

**ONTARIO
SUPERIOR COURT OF JUSTICE**

THE HONOURABLE
JUSTICE E.P. BELOBABA

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)
)

Thursday, THE 5 DAY
OF FEBRUARY, 2015

B E T W E E N :

DEBORAH BENDALL and
WENDY NORMAN

Plaintiffs

- and -

McGHAN MEDICAL CORPORATION
and DOW CORNING CANADA, INC.,
and DOW CORNING CORPORATION

Defendants

Proceeding under the *Class Proceedings Act, 1992*

ORDER

THIS MOTION, made on consent of Class Counsel, counsel for the Defendants and counsel for the proposed intervener, the Claimants' Advisory Committee, for an Order concluding the administration of the Settlement in the within proceeding, and certain matters necessary to make possible such conclusion, was heard this day at the Court House, Osgoode Hall, 130 Queen Street West, Toronto, Ontario.

ON READING the materials filed and whereas the parties agree to the Term Sheet attached as Schedule "A",

1. **THIS COURT ORDERS** that the agreement reached between the parties as outlined in Schedule "A" is hereby approved.

2. **THIS COURT ORDERS** that the form and content of Notice A attached hereto as Schedule “B” is hereby approved.
3. **THIS COURT ORDERS** that the form and content of Notice B attached hereto as Schedule “C” is hereby approved.
4. **THIS COURT ORDERS** that the form and content of Notice C attached hereto as Schedule “D” is hereby approved.
5. **THIS COURT ORDERS** that within ten days of the date of this Order, the Ontario Claims Administrator shall send a copy of Notice A by regular mail to the last known address of the claimants listed hereto on Schedules A and A-1. Those claimants shall be afforded an opportunity to opt out of the Ontario Class provided they do so within thirty days of the date of the Notice.
6. **THIS COURT ORDERS** that within ten days of the date of this Order, the Ontario Claims Administrator shall send a copy of Notice B by regular mail to the last known address of the claimants listed hereto on Schedule B. Those claimants shall be afforded an opportunity to submit a claim to the Ontario Claims Administrator pursuant to the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement, provided they do so within sixty days of the date of the Notice.
7. **THIS COURT ORDERS** that within ten days of the date of this Order, the Ontario Claims Administrator shall send a copy of Notice C by regular mail to the last known address of the claimants listed hereto on Schedule A-2. Those claimants who provide proof of United States citizenship or resident alien status shall be afforded an opportunity to opt out of the Ontario Class provided they do so within thirty days of the date of the

Notice. Those claimants who do not provide such proof shall be afforded an opportunity to submit a claim to the Ontario Claims Administrator pursuant to the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement, provided they do so within sixty days of the date of the Notice.

8. **THIS COURT ORDERS** that delivery of the Notices by regular mail to the last known address of the claimants shall be good and sufficient notice to the claimants of the contents thereof.
9. **THIS COURT ORDERS** that the Ontario Claims Administrator is authorized to make the payments to the Settlement Facility-Dow Corning Trust referred to at paragraph I of Schedule "A".
10. **THIS COURT ORDERS** that after all payment obligations created by the Term Sheet are fulfilled, the Ontario Claims Administrator shall distribute the remainder of the Settlement Amount from the Ontario Settlement among all Approved Current Primary Claimants and all Approved Ongoing Primary Claimants on a *pro rata* basis.
11. **THIS COURT ORDERS** that any monies remaining six months from issuance of the *pro rata* distribution is deemed residue which shall be donated *cy-pres* to London Health Sciences Foundation to advance research in women's health issues which will benefit women throughout Ontario and beyond.
12. **THIS COURT ORDERS** that the Ontario Claims Administrator's costs involved in carrying out all of the above be paid from the Ontario Settlement fund.
13. **THIS COURT ORDERS** that upon payment of the residue referred to in paragraph 11 herein, the Ontario Claims Administrator shall submit to the Court and to the parties a

final accounting of the deposits received, and the payments made by the Ontario Claims Administrator pursuant to the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement.

14. **THIS COURT ORDERS** that upon payment of the residue referred to in paragraph 11 herein, the obligations of the parties under the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement are deemed to be fully and completely discharged.
15. **THIS COURT ORDERS** that upon payment of the residue referred to in paragraph 11 herein, the Ontario Claims Administrator shall be at liberty to take all necessary administrative steps to conclude and terminate the Ontario Settlement.
16. **THIS COURT ORDERS** that the parties bear their own costs of this motion.
17. **THIS COURT ORDERS** that the Motion for Distribution of Surplus Funds filed by Class Counsel is otherwise dismissed without costs.

Date:



THE HONOURABLE JUSTICE E.P. BELOBABA

Schedule A - Term Sheet, including Exhibit A thereto incorporating Schedules A, A-1, A-2, B, C-1, C-2, C-3 and C-4

Term Sheet With Respect To Claims Listed on Exhibit A

This Term Sheet memorializes an agreement between and among the Debtors' Representatives, Dow Corning ("Dow Corning"), the Claimants' Advisory Committee ("CAC"), and Class Counsel in the Dow Corning Ontario Settlement ("Class Counsel") (together, "the Parties") with respect to the treatment of the claimants listed on Exhibit A:

Whereas Class Counsel filed a Motion for Distribution of Surplus Funds ("Motion") in the *Bendell* class proceeding; and

Whereas the Parties all desire to conclude the operations of the Claims Administration process with respect to the Dow Corning/Ontario Breast Implant Settlement Agreement ("Ontario Settlement Plan"); and Whereas the Motion sought to address the status of certain claimants who may have been identified as Ontario Class Members; and

Whereas the Parties subsequently obtained from the Settlement Facility-Dow Corning Trust ("SF-DCT") and the Ontario Claims Administrator information about such claimants; and

Whereas the SF-DCT has reported that it has identified all individuals who appear to meet the definition of an Ontario Class Member, filed a Proof of Claim in the Dow Corning Chapter 11 case and whose claims were not resolved under the terms of the Ontario Settlement Plan; and

Whereas the Parties have in good faith reviewed the available information regarding those claimants so identified by the SF-DCT; and

Whereas the Parties disagree on the treatment of such claimants under the terms of the Dow Corning Amended Joint Plan of Reorganization and disagree as to whether any such claimants should be permitted at this point to opt out of the Ontario Class; and

Whereas the Parties desire to resolve efficiently, and without the need for litigation or other time-consuming process, the procedures for terminating the Ontario Settlement Plan and the appropriate treatment for the claimants listed on Exhibit A, the Parties agree as follows:

1. Upon agreement on the final form of this Term Sheet, the Parties shall prepare and submit a consent order dismissing the Motion and providing for the treatment of the claimants on Exhibit A as set forth herein and for termination of the Ontario Settlement Plan for approval by the Ontario Court ("Consent Order").
2. The attached Exhibit A lists all the claimants covered by this Term Sheet. No other claimants may assert any rights from or under or be subject to the agreements and compromises in this Term Sheet. The Parties shall not bring or participate in any motion or other proceeding that could or is intended to extend the rights granted to claimants covered by this Term Sheet to any group or category of unknown individuals.
3. The agreements embodied in this Term Sheet and the language in this Term Sheet and in the Consent Order submitted to the Ontario Court are limited to the particular and unique circumstances of the Ontario Class and the implementation of the Ontario Settlement Plan and reflect the Parties' collective effort to reach an efficient and reasonable resolution of a current dispute and the fact that the Ontario Settlement Plan has excess funds. The Parties may not cite this Term Sheet, the basis for any agreement herein, or any papers filed in connection with

the Consent Order in any other proceeding for any purpose except that the Parties may cite the Consent Order as necessary to enforce the terms of the Consent Order.

4. The claimants covered by this Term Sheet are listed in Exhibit A on eight schedules (Schedules A, A-1, A-2, B, C-1, C-2, C-3, and C-4). The agreed treatment for each group of claimants is described below.

A. Treatment of Claimants on Schedule A (11 Claimants). The claimants on Schedule A present circumstances identical to those claimants who were permitted to opt out of the Ontario Class by the terms of the 2005 order of Justice Winkler of the Ontario Superior Court of Justice (the “2005 Order”). The claimants who were permitted to opt out in the 2005 Order were either citizens of the United States or individuals who received their Dow Corning breast implants in the United States and who also contended that they were not provided a meaningful opportunity to opt out of the Ontario Class because they did not have information about the settlement provisions of the Dow Corning Amended Joint Plan of Reorganization. (These claimants were classified as members of the Ontario Class either because of residence in Ontario in 1993 or because they received their implants in Ontario.) The claimants listed on Schedule A have the same characteristics: they are either citizens of the United States or received their Dow Corning breast implants in the United States based on the available information. Consistent with the 2005 Order, the Parties will propose to the Ontario Court that the claimants on Schedule A be afforded an opportunity to opt out of the Ontario Class provided they do so within [30] days of the date of a notice informing such claimants of an order of the Ontario Court authorizing such opt out. If a claimant opts out in accordance with such an order, then the CAC and Dow Corning agree that they may submit claims to the SF-DCT for evaluation and processing (and/or have

their already submitted claims processed) under the terms of the Settlement Facility and Fund Distribution Agreement (Settlement Facility Agreement).

B. Treatment of Claimants on Schedule A-1 (7 Claimants). The claimants listed on Schedule A-1 have characteristics similar to those on Schedule A with respect to the terms of the Dow Corning Amended Joint Plan of Reorganization. The claimants on Schedule A-1 are resident aliens of the United States and, accordingly, the Parties will propose to the Ontario Court that the claimants on Schedule A-1 be afforded an opportunity to opt out of the Ontario Class provided they do so within [30] days of the date of a notice to such claimants of an order of the Ontario Court authorizing such opt out. If such claimants opt out in accordance with the order, then the CAC and Dow Corning agree that they may submit claims to the SF-DCT for evaluation and processing (and/or have their already submitted claims processed) under the terms of the Settlement Facility Agreement.

C. Treatment of Claimants on Schedule A-2 (12 Claimants). The claimants on Schedule A-2 have not demonstrated that they are resident aliens or citizens of the United States and they did not have their Dow Corning implants inserted in the United States. These claimants will be eligible for the treatment afforded claimants on Schedule A-1 if they provide proof that they are resident aliens or citizens of the United States. If they do not document that they are resident aliens or citizens of the United States, these claimants will be eligible for the treatment provided to claimants on Schedule B.

D. Treatment of Claimants on Schedule B (11 Claimants). The claimants on Schedule B have been identified by Class Counsel as members of the Ontario Class whose claims should have been processed under the terms of the Ontario Settlement Plan. All of these claimants are members of the Ontario Class, have no apparent geographic nexus to another

Canadian province, are not United States citizens, and did not receive their Dow Corning implants in the United States. Class Counsel, therefore, agrees that such claimants should be paid, to the extent they can otherwise prove eligibility, as late claimants in the Ontario Settlement Plan.

E. Treatment of Claimants on Schedule C-1 (7 Claimants). The claimants on Schedule C-1 appear to be members of the Ontario Class based on the place of implantation with a Dow Corning breast implant. Based on the available information, these claimants may have a principal geographic nexus (as defined at Section 8.2 of the Ontario Settlement Plan) in a province of Canada other than Ontario. The Parties agree that these claimants are not barred from submitting claims to other facilities, including the SF-DCT, by virtue of the fact that they are members of the Ontario Class based on location of implantation surgery.

F. Treatment of Claimants on Schedule C-2 (8 Claimants). The claimants on Schedule C-2 were identified at some point as potentially having a connection to Ontario but appear upon review of their files neither to have been implanted in Ontario nor resident in Ontario in 1993 and, therefore, not to be members of the Ontario Class (or in one case was implanted in Ontario but had a geographic nexus to British Columbia and opted out of that class). Accordingly, the Consent Order to be filed by Class Counsel need not address these claimants and the Ontario Court has no jurisdiction over these claimants. The Parties agree that no further action is necessary in the Ontario Court with respect to these claimants.

G. Treatment of Claimants on Schedule C-3 (12 Claimants). The claimants on Schedule C-3 have either presented claims that have been rejected or appear based on available records not to qualify for any type of settlement payment. These claimants have had little or no

contact with either the SF-DCT or the Ontario claims facility. The Parties agree that no further action is required with respect to these claimants.

H. Treatment of Claimants on Schedule C-4 (4 Claimants). Two of the claimants on Schedule C-4 appear to be members of the British Columbia Non-Resident Subclass who opted-in to the British Columbia settlement. The Parties agree that these claimants are barred from asserting any claims in the SF-DCT or Ontario Settlement Plan. The other two claimants on Schedule C-4 appear, based on the available information, to be members of the British Columbia Resident Subclass. The Parties agree that these claimants cannot assert claims in the Ontario Settlement Plan. The Ontario Court does not have jurisdiction with respect to these claimants and no further action is necessary or appropriate in the Ontario Court.

I. Treatment of Prior Payments by the SF-DCT. To the extent that claimants listed on Schedule B or who are eligible for the same treatment as claimants listed on Schedule B are determined to be eligible for compensation under the Ontario Settlement Plan and such claimants have previously received payment from the SF-DCT, the Ontario Settlement Plan shall reimburse the SF-DCT for the amounts it paid to such claimants. If the SF-DCT paid an amount to such claimant greater than the amount payable by the Ontario Settlement Plan for the same compensable condition, then the Ontario Settlement Plan shall reimburse the SF-DCT the lesser amount. The Parties shall advise the SF-DCT that the SF-DCT may not distribute any additional payments to any claimant who is listed or subsequently is listed on Schedule B.

Term Sheet Exhibit A

Schedule	SID
A	0608747
A	0957519
A	1093017
A	1107330
A	1320215
A	1462182
A	6175376
A	6181211
A	6324261
A	6207309
A	2735880
A1	1089988
A1	1126050
A1	1126062
A1	2787689
A1	6450249
A1	6451460
A1	2152971
A2	0618598
A2	1013856
A2	1049438
A2	1079072
A2	1356354
A2	2737898
A2	6165823
A2	6246471
A2	6448974
A2	1096294
A2	1322049
A2	1049429
B	1032060
B	1066959
B	1073958
B	1134173
B	3001461
B	3002765
B	3053903
B	3235857
B	3255459
B	3264242
B	6479609
C1	1000185
C1	1232230
C1	1364481
C1	3002678
C1	3053430
C1	3271773
C1	6450371

Term Sheet Exhibit A

C2	1049383
C2	1118869
C2	1301550
C2	1307709
C2	3218651
C2	3246281
C2	6069742
C2	1096119

C3	945654
C3	1095881
C3	1125752
C3	1265771
C3	1278611
C3	1795743
C3	2791034
C3	3017937
C3	3047190
C3	3101253
C3	3252018
C3	3269199

C4	2771092
C4	3090931
C4	3121757
C4	3025519

Schedule B – Notice A

Re: Dow Corning/Ontario Breast Implant Litigation Settlement Agreement

Dear Claimant:

This letter is to advise you of an important development that affects your breast implant claim.

You meet the definition of an Ontario Class member in the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement (“Ontario Settlement”). However, based on your status as a United States citizen or resident alien, and based on the unique circumstances of the Ontario breast implant class action and opt out process, the Ontario Court has granted you permission to exclude yourself from the Ontario Class. If you file the enclosed Opt Out Form by [xxx], then you will be excluded from the Ontario Class and the Claims Administrator for the United States Dow Corning settlement program will permit you to submit your claim to that settlement program – the Settlement Facility-Dow Corning Trust (“SF-DCT”). If you have already submitted a claim to the SF-DCT you must still submit the Opt Out Form so that the SF-DCT may continue to process your claim and distribute payments for which you are eligible. If you do not submit the Opt Out form by [xxx], you will not be permitted to file a claim or pursue a previously filed claim with the SF-DCT and you will not be permitted to file a claim with the Ontario Settlement.

You must submit your Opt Out Form so that it is received by [xxx].

If you have questions, you may call the Ontario Claims Administrator at:

Yours very truly,

Kevin O’Connell
Crawford and Company
Claims Administrator for Dow Corning/Ontario Breast Implant Litigation Settlement

OPT OUT FORM

Re: Dow Corning Ontario Breast Implant Litigation Settlement Agreement

Kevin O'Connell
Crawford and Company
Ontario Claims Administrator/Dow Corning Settlement
133 Weber Street North
Waterloo, Ontario, N2J 3G9

Pursuant to the Order of Mr. Justice Belobaba dated [xxx], I
_____ (name) born _____ (date of birth)
hereby opt-out of the Ontario Class in order to pursue my claim in the United States settlement
(Amended Joint Plan of Reorganization).

Date: _____

Signature: _____

Schedule C – Notice B

Re: Dow Corning/Ontario Breast Implant Litigation Settlement Agreement

Dear Claimant:

This letter is to advise you of an important development that affects your breast implant claim.

You are a member of the “Ontario Class” – which is defined to include people who received Dow Corning breast implants in Ontario or who have Dow Corning breast implants and resided in Ontario in 1993. Dow Corning and representatives of the Ontario Class reached a settlement several years ago (“Ontario Settlement”). Although the deadline for registering for the Ontario Settlement has expired, Justice Belobaba of the Ontario Superior Court has granted you permission to submit a late claim to the Ontario Settlement. If you would like to file a late claim and potentially receive compensation, you must submit the enclosed claim forms to the Ontario Claims Administrator on or before [xxx].

If you do not submit the claim forms by [xxx], you will be forever barred from submitting a claim regarding your Dow Corning breast implant in any jurisdiction. Please note that submission of a claim form does not guarantee that you will receive compensation. To qualify for compensation you must meet certain eligibility requirements, as explained in the claim form materials.

If you have any questions, you may call the Ontario Claims Administrator at:

Yours very truly,

Kevin O’Connell
Crawford and Company
Claims Administrator for Dow Corning/Ontario Breast Implant Litigation Settlement

CLAIM FORM

DOW CORNING/ONTARIO BREAST IMPLANT LITIGATION SETTLEMENT

(If you are submitting a claim, you must also submit or
have submitted a separate Registration Form.)
You must complete all pages of this Claim Form.

Attach additional pages if space is insufficient.
Please type or print legibly in ink.

THE INFORMATION PROVIDED IN THIS FORM WILL REMAIN CONFIDENTIAL
EXCEPT AS PROVIDED IN THE
QUEBEC/ONTARIO DOW CORNING BREAST IMPLANT LITIGATION SETTLEMENT

Please mail this form to the CLAIMS ADMINISTRATOR at:

Refer to the Instructions for Settling Claimants for instructions regarding the attachment of the Supporting Documentation that is required if you choose to be compensated for a Designated Medical Condition.

To preserve eligibility for benefits under the Agreement, this Claim Form must be completed, signed and sent to the Claims Administrator postmarked no later than

- (a) _____ to be eligible for an expedited Payment of CDN \$1,800.00,
- (b) _____ to be eligible for compensation for a Designated Medical Condition as a Current Primary Claimant,
- (c) _____ to be eligible for compensation for a Designated Medical Condition as an Ongoing Primary Claimant,
- (d) _____ to be eligible for compensation as a Dow Corning Breast Implant Raw Materials Claimant, or
- (e) _____ to be eligible for compensation as a Supplemental/Family Member Claimant.

If you fail to complete, sign and send this Claim Form to the Claims Administrator postmarked by these dates, you will be barred completely and forever from receiving compensation pursuant to the Agreement.

IDENTIFICATION OF CLAIMANT MAKING A CLAIM FOR SETTLEMENT BENEFITS			
Maiden Name	First Name	Middle Name/Initial	Last Name
Current Address		City Province	Postal Code
Telephone Number	Date of Birth	Date of Death (if deceased)	
Social Insurance Number		Health Card Number	
IF YOUR ADDRESS CHANGES, INFORM THE CLAIMS ADMINISTRATOR IN WRITING.			
Do you have a lawyer representing you in connection with a breast implant claim?			
No.			
Yes. If yes, please provide the lawyer's name, address and telephone number:			
TO RECEIVE BENEFITS UNDER THE AGREEMENT, YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:			
I.	EXPEDITED PRIMARY CLAIM: If you are the recipient of a Dow Corning Breast Implant, do you wish to receive an Expedited Settlement Claim payment of CDN \$1,800.00, which will be paid before any other claims, instead of making a claim for compensation for a Designated Medical Condition?		
	No.		
	Yes.		

2.	DESIGNATED MEDICAL CONDITION: If you are a recipient of a Dow Corning Breast Implant, do you wish to make a claim for compensation for one or more Designated Medical Conditions? If so, what are the Designated Medical Conditions (as defined in the Settlement Agreement) for which you are making a claim? (Please refer to Exhibit A-2 and your medical records or the diagnosis of your Licensed Medical Specialist.) (Check all that apply.)				
	<input type="checkbox"/>	Sclerosis/Scleroderma			
	<input type="checkbox"/>	Systemic Lupus Erythematosus			
	<input type="checkbox"/>	Atypical Neurological Disease Syndrome			
	<input type="checkbox"/>	Mixed Connective Tissue Disease/Overlap Syndrome			
	<input type="checkbox"/>	Polymyositis			
	<input type="checkbox"/>	Dermatomyositis			
	<input type="checkbox"/>	Primary Sjogren's Syndrome			
	<input type="checkbox"/>	Atypical Connective Tissue Disease			
	<input type="checkbox"/>	Atypical Rheumatic Syndrome			
	<input type="checkbox"/>	Nonspecific Autoimmune Condition			
	<input type="checkbox"/>	If you checked one of the above Designated Medical Conditions, please specify:			
	<input type="checkbox"/>	(i) the level of severity or disability (as defined in the Agreement) you are claiming (refer to your Statement of Disability):			
	<input type="checkbox"/>	A	B	C	D (for Sclerosis/Scleroderma/Lupus only)
	<input type="checkbox"/>	(ii) your age when the first qualifying symptom(s) for this medical condition appeared:			
<input type="checkbox"/>	(iii) the first qualifying symptom(s):				
<input type="checkbox"/>	(iv) the medical record in which the first qualifying symptom(s) is (are) documented:				
<input type="checkbox"/>	Rupture				
<input type="checkbox"/>	Explantation				

3.	RAW MATERIALS: If you are a recipient of a breast implant other than a Dow Corning Breast Implant, do you wish to make a claim for compensation as a Dow Corning Breast Implant Raw Materials Claimant?	
		No.
		Yes.
4.	SUPPLEMENTAL/FAMILY MEMBER CLAIM: If you are not a recipient of a breast implant but are related to a recipient of a Dow Corning Breast Implant Recipient, do you wish to make a claim for compensation as a Supplemental/Family Member Claimant?	
		No.
		Yes.
		If yes, what is the name of the Dow Corning Breast Implant Recipient to whom you are related?
		What is your relationship to that Dow Corning Breast Implant Recipient?
		What type of claim for compensation is that Dow Corning Breast Implant Recipient making pursuant to the Dow Corning/Ontario Agreement?

IDENTIFICATION OF PERSON SIGNING THIS CLAIM FORM (CHECK ONLY ONE):	
5(a).	<p>I am the above-identified breast implant recipient or family member. I am signing this Claim Form to make a claim for benefits under the Dow Corning/Ontario Breast Implant Litigation Settlement. With this Claim Form, if I am making a claim for compensation for a Designated Medical Condition, I have also included Supporting Documentation. With the Registration Form or with this Claim Form, if I am making a claim for compensation of a Dow Corning Breast Implant Raw Materials Claim, I have also included a properly executed Affidavit of Settling Claimant or Certificate of Solicitor. With the Registration Form or with this Claim Form, if I am making a claim for compensation of a Supplemental/Family Member Claim, I have also included the required documentation evidencing my relationship to a Dow Corning Breast Implant Recipient.</p>
5(b).	<p>I am the guardian, custodian, executor, administrator or court-appointed representative of the above-identified breast implant recipient (or her estate). I am signing this Claim Form to make a claim on her behalf (or on behalf of her estate) for benefits under the Dow Corning/Ontario Breast Implant Litigation Settlement. With this Claim Form, if I am making a claim for compensation for a Designated Medical Condition, I have also included Supporting Documentation. With the Registration Form or with this Claim Form, if I am making a claim for compensation of a Dow Corning Breast Implant Raw Materials Claim, I have also included a properly executed Affidavit of Settling Claimant or Certificate of Solicitor.</p> <p>REPRESENTATIVE INFORMATION: (This Section is to be completed only by the person who checked box 5(b).)</p> <p>Name:</p> <p>Title:</p> <p>Mailing Address:</p> <p>Telephone Number:</p>
<p>I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.</p>	
<p>Date Signed</p>	<p>Signature (Implant Recipient or Personal Representative)</p>

CANADA

PROVINCE OF ONTARIO

In re: Silicone Gel Breast Implants
Products Liability Class Action
Litigation in Ontario

BETWEEN

DEBORAH BENDALL and
WENDY NORMAN

Plaintiffs,

And

MCGHAN MEDICAL CORPORATION and DOW
CORNING CANADA, INC. and DOW CORNING
CORPORATION

Defendants.

PROVINCE OF ONTARIO

Ontario Court

(General Division)

London, Ontario

Court File No.: 14219/93

Honourable Mr. Justice Warren K. Winkler

CERTIFICATE OF SOLICITOR

I, _____, being a solicitor licensed to practice in the Province
of _____, CERTIFY that I have explained to the Settling Claimant,
_____, the necessity of making full disclosure of all breast implant
surgeries, information relating to the identity(ies) of her breast implant(s), information relating to any
medical condition(s) allegedly related to her breast implant(s), and the penalties that may result if such
information is not revealed to the Courts. I have also explained to the Settling Claimant that the
Medical Direction attached to this Certificate as Exhibit A will be forwarded to the Claims
Administrator in order to allow the Claims Administrator to verify information provided.

Date: _____

Solicitor's Signature

Solicitor's Address (*Please type or print*):

Solicitor's Name (*Please type or print*)

Exhibit A to the Certificate of Solicitor

Solicitor's Name (*Please type or print*)

Dated: _____, 199__

MEDICAL DIRECTION

RE: _____
Name of Settlement Class Member (*please type or print*) Date of Birth _____

Social Insurance Number Health Card Number _____

TO WHOM IT MAY CONCERN:

You are hereby authorized and directed to release to the Claims Administrator of the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement any medical information or records which you may have concerning (1) the identity(ies) of the manufacturer(s) of my breast implant(s), (2) (all) my breast implant surgery(ies), (3) any and all injuries, illnesses, and other medical problems allegedly related to my breast implant(s), and (4) any and all injuries, illnesses, and other medical problems that predated the implantation of my breast implant(s). For such release, this shall be your good and sufficient authority.

Dated at City of _____, Province of _____,
this ____ day of _____, 199__.

Witness

Settling Claimant

CANADA

PROVINCE OF ONTARIO

In re: Silicone Gel Breast Implants
Products Liability Class Action
Litigation in Ontario

BETWEEN

DEBORAH BENDALL and
WENDY NORMAN

Plaintiffs,

And

MCGHAN MEDICAL CORPORATION and DOW
CORNING CANADA, INC. and DOW CORNING
CORPORATION

Defendants.

PROVINCE OF ONTARIO

Ontario Court

(General Division)

London, Ontario

Court File No.: 14219/93

Honourable Mr. Justice Warren K. Winkler

AFFIDAVIT OF SETTLING CLAIMANT

Settling Claimant (Please type or print)

I, _____, of the City of _____, in the
Province of _____, make oath and say as follows:

1. I have agreed to participate in the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement and am asserting a _____ (type of claim) thereunder.

2. All the information contained in the Registration Form and the Claim Form that I have submitted to the Claims Administrator is true, and to the best of my knowledge and belief I am eligible to participate in the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement.

3. If I am making a Primary Breast Implant Claim or a Dow Corning Breast Implant Raw Materials Claim, I have executed a Medical Direction (attached as Exhibit A to this Affidavit) to enable the Claims Administrator, should he/she determine that it is necessary, to review the relevant medical records to confirm the identity(ies) of the manufacturer(s) of my breast implant(s); to obtain information regarding (all) my breast implant surgery(ies); to obtain information regarding any and all injuries, illnesses and other medical problems allegedly related to my breast implant(s); and to obtain information regarding any and all injuries, illnesses and other medical problems that predated the implantation of my breast implant(s).

4. If I am making a Supplemental/Family Member Claim, to the best of my knowledge and belief, the Primary Breast Implant Claimant to whom I am related has executed a Medical Direction and an Affidavit of Settling Claimant.

5. I make this affidavit, and, if I am making a Primary Breast Implant Claim or a Dow Corning Breast Implant Raw Materials Claim, execute the Medical Direction, in order to provide the Claims Administrator of the Dow Corning/Ontario Breast Implant Litigation Agreement with a complete record to enable him/her to properly review my claim and calculate the compensation, if any, to which I may be entitled under the Settlement Agreement.

Settling Claimant

SWORN BEFORE ME

At the City of _____

In the Province of _____

This _____ day of _____

A.D. 199____

_____ A Commissioner, etc.

Exhibit A to the Affidavit of

Settling Claimant (*Please type or print*)

Dated: _____, 199__

MEDICAL DIRECTION

RE: _____
Name of Settling Claimant(*please type or print*) Date of Birth _____

Social Insurance Number Health Card Number _____

TO WHOM IT MAY CONCERN:

You are hereby authorized and directed to release to the Claims Administrator of the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement any medical information or records which you may have concerning (1) the identity(ies) of the manufacturer(s) of my breast implant(s), (2) (all) my breast implant surgery(ies), (3) any and all injuries, illnesses, and other medical problems allegedly related to my breast implant(s), and (4) any and all injuries, illnesses, and other medical problems that predated implantation of my breast implant(s). For such release, this shall be your good and sufficient authority.

Dated at City of _____, Province of _____
this _____ day of _____, 199__.

Witness

Settling Claimant

Schedule D – Notice C

Dear Claimant:

This letter is to advise you of an important development that affects your breast implant claim.

You meet the definition of a class member in the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement (“Ontario Settlement”). As an Ontario Class member, you may be eligible for certain compensation from the Ontario Settlement. Although the deadline for submitting claims to the Ontario Settlement has expired, the court is permitting you to submit a late claim provided you follow the procedures outlined in this notice. It is also possible that you may be eligible for certain compensation from a settlement program in the United States. To be eligible to apply for compensation from the United States program, you must prove that you are a United States citizen or resident alien of the United States and you must elect to “opt out” of the Ontario Class by submitting an “Opt Out Form” as described below.

If you are a United States citizen or resident alien the following guidelines apply:

1. If you are interested in submitting a claim for compensation in the United States settlement, you must provide proof of United States citizenship or United States resident alien status.
2. In addition, you must complete and submit the “Opt Out Form” that is enclosed with this letter.
3. You must submit both of these documents to the Ontario Claims Administrator at the address below no later than [xxx] [30 days].
4. If the United States Claims Administrator finds that your proof of United States citizenship or resident alien status is acceptable, then you will be notified and given instructions on how to submit a claim in the United States. (If you have already submitted a claim in the United States, the Claims Administrator will notify you whether you may proceed with that claim or whether you are not eligible to submit a claim in the United States settlement.) If the United States Claims Administrator finds that your proof is not acceptable, then you will have the option of submitting a late claim to the Ontario Settlement. The instructions for submitting a late claim to the Ontario Settlement are set forth below.

If you are not a United States citizen or resident alien – or if your proof has been found unacceptable – and if you would like to submit a late claim for compensation from the Ontario Settlement, the following guidelines apply:

1. If you wish to submit a late claim to the Ontario Settlement, you must complete and submit the Ontario claims forms that are enclosed with this notice to the Ontario Claims Administrator on or before [xxx] [60 days].
2. If you do not submit the claim forms by [xxx], you will be forever barred from submitting a claim regarding your Dow Corning breast implant in any jurisdiction.
3. Please note that submission of a claim form does not guarantee that you will receive compensation. To qualify for compensation you must meet certain eligibility requirements, as explained in the claim form materials.

If you have questions, you may call the Ontario Claims Administrator at:

Yours very truly,

Kevin O'Connell
Crawford and Company
Claims Administrator for Dow Corning/Ontario Breast Implant Litigation Settlement

OPT-OUT FORM

Re: Dow Corning Ontario Breast Implant Litigation Settlement Agreement

Kevin O'Connell
Crawford and Company
Ontario Claims Administrator/Dow Corning Settlement
133 Weber Street North
Waterloo, Ontario, N2J 3G9

Pursuant to the Order of Mr. Justice Belobaba dated [xxx], I
_____ (name) born _____ (date of birth)
hereby opt-out of the Ontario Class in order to pursue my claim in the United States settlement
(Amended Joint Plan of Reorganization).

Date: _____

Signature: _____

CLAIM FORM

DOW CORNING/ONTARIO BREAST IMPLANT LITIGATION SETTLEMENT

**(If you are submitting a claim, you must also submit or
have submitted a separate Registration Form.)
You must complete all pages of this Claim Form.**

**Attach additional pages if space is insufficient.
Please type or print legibly in ink.**

**THE INFORMATION PROVIDED IN THIS FORM WILL REMAIN CONFIDENTIAL
EXCEPT AS PROVIDED IN THE
QUEBEC/ONTARIO DOW CORNING BREAST IMPLANT LITIGATION SETTLEMENT**

Please mail this form to the CLAIMS ADMINISTRATOR at:

Refer to the Instructions for Settling Claimants for instructions regarding the attachment of the Supporting Documentation that is required if you choose to be compensated for a Designated Medical Condition.

To preserve eligibility for benefits under the Agreement, this Claim Form must be completed, signed and sent to the Claims Administrator postmarked no later than

- (a) _____ to be eligible for an expedited Payment of CDN \$1,800.00,
- (b) _____ to be eligible for compensation for a Designated Medical Condition as a Current Primary Claimant,
- (c) _____ to be eligible for compensation for a Designated Medical Condition as an Ongoing Primary Claimant,
- (d) _____ to be eligible for compensation as a Dow Corning Breast Implant Raw Materials Claimant, or
- (e) _____ to be eligible for compensation as a Supplemental/Family Member Claimant.

If you fail to complete, sign and send this Claim Form to the Claims Administrator postmarked by these dates, you will be barred completely and forever from receiving compensation pursuant to the Agreement.

IDENTIFICATION OF CLAIMANT MAKING A CLAIM FOR SETTLEMENT BENEFITS			
Maiden Name		First Name	Middle Name/Initial
			Last Name
Current Address		City	Postal Code
		Province	
Telephone Number	Date of Birth	Date of Death (If deceased)	
Social Insurance Number		Health Card Number	
IF YOUR ADDRESS CHANGES, INFORM THE CLAIMS ADMINISTRATOR IN WRITING.			
Do you have a lawyer representing you in connection with a breast implant claim?			
No.			
Yes. If yes, please provide the lawyer's name, address and telephone number:			
TO RECEIVE BENEFITS UNDER THE AGREEMENT, YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:			
1.	EXPEDITED PRIMARY CLAIM: If you are the recipient of a Dow Corning Breast Implant, do you wish to receive an Expedited Settlement Claim payment of CDN \$1,800.00, which will be paid before any other claims, instead of making a claim for compensation for a Designated Medical Condition?		
	No.		
	Yes.		

2.	DESIGNATED MEDICAL CONDITION: If you are a recipient of a Dow Corning Breast Implant, do you wish to make a claim for compensation for one or more Designated Medical Conditions? If so, what are the Designated Medical Conditions (as defined in the Settlement Agreement) for which you are making a claim? (Please refer to Exhibit A-2 and your medical records or the diagnosis of your Licensed Medical Specialist.) (Check all that apply.)							
	<input type="checkbox"/> Sclerosis/Scleroderma							
	<input type="checkbox"/> Systemic Lupus Erythematosus							
	<input type="checkbox"/> Atypical Neurological Disease Syndrome							
	<input type="checkbox"/> Mixed Connective Tissue Disease/Overlap Syndrome							
	<input type="checkbox"/> Polymyositis							
	<input type="checkbox"/> Dermatomyositis							
	<input type="checkbox"/> Primary Sjogren's Syndrome							
	<input type="checkbox"/> Atypical Connective Tissue Disease							
	<input type="checkbox"/> Atypical Rheumatic Syndrome							
	<input type="checkbox"/> Nonspecific Autoimmune Condition							
	If you checked one of the above Designated Medical Conditions, please specify:							
	(i) the level of severity or disability (as defined in the Agreement) you are claiming (refer to your Statement of Disability):							
	<table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D (for Sclerosis/Scleroderma/Lupus only)</td> </tr> </table>				A	B	C	D (for Sclerosis/Scleroderma/Lupus only)
	A	B	C	D (for Sclerosis/Scleroderma/Lupus only)				
(ii) your age when the first qualifying symptom(s) for this medical condition appeared:								
(iii) the first qualifying symptom(s):								
(iv) the medical record in which the first qualifying symptom(s) is (are) documented:								
<input type="checkbox"/> Rupture								
<input type="checkbox"/> Explantation								

3.	RAW MATERIALS: If you are a recipient of a breast implant other than a Dow Corning Breast Implant, do you wish to make a claim for compensation as a Dow Corning Breast Implant Raw Materials Claimant?	
		No.
		Yes.
4.	SUPPLEMENTAL/FAMILY MEMBER CLAIM: If you are not a recipient of a breast implant but are related to a recipient of a Dow Corning Breast Implant Recipient, do you wish to make a claim for compensation as a Supplemental/Family Member Claimant?	
		No.
		Yes.
		If yes, what is the name of the Dow Corning Breast Implant Recipient to whom you are related?
		What is your relationship to that Dow Corning Breast Implant Recipient?
		What type of claim for compensation is that Dow Corning Breast Implant Recipient making pursuant to the Dow Corning/Ontario Agreement?

**IDENTIFICATION OF PERSON SIGNING
THIS CLAIM FORM (CHECK ONLY ONE):**

5(a).	<p>I am the above-identified breast implant recipient or family member. I am signing this Claim Form to make a claim for benefits under the Dow Corning/Ontario Breast Implant Litigation Settlement. With this Claim Form, if I am making a claim for compensation for a Designated Medical Condition, I have also included Supporting Documentation. With the Registration Form or with this Claim Form, if I am making a claim for compensation of a Dow Corning Breast Implant Raw Materials Claim, I have also included a properly executed Affidavit of Settling Claimant or Certificate of Solicitor. With the Registration Form or with this Claim Form, if I am making a claim for compensation of a Supplemental/Family Member Claim, I have also included the required documentation evidencing my relationship to a Dow Corning Breast Implant Recipient.</p>
5(b).	<p>I am the guardian, custodian, executor, administrator or court-appointed representative of the above-identified breast implant recipient (or her estate). I am signing this Claim Form to make a claim on her behalf (or on behalf of her estate) for benefits under the Dow Corning/Ontario Breast Implant Litigation Settlement. With this Claim Form, if I am making a claim for compensation for a Designated Medical Condition, I have also included Supporting Documentation. With the Registration Form or with this Claim Form, if I am making a claim for compensation of a Dow Corning Breast Implant Raw Materials Claim, I have also included a properly executed Affidavit of Settling Claimant or Certificate of Solicitor.</p> <p>REPRESENTATIVE INFORMATION: (This Section is to be completed only by the person who checked box 5(b).)</p> <p>Name:</p> <p>Title:</p> <p>Mailing Address:</p> <p>Telephone Number:</p>
<p>I declare under penalty of perjury that the information on this form is true, correct and complete to the best of my knowledge, information and belief.</p>	
<p>Date Signed</p>	<p>Signature (Implant Recipient or Personal Representative)</p>

CANADA

PROVINCE OF ONTARIO

In re: Silicone Gel Breast Implants
Products Liability Class Action
Litigation in Ontario

BETWEEN

DEBORAH BENDALL and
WENDY NORMAN

Plaintiffs,

And

MCGHAN MEDICAL CORPORATION and DOW
CORNING CANADA, INC. and DOW CORNING
CORPORATION

Defendants.

PROVINCE OF ONTARIO

Ontario Court

(General Division)

London, Ontario

Court File No.: 14219/93

Honourable Mr. Justice Warren K. Winkler

CERTIFICATE OF SOLICITOR

I, _____, being a solicitor licensed to practice in the Province of _____, CERTIFY that I have explained to the Settling Claimant, _____, the necessity of making full disclosure of all breast implant surgeries, information relating to the identity(ies) of her breast implant(s), information relating to any medical condition(s) allegedly related to her breast implant(s), and the penalties that may result if such information is not revealed to the Courts. I have also explained to the Settling Claimant that the Medical Direction attached to this Certificate as Exhibit A will be forwarded to the Claims Administrator in order to allow the Claims Administrator to verify information provided.

Date: _____

Solicitor's Signature

Solicitor's Address (*Please type or print*):

Solicitor's Name (*Please type or print*)

Exhibit A to the Certificate of Solicitor

Solicitor's Name (*Please type or print*)

Dated: _____, 199__

MEDICAL DIRECTION

RE: _____
Name of Settlement Class Member (*please type or print*) Date of Birth

Social Insurance Number

Health Card Number

TO WHOM IT MAY CONCERN:

You are hereby authorized and directed to release to the Claims Administrator of the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement any medical information or records which you may have concerning (1) the identity(ies) of the manufacturer(s) of my breast implant(s), (2) (all) my breast implant surgery(ies), (3) any and all injuries, illnesses, and other medical problems allegedly related to my breast implant(s), and (4) any and all injuries, illnesses, and other medical problems that predated the implantation of my breast implant(s). For such release, this shall be your good and sufficient authority.

Dated at City of _____, Province of _____,
this ____ day of _____, 199__.

Witness

Settling Claimant

CANADA

PROVINCE OF ONTARIO

In re: Silicone Gel Breast Implants
Products Liability Class Action
Litigation in Ontario

BETWEEN

DEBORAH BENDALL and
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Plaintiffs,

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MCGHAN MEDICAL CORPORATION and DOW
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CORPORATION

Defendants.

PROVINCE OF ONTARIO

Ontario Court

(General Division)

London, Ontario

Court File No.: 14219/93

Honourable Mr. Justice Warren K. Winkler

AFFIDAVIT OF SETTLING CLAIMANT

Settling Claimant (Please type or print)

I, _____, of the City of _____, in the
Province of _____, make oath and say as follows:

1. I have agreed to participate in the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement and am asserting a _____ (type of claim) thereunder.

2. All the information contained in the Registration Form and the Claim Form that I have submitted to the Claims Administrator is true, and to the best of my knowledge and belief I am eligible to participate in the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement.

3. If I am making a Primary Breast Implant Claim or a Dow Corning Breast Implant Raw Materials Claim, I have executed a Medical Direction (attached as Exhibit A to this Affidavit) to enable the Claims Administrator, should he/she determine that it is necessary, to review the relevant medical records to confirm the identity(ies) of the manufacturer(s) of my breast implant(s); to obtain information regarding (all) my breast implant surgery(ies); to obtain information regarding any and all injuries, illnesses and other medical problems allegedly related to my breast implant(s); and to obtain information regarding any and all injuries, illnesses and other medical problems that predated the implantation of my breast implant(s).

4. If I am making a Supplemental/Family Member Claim, to the best of my knowledge and belief, the Primary Breast Implant Claimant to whom I am related has executed a Medical Direction and an Affidavit of Settling Claimant.

5. I make this affidavit, and, if I am making a Primary Breast Implant Claim or a Dow Corning Breast Implant Raw Materials Claim, execute the Medical Direction, in order to provide the Claims Administrator of the Dow Corning/Ontario Breast Implant Litigation Agreement with a complete record to enable him/her to properly review my claim and calculate the compensation, if any, to which I may be entitled under the Settlement Agreement.

Settling Claimant

SWORN BEFORE ME

At the City of _____

In the Province of _____

This _____ day of _____

A.D. 199____

_____ A Commissioner, etc.

Exhibit A to the Affidavit of

Settling Claimant (*Please type or print*)

Dated: _____, 199__

MEDICAL DIRECTION

RE:

Name of Settling Claimant(*please type or print*)

Date of Birth

Social Insurance Number

Health Card Number

TO WHOM IT MAY CONCERN:

You are hereby authorized and directed to release to the Claims Administrator of the Dow Corning/Ontario Breast Implant Litigation Settlement Agreement any medical information or records which you may have concerning (1) the identity(ies) of the manufacturer(s) of my breast implant(s), (2) (all) my breast implant surgery(ies), (3) any and all injuries, illnesses, and other medical problems allegedly related to my breast implant(s), and (4) any and all injuries, illnesses, and other medical problems that predated implantation of my breast implant(s). For such release, this shall be your good and sufficient authority.

Dated at City of _____, Province of _____,
this _____ day of _____, 199__.

Witness

Settling Claimant

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding commenced at TORONTO

Proceeding under the *Class Proceedings Act, 1992*

ORDER

Siskinds LLP
Barristers & Solicitors
680 Waterloo Street
P.O. Box 2520
London, ON N6A 3V8

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Tel: (519) 672-2121
Fax: (519) 672-6065
Lawyers for the Plaintiff