for more information.**

2A.  I am attaching to this form copies of my medical records or documents that show that I was implanted with a Dow Corning breast implant. *(Please keep a copy for your file.)*

**OR**

2B.  I have already submitted my medical records or documents that show that I was implanted with a Dow Corning breast implant, and I am not attaching any additional records or documents. *(You do not need to resubmit your medical records or documents, however, submitting another copy may speed up the review of your claim.)*

**3. Complete the following chart to provide information about all of the breast implant(s) 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 Breast Implant Surgery	Brand Name or Name of Implant Manufacturer	Country Where You Were Implanted & Name of Physician	Date Implant Was Removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not Removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not Removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not Removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not Removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not Removed

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

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.

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

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

# \$1,200 (U.S.) EXPEDITED RELEASE PAYMENT CLAIM FORM, OPTION 2

## *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 \$1,200 (U.S.) Expedited Release Payment. Please read these Instructions and the Option 2 Claimant Information Guide for more information.

#### **1. WHAT IS THE \$1,200 (U.S.) EXPEDITED RELEASE PAYMENT, OPTION 2?**

You will receive the \$1,200 (U.S.) Expedited Release Payment simply by showing that you were implanted with a Dow Corning breast implant.

#### **2. WHAT DO I NEED TO DO TO RECEIVE THE \$1,200 (U.S.) EXPEDITED RELEASE PAYMENT?**

Complete and submit this claim form. Also, send any of the following medical records or documents that show that you were implanted with a Dow Corning breast implant:

- A. Hospital records of the surgeon's report of the breast 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 at Question 4 below.
- B. A "certified copy" of your medical records that contains the breast implant package label demonstrating a Dow Corning breast implant. (*Read Question 3 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 breast implant label/sticker was put on a page by itself. If the page containing the breast implant label/sticker clearly comes from the hospital's contemporaneous record of the breast 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. Breast implant labels clearly marked with a lot, serial or catalog number. (*Read Question Q5-9 in the Option 2 Claimant Information Guide for information about lot, serial and catalog numbers of Dow Corning breast implants.*) These labels do not have to be certified.
- D. Medical records of your implanting surgeon — written at the time of your breast implant surgery — that specify a Dow Corning brand name or Dow Corning as the manufacturer. The list of Dow Corning brand names is at Question 4 below.
- E. An affirmative statement from your implanting physician (or a responsible person at the treating facility where your breast implant surgery took place) attesting that you were implanted with a Dow Corning breast implant. The person 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 2A and 2B 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 2A and 2B above; and

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3. It must explain why those records were not available. The statement of steps taken can be provided by your attorney if you are represented by counsel. This statement cannot rest upon "unacceptable proof" as defined in Question Q5-11 in the Option 2 Claimant Information Guide.
- F. A health insurance claim form, signed by your implanting physician reasonably close to the date of the breast implant surgery, naming the type of breast implant used.
  - G. Medical records of the physician who removed your breast implant (or other physician or appropriate professional who examined your breast implant during or after removal surgery) — written at the time of the examination of your breast implant — if that physician or other appropriate professional points out a *specific characteristic* of the breast implant that is on the list "Unique Identifiers" for Dow Corning breast implants. The list of "Unique Identifiers" for Dow Corning breast implants is at Question Q5-8 in the Option 2 Claimant Information Guide.
  - H. A photograph of your removed breast implant that shows one (1) of the "Unique Identifiers" for a Dow Corning breast implant, as listed in Question Q5-8 in the Option 2 Claimant Information Guide, *if*:
    1. The photograph is accompanied by a statement from the physician who removed your breast implant; *and*
    2. (S)he identifies the breast implant in the photograph as one (s)he removed from you.
  - I. Dow Corning or brand-specific implant "control sheets", with cross-references to you, that reasonably appear to be contemporaneously kept records in the hospital or implanting physician's office. (*Read Question Q5-10 in the Option 2 Claimant Information Guide for a description of "control sheets."*)
  - J. Dow Corning's invoice or packing list contained in your medical or hospital records relating to the breast 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.
  - K. Dow Corning's catalog with a particular type or style of breast implant circled or otherwise marked, if contained in a "certified copy" of your medical or hospital records relating to the implant surgery, which were compiled and/or produced before or about the time of that surgery.
  - L. "Patient Informed Consent" forms signed by you and dated close to the date of your breast implant surgery, accompanied by other contemporaneous medical or hospital records verifying that the breast implant surgery actually occurred and identifying Dow Corning as the manufacturer of the breast implant.
  - M. Admissions in pleadings or letters written by Dow Corning to you, your representative or your physician acknowledging that your breast implants were manufactured by Dow Corning.
  - N. For breast implants implanted after July 1986, participation in Dow Corning's "Product Replacement Expense Program" ("PREP") as documented by a signed PREP brochure, statement, or similar document if contained in a "certified copy" of your contemporaneous medical or hospital records.
  - O. Participation in Dow Corning's "Removal Assistance Program" after March 1992 documented by correspondence enclosing payment for uninsured medical expenses issued under the program based on receipt of proper documentation. Dow Corning will

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provide the names of persons it can document that participated in the Removal Assistance Program. If you are identified by Dow Corning as having participated in the Removal Assistance Program, the Settlement Facility will inform you of this, and you will not need to submit additional proof of manufacturer documents.

- P. If you rely on the following standard, you must submit all of the following:
1. A Dow Corning invoice, sales receipt, packing statement, or import receipt that would ordinarily have accompanied a breast implant sold for implantation, where such invoice, receipt or statement references a Dow Corning breast implant; *and*
  2. It must contain either the claimant's name or other information identifying the claimant; *and*
  3. It must be accompanied by medical records that show that the claimant was later implanted with a Dow Corning breast implant within a reasonable amount of time after the date of the invoice, sales receipt, statement, or import receipt.

**3. 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.

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

If the medical records or other documents are based on Question 2, paragraphs A-F or I-P above, then any of the following are an acceptable brand name for Dow Corning breast implants (*for information on paragraphs G and H in Question 2, read the Option 2 Claimant Information Guide at Section 5*):

<b>BRAND NAME</b>	<b>STATUS</b>
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

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**5. CAN I COMPLETE THIS CLAIM FORM AND SEND MY MEDICAL RECORDS AND DOCUMENTS IN MY NATIVE LANGUAGE OR DO THEY HAVE TO BE IN ENGLISH?**

You may submit this claim form, 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 Q2-3 in the Option 2 Claimant Information Guide for more information.)*

**6. IF I RECEIVE THE \$1,200 (U.S.) EXPEDITED RELEASE PAYMENT, CAN I RECEIVE OTHER SETTLEMENT PAYMENTS?**

No.

**7. IS THERE A DEADLINE TO SUBMIT MY CLAIM FORM AND MEDICAL RECORDS OR DOCUMENTS?**

Yes, you must submit your claim form and medical records or documents on or before three (3) years after the "Effective Date." *(Read Question Q6-5 in the Option 2 Claimant Information Guide for more information on the Effective Date.)*

**8. 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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**\$1,200 (U.S.) EXPEDITED RELEASE PAYMENT CLAIM FORM, OPTION 2**  
**DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)**

Use this form to apply for the \$1,200 (U.S.) Expedited Release Payment.

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

<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 150px; display: flex; align-items: center; justify-content: center;"> <p><b>AFFIX YOUR LABEL HERE</b></p> </div>	<p><b>PROVIDE UPDATES OR CORRECTIONS BELOW:</b></p> <p>1. Claim Number or Social Security Number: _____</p> <p>2. Date of Birth: _____  <small>Mon /Date/Year</small></p> <p>3. _____          New Last Name</p> <p>4. _____          New Address</p> <p>_____ City _____ State _____ Zip Code</p> <p>5. Daytime Phone: (____) _____</p> <p>6. Evening Phone: (____) _____</p> <p>7. Attorney's Name/Address/Phone/Fax:          _____          _____</p> <p>8. If you want to receive newsletters or information about your claim by e-mail, provide your e-mail address:          _____</p>
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**2.  I am applying for the \$1,200 (U.S.) Expedited Release Payment.**

I understand and agree that I cannot receive any other payment. I release all present and future claims related to my Dow Corning breast implant(s).

**3. Check Box 3A or 3B.**

- 3A.  I am attaching to this form copies of my medical records or documents that show that I was implanted with a Dow Corning breast implant. *(Please keep a copy for your file.)*
- OR**
- 3B.  I have already submitted my medical records or documents that show that I was implanted with a Dow Corning breast implant, and I am not attaching any additional records or documents. (You do not need to resubmit your medical records or documents, however, submitting another copy may speed up the review of your claim.)

**4. Complete the following chart to provide information about *all* of the breast implant(s) 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 Breast Implant Surgery	Brand Name or Name of Implant Manufacturer	Country Where You Were Implanted & Name of Physician	Date Implant Was Removed
____/____/____ (Month/Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month/Day/Year) <input type="checkbox"/> Not removed
____/____/____ (Month/Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month/Day/Year) <input type="checkbox"/> Not removed
____/____/____ (Month/Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month/Day/Year) <input type="checkbox"/> Not removed
____/____/____ (Month/Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month/Day/Year) <input type="checkbox"/> Not removed
____/____/____ (Month/Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month/Day/Year) <input type="checkbox"/> Not removed

**5. Sign and return this form on or before three (3) 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.

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

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

◆ \$1,200 (U.S.) EXPEDITED RELEASE PAYMENT CLAIM FORM, OPTION 2 ◆

# \$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

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For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099 or go to [www.dcsettlement.com](http://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.

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

**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](http://www.dcsettlement.com) on the internet

**\$600 (U.S.) PROOF OF MANUFACTURER FORM, OPTION 3**  
**FOR DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)**

Use this form to apply for the \$600 (U.S.) Proof of Manufacturer Payment.

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

<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 150px; display: flex; align-items: center; justify-content: center;"> <p><b>AFFIX YOUR LABEL HERE</b></p> </div>	<p><b>PROVIDE UPDATES OR CORRECTIONS BELOW:</b></p> <p>1. Claim Number or Social Security Number: _____</p> <p>2. Date of Birth: _____  <small>Mon /Date/Year</small></p> <p>3. _____          New Last Name</p> <p>4. _____          New Address</p> <p>_____ City _____ State _____ Zip Code</p> <p>5. Daytime Phone: (____) _____</p> <p>6. Evening Phone: (____) _____</p> <p>7. Attorney's Name/Address/Phone/Fax:          _____          _____</p> <p>8. If you want to receive newsletters or information about your claim by e-mail, provide your e-mail address:          _____</p>
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**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