

EXHIBIT

P

S F D C T
SETTLEMENT FACILITY
DOW CORNING TRUST

P.O. Box 52420
Houston, Texas 77052

Telephone 713.874.6099
888.874.6099

[Date]



SID: [SID Number]

[CLAIMANT / LEGAL REPRESENTATIVE]
[STREET ADD 1
STREET ADD 2
CITY, STATE, ZIP
REGION
COUNTRY]

Disease Claim Review: Notification of Status Letter - Class 7

Name: [Claimant Name]

We have completed the final review on your claim and as previously communicated; your claim must be approved for _____ at compensation level _____ to receive a disease payment from the SF-DCT. Because your cure deadline date expired on _____, and the information submitted for review does not cure the deficiencies in your claim, you are not eligible to receive a Class 7 Disease payment. Therefore, your claim is now permanently closed.

Sincerely,

Settlement Facility - Dow Corning Trust

DS-OL-5240

For assistance or questions call the Claims Assistance Program at 1.888.874.6099 (toll free), through electronic mail at info@sfact.com, or go to www.dowsettlement.com on the internet.