SUPPLEMENTAL EXHIBIT 22

Certification of the 6/9/2006 Memorandum as a Business Record Pursuant to Fed. R. Evid. 803(6)

DECLARATION

I, David Austern, do hereby declare, certify and affirm as follows:

1. I am the duly appointed and acting Claims Administrator of SF-DCT, having been appointed as such by the United States District Court for the Eastern District of Michigan on May 25, 2005.

2. That part of my regular duties as Claims Administrator consists of preparing reports as required by the Amended Joint Plan of Reorganization and as requested by the Debtor Representatives, Claimants' Advisory Committee and Finance Committee.

3. That in the course of preparing such reports, I utilize information known to me as well as information obtained by me from persons with knowledge of such matters such as employees of SF-DCT supervised by me.

4. That in May, 2006, I was requested by the Debtor Representatives and Claimants' Advisory Committee to prepare a report, in my capacity as Claims Administrator of SF-DCT, setting out (among other things) the processing standard used by the Revised Settlement Program (RSP) in MDL-926 for Level A Option I Claims (called "current claimants" in the RSP), whether any changes had been made in that standard and, if so, when any change was made, and compare that with the processing standard utilized by SF-DCT for those same claims. In the process of preparing this report I utilized information known to me as Claims Administrator, spoke with persons with knowledge of these matters, including former RSP employees now employed by SF-DCT and reviewed documents and files of RSP claimants.

5. On June 9, 2006, I issued my report to the Debtor Representatives and Claimants' Advisory Committee. A true and correct copy of this report is attached to this declaration. The final section of the full report titled "Recommendations" has been deleted from the attached copy. The full report was furnished to the Debtor Representatives and Claimants' Advisory Committee.

6. This report is maintained by me as an official record of the SF-DCT, is a record of a regularly conducted business activity I undertook as Claims Administrator of SF-DCT on request of the Debtor Representatives and Claimants' Advisory Committee and was prepared by me from information known to me and from information transmitted by persons who, in my opinion, have knowledge of the acts, events, facts and opinions set forth in the report.

Further declarant says naught.

Date June 29, 2006

David Austern
Claims Administrator
SF-DCT

S F D C T

SETTLEMENT FACILITY

DOW CORNING TRUST

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MEMORANDUM

TO: The Parties

FROM: David Austern

DATE: June 9, 2005

RE: Issues Concerning Option 1 ACTD Disability Level A Guidelines

I. Introduction

Numerous motions have been filed in the United States District Court seeking judicial relief from alleged outcome differences of ACTD Level A claims as between the MDL Claims Office and the SF-DCT. Argument on these motions is scheduled for later this month. I suggested to the Debtor's Representatives and the Claimants' Advisory Committee (the CAC) (the Parties) that it might be useful if I prepared a report concerning (1) how one might explain the numerous complaints about processing differences between the SF-DCT and the MDL Claims Office, and (2) my recommendations as to what the SF-DCT ACTD Level A claims processing rules should be. Because my recommendations concerning ACTD Level A claims almost certainly exceed my authority to make processing changes (and arguably may usurp the authority of others), a brief review of the SF-DCT Claims Administrator's responsibilities and direction is useful, particularly as they concern the instant matter.

Section 4.03(a) of the Settlement Facility Agreement (SFA) instructs that the Claims Administrator is responsible for insuring that the SF-DCT applies the appropriate processing and evaluation guidelines described in the Plan. This same section mandates the Claims Administrator to rely on the processing guidelines compiled by the MDL Claims Administrator as of 2003, and gives the SF-DCT Claims Administrator the discretion to modify SF-DCT claims processing procedures or interpretations to conform to such MDL modifications after 2003. However, the SF-

DCT Claims Administrator is not required to conform SF-DCT claims processing procedures to such post-2003 MDL modifications.

Section 4.03(a) also contains a sentence that seems to summarize its intent: "It is expressly intended that the Settling Breast Implant Claims shall be processed in substantially the same manner in which claims filed with the MDL 926 Claims Office under the Revised Settlement Program were processed except to the extent criteria or processing guidelines are modified by this Settlement Facility Agreement or the Claims Resolution Procedures, or this Section 4.03, and that the Claims Office shall manage its operations to the extent feasible as they have been conducted under the Revised Settlement Program."

Section 5.05 of the SFA requires the Claims Administrator to consult with and obtain the advice and consent of the Parties regarding any additions or modifications to substantive eligibility criteria, among other things, in claims submissions to the extent such interpretations have not previously been addressed (as of February 2003) by the MDL Claims Administrator. The same section provides that, in the event of a dispute between the Debtor's Representatives and the CAC, the SF-DCT Claims Administrator may determine the issue or apply to the District Court for consideration of the matter. Exhibit A to the June 10, 2004 Stipulation and Order Establishing Procedures For Resolution of Disputes Regarding Interpretation of the Amended Joint Plan establishes procedures for seeking Debtor's Representatives and CAC views (and responses) with respect to Plan interpretation issues.

These provisions and others create the following mandate for the Claims Administrator.

- The SF-DCT should process claims in substantially the same manner in which similar claims were processed by the MDL Claims Office (except where criteria or processing guidelines were modified by the SFA);

- The SF-DCT should manage all of its operations to the extent feasible in the same manner as such operations were conducted by the MDL;

- The SF-DCT is authorized to rely on the processing guidelines compiled by the MDL Claims Administrator as of February 2003;[1]

- There is no requirement that the SF-DCT alter its procedure to conform to MDL modifications that occurred after February 2003.[2]

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[1] The Debtor's Representatives appear to believe that the MDL processing guidelines that existed on November 30, 1999, the date of the Plan Confirmation Order, are the MDL processing guidelines on which the SF-DCT should rely.

[2] Section 7.01(c) of Annex A to the SFA requires the SF-DCT to institute procedures to assure consistency of processing and of application of criteria in determining eligibility and to ensure fairness in claims processing.

If the instructions to the SF-DCT with respect to the application of MDL processing guidelines appear to be inconsistent or confusing, an agreement among the Parties as to which MDL processing guidelines should be employed by the SF-DCT would ameliorate or even eliminate any such confusion. However, there is no such agreement. It is inappropriate for me to reveal the positions of the Debtor's Representatives or the CAC that had been communicated to me by them, particularly where these communications have taken place (almost exclusively by telephone) in the absence of the other side. However, I do not believe it breaches the implicit confidentiality of any such conversations if I report that there appears to be a disconnect between the Parties as to how MDL claims were processed, and when such processing guidelines were changed.

In addition, the Plan contains many references to the SF-DCT adhering to MDL processing rules, even to the extent of requiring the SF-DCT to approve automatically a disease claim that was approved at the MDL at the same level (so-called MDL "pass throughs"). As noted below, many of these MDL pass throughs receive an ACTD Level A award by the SF-DCT while other SF-DCT claimants with the exact same proof and disability statements are denied a Level A award based solely on the fact that the MDL changed its processing guidelines only after almost all of its ACTD Level A claims had been processed.

The history of the MDL ACTD Level A processing guidelines with respect to Level A claims is short and relatively easy to understand.

II. MDL 926 ACTD Level A Processing Guidelines

At MDL inception, all processing guidelines (not just ACTD Level A claims) were unrecorded. Former MDL employees who are now employed at the SF-DCT, some of whom were among the first employees at the MDL, have reported to me that the initial MDL processing guidelines were based on oral history and verbal communications between and among claim reviewers. Later, the MDL Claims Administrator issued processing "guidelines" that were written in the margins of memoranda addressed to her by the claims reviewers. Still later, some formality was adopted when the processing guidelines were recorded in memoranda from the MDL Claims Administrator to her staff.[3]

When discussing the ACTD Level A claims MDL guideline procedures history, it is important to be sure everyone understands what "disability" means in the ACTD Level A claims context. Annex A of the SFA defines an Option 1 Level A claim as one filed by an individual who is dead or totally disabled. A totally disabled person is one who demonstrates a functional capacity adequate to consistently perform none or only a few of the usual duties or activities of vocation or self-care. Of course, the purpose of this memorandum is to address the question of whether a loss of both vocation *and*

[3] However, not all MDL guidelines were in written form and when the SF-DCT facility was established, some MDL processing guidelines were "adopted" based on the memory of the SF-DCT staff who had worked at the MDL.

self-care activities or duties is required to qualify for ACTD Level A compensation, or whether the loss of only vocation *or* self-care is required. Vocation has been defined by both the MDL Claims Office and the SF-DCT as including the inability to work, attend school, or perform household activities (sometimes referred to as "homemaking"). Self-care disability includes the inability to perform the activities associated with dressing, feeding, bathing, grooming or toileting. For both vocation and self-care, the disability must relate to a condition that is compensable under the Plan.

Note that in each case, vocation and self-care, a claimant can qualify for ACTD Level A disability if she can still perform a few of the usual duties of vocation or self-care. For instance, with respect to vocation, a claimant who because of a compensable condition has stopped working full-time but works a few hours a week from a home office, and does so because she has to schedule rest times, could qualify as a Level A claim based on her inability to work. Similarly, an ICU nurse who is unable to remain employed because of joint pain and fatigue, but is able to work part-time, might qualify for a Level A vocational disability.

With respect to self-care, to qualify for Level A disability, a claimant must be unable to perform at least two areas of self-care. Thus, if a claimant cannot dress or groom herself, she would qualify for a Level A claim.[4]

The MDL Claims Office processed and approved claims beginning in 1996. Between 1996 and 1999 the MDL Claims Office processed and approved 23,561 ACTD claims.[5] The claims, listed by the year in which the claims were processed and approved, are as follows:

Year	No. of Claims
1996	11,134
1997	12,205
1998	169
1999	53

During this period the MDL Claims Office approved 14.3% of these claims as Level A ACTD claims.[6]

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[4] Over time, the MDL 926 Claims Office altered its self-care disability rules to require disability in all five areas of self-care, reduced this requirement to three areas, and then reduced it again to two areas.

[5] An additional 14 claims were processed and approved between 2000 and 2005.

[6] These statistics have been reviewed with the MDL Claims Office. MDL claims were not always paid during the year they were processed and approved.

To date, the SF-DCT has completed the reviews of 12,941 ACTD claims and has approved at Level A approximately 5% of such claims.[7] The fact that the MDL Claims Office approved ACTD Level A claims at a rate nearly three times higher than the SF-DCT has approved such claims has been the subject of the motions filed in the District Court alleging that the SF-DCT is not adhering to the MDL ACTD Level A processing guidelines.

Unquestionably, the MDL Claims Office presently requires an ACTD Level A claimant to establish that she can consistently perform none or only a few of the usual duties or activities of vocation *and* self-care. A November 8, 2005 Order (No. 270) of the United States District Court, Northern District of Alabama (Southern Division) approved certain proposed Questions and Answers to be distributed to MDL claimants and their attorneys. Among these questions and answers were the following:

Q 2-5: My doctor said I was totally disabled from my job. Why didn't you approve me for "A" disability?

A 2-5: Level "A" disability pertains to both vocation and self-care. To qualify for Level 'A', you must demonstrate disability in both areas.

However, this has not been the processing rule for MDL ACTD Level A claims from MDL inception, and for a period of time the MDL processed and approved ACTD Level A claims where claimants could demonstrate that they were unable to perform none or only a few of the usual duties or activities of vocation *or* self-care.

The change in the processing rules followed a September 30, 1997 Order of the United States District Court, Northern District of Alabama (Southern Division). In the case before the Court ([redacted]), Judge Pointer held that the claimant, who had appealed from a decision of the MDL Claims Administrator, was entitled to a Level C rather than a Level A award. The claimant's physician had not addressed the claimant's capacity to perform self-care activities. On appeal, the claimant argued that the physician's finding that the claimant was unable to perform vocational activities was enough to qualify her for a Level A award.

In examining the MDL settlement, Judge Pointer found the MDL Plan language in question – "An individual will be considered totally disabled if she demonstrates a functional capacity adequate to perform none or only few of the usual duties or activities of vocation or self-care" – contained "some ambiguity or inconsistency." Judge Pointer went on to note that "[H]ad the words 'or only few' been omitted, the meaning would have been clear, namely a requirement that there be limitations affecting both vocational and self-care activities." The Court then held that the inclusion of the words "or only few" was intended to permit a Level A award even where a claimant could perform a few vocational or self-care activities. In addition, a claimant had to establish a loss of vocational *and* self-care activities. Thereafter, the

[7] SF-DCT April 30, 2006 Claims Processing Report.

Court found that the MDL Claims Administrator had "consistently" applied such an interpretation in ACTD Level A claims.

Implicit and arguably explicit in this last judicial finding is that the MDL Claims Office consistently awarded ACTD Level A compensation only where a claimant had both self-care and vocational functional incapacity, at least to some extent. The evidence is to the contrary and consists of the following:

- All SF-DCT employees who were formerly employed at the MDL state that prior to Judge Pointer's Order noted above, the MDL awarded Level A compensation to ACTD claims where the claimants' disabilities resulted in an inability to perform all or none of the activities of self-care *or* vocation. The MDL did not require a loss of vocation and self-care activities.

- A review of the MDL files the SF-DCT has been given supports the statement in the previous bullet point. Indeed, it is almost impossible to find an MDL claim processed prior to the Judge Pointer Order where a claimant was denied Level A compensation because the claimant did not have a loss of both vocation and self-care.[8]

- So ingrained was the MDL practice of looking to *either* vocation *or* self-care in awarding Level A disability that even after Judge Pointer's Order, for a period of several months stretching well into the first quarter of 1998, the MDL continued to make Level A awards based on *either* vocation *or* self-care activity loss.[9]

Based on conversations I have had during the past 15 months with the Parties, I believe that as of the Plan Confirmation (and even later), the Parties may have had different views with respect to the history of MDL ACTD Level A processing. I believe that as of the date of the Confirmation Order, the Debtor's Representatives believed that the MDL processed ACTD Level A claims as Judge Pointer's Order directed *and* that the MDL always had processed the claims in that manner (as Judge Pointer's Order appears to state). Conversely, I believe the CAC was of the view that the MDL processed claims in the manner described in the bullet points that appear above and, that the MDL always had processed the claims in this manner.

Ultimately, well after entry of Judge Pointer's Order, the MDL changed its processing practices and required statements concerning a claimant's loss of activities with respect to vocation *and* self-care. During 2002, when the SF-DCT was formulating claim review procedures in accordance with the practices of the MDL, it was the "*and*" requirement of vocation *and* self-care with respect to ACTD Level A

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[8] By way of example, the following SF-DCT claims were each awarded ACTD Level A compensation by the MDL with evidence of a loss of only vocation (and no evidence of self-care activities): SID Nos. 6218573, 6202638, 0299076, 6187603, 6187211, 0963517, 0238238, 0268859, 6241478, 0227847.

[9] MDL Claim [redacted] and MDL Claim [redacted] were approved and paid after the date of Judge Pointer's Order, and each claim was awarded Level A ACTD compensation with evidence of a loss only of vocation activities.

compensation that was communicated to the SF-DCT. Unfortunately, before the MDL changed the processing rules and communicated the "new" rules to the SF-DCT, the MDL had processed and approved approximately 99% of all of the ACTD Level A claims that the MDL has ever processed.

It is not surprising, therefore, that many MDL claimants and their attorneys who submitted claims to the SF-DCT seeking the same ACTD Level A compensation that they had received at the MDL for claims that in all respects were the same as claims submitted to the MDL, were surprised to learn that they did not qualify for such Level A compensation because there was no evidence (in most cases) of a loss of self-care activities. Indeed, the overwhelming plurality of all medical statements submitted in support of MDL claims did not even address self-care because there was substantial evidence of a loss of vocational activities, and such loss was sufficient to qualify a claimant for ACTD Level A compensation.

Thus, claimants who received MDL ACTD Level A awards based on a loss of vocational activities but with no proof of a loss of any self-care activities, and who then file with the SF-DCT, will receive a Level A award at the SF-DCT (as an MDL pass through). Claimants who did not file with the MDL but who have exactly the same factual and medical proof showing a loss of vocational activities as the MDL claimants, will not receive an SF-DCT ACTD Level A award if they have not established they have a loss of self-care activities. Where the prior MDL claimants and the SF-DCT claimants are represented by the same lawyer, it is no wonder that such lawyers are disappointed (or have a less benign reaction) when their SF-DCT claim does not receive a Level A award. They argue, rightly so I believe, that their SF-DCT claim would have been approved at the MDL as a Level A, at least if it had been filed before 1998.

I have received over a score of complaints from attorneys whose ACTD claim has been awarded ACTD Level B (or lower) compensation by the SF-DCT notwithstanding submission of the same type of evidence that was submitted to the MDL that resulted in a Level A award by the MDL Claims Office. In the words of a number of these plaintiffs' attorneys, the Dow Corning Bankruptcy Settlement was "sold" to them based on the understanding that the SF-DCT would resolve claims in the same manner as they had been resolved by the MDL Claims Office, and that has not been the case. [10]

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[10] Because the SF-DCT is not technically a party to the numerous Level A "appeals" filed with Judge Hood, I have not received all such motions. The Parties, however, have been cooperative in forwarding to me pleadings where the SF-DCT may not have been served. Nonetheless, I cannot represent that I have seen all of the motions filed in court which complain of the SF-DCT practices with respect to ACTD Level A awards. I have reviewed many of them, however, and I have spoken with many of the lawyers who have filed such motions. Almost invariably, they have presented evidence that their clients were awarded ACTD Level A compensation by the MDL and when they filed a similar claim with the exact same evidence on behalf of an SF-DCT claimant, the SF-DCT awarded Level B compensation because the claimant was missing evidence of a loss of self-care activities (or, in a few cases, a loss of vocation). This is not to say, however, that there are not other deficiencies that the SF-DCT has discovered with respect to some of these claims. The Parties should know that were the SF-DCT to change its processing guidelines and adopt the processing guidelines that existed at the MDL Claims Office prior to 1998 with respect to ACTD Level A compensation, some of the claims addressed in the motions before Judge Hood with respect to this matter would nonetheless be denied because of other deficiencies.

SUPPLEMENTAL EXHIBIT 23

Comparison of Joint Plan and Revised Settlement Program Draft #4 dated 2/7/2001

JOINT PLAN PROCEDURES

TERM / SECTION OF DOCUMENT	JOINT PLAN REQUIREMENTS / ISSUES
PROCEDURES APPLICABLE TO CLAIMANTS IN CLASSES 5-10	
I. Defining Eligibility For Participation in Joint Plan Procedures/Classification.	
♦ Initial Eligibility. See Annex A-2, Section 2.02.	NEW: Eligibility is based on filing of a timely Proof of Claim or Notice of Intent. Filing data maintained by Price Waterhouse/Daticon until Effective Date (unless previously delivered). After Effective Date, filing data maintained by the Settlement Facility. *Tasks: Database (or raw data) of Proof of Claims and Notice of Intent Claimants to be provided to the Settlement Facility.*
♦ Classification. See Joint Plan Article III.	NEW: The Settlement Facility will classify Settling Personal Injury Claimants into categories: (a) Foreign or Domestic — based on definition in the Joint Plan of Reorganization at Sections 1.54 and 1.67. (b) Classes 5, 6.1, 6.2. (c) Classes 9, 10.1, 10.2. (d) Plan Proponents will provide a list of initial registrants in Classes 6A-6D. Initial classification is based on ballot classification; however, claim data or pre-mailing may result in re-classification for classes other than 6A-6D. Class 6.1 consists of Foreign Dow Corning Breast Implant Claimants from countries in categories 1 and 2 on Exhibit C to the Disclosure Statement; Class 6.2 consists of Foreign Dow Corning Breast Implant Claimants from countries in categories 3 and 4 on Exhibit C; Class 10.1 consists of Foreign Dow Corning Other Products Claimants from countries in categories 1 and 2 on Exhibit C; and Class 10.2 consists of Foreign Dow Corning Other Products Claimants from countries in categories 3 and 4 on Exhibit C. Most Tort Claimants will be processed at the Settlement Facility; other Foreign Claimants may be processed elsewhere pursuant to Section 6.05(g). The separate claims offices in Canada and Australia will coordinate with the Settlement Facility to assure that claims are processed in the appropriate class. If a foreign claims facility is established, then some claims in Class 6.1 may be processed there. Claims should be transferred to a European claims office for Class 6.1 only after the Participation Forms are mailed and returned.

TERM / SECTION OF DOCUMENT	JOINT PLAN REQUIREMENTS / ISSUES
	3. medical documentation, created before explantation surgery or within a reasonable time after explantation of the Dow Corning single or double-lumen silicone gel Breast Implant, demonstrating visual confirmation of a breach in the elastomer envelope found upon or prior to removal of the Dow Corning silicone gel Breast Implant, or 4. medical documentation demonstrating migration along tissue planes distant from the site of breast implantation of a substantial mass of material confirmed by biopsy to be silicone from a ruptured Dow Corning single or double-lumen silicone gel Breast Implant. c. ***Appeal.*** If Reorganized Dow Corning rejects any Claim eligible for and submitted through the above-described Individual Review Process, the Claimant may appeal to the District Court (or a magistrate or special magistrate designated by the District Court). The decision of the District Court is final and binding on both the Reorganized Dow Corning and the Claimant. d. ***Simultaneous Submission to Cure Deficiencies.*** Breast Implant Claimants who elect to participate in the Individual Review Process outlined in this subsection may simultaneously proceed with an appeal to the Claims Administrator pursuant to Article VIII and this Individual Review Process.
• **Rupture — Multiple Manufacturer Reduction.** Applies to Classes 5, 6.1, 6.2. See Annex A-22, Section 6.02(e)(ix).	NEW: If the Claimant's Dow Corning Silicone Gel Breast Implant is approved for Rupture, the Claimant also had acceptable proof of implantation of a silicone gel breast implant from Bristol, Baxter, or 3M, was a Current Disease Claimant in the Revised Settlement Program and received a Rupture enhancement payment in the Revised Settlement Program, then her Rupture compensation will be reduced by 50%.
• **Rupture — Deficiencies.** See Annex A-48 through Annex A-49.	SAME. The list of minor deficiencies in Rupture Proof is the same as in the Revised Settlement Program except that the dates for various types of proof have been modified.
♦ **Disease Claims.** • **Disease — What Triggers a Review.** See Annex A-45 and Annex A-46, Section 7.02.	NEW: If the Claimant has submitted acceptable proof of manufacturer or only a minor deficiency in proof of manufacturer, the Settlement Facility will review a Disease Payment Option Claim upon receipt of: (i) A request by the Claimant to review a previously submitted disease claim, or (ii) Receipt of new or additional documentation regarding the Disease Payment Option. If a Claimant's proof of manufacturer is acceptable or has only a minor deficiency and, after all pending Disease claims have been reviewed, the Claimant has not done anything to trigger a review of their Disease Payment Option claim, then the Settlement Facility will evaluate the claim based on the prior submission to the MDL 926 Claims Office. Note: modification of content of mailing to include Disease Claims.
• **Disease — Deadline for Submission of Claim.** See Annex A-56, Section 7.08(b).	Claimants must submit supporting documents for a Disease claim on or before the fifteenth anniversary of the Effective Date.

TERM / SECTION OF DOCUMENT	JOINT PLAN REQUIREMENTS / ISSUES
• **Disease — Evaluation of Disease Options I and II: Substantive Criteria.**	Substantive criteria are precisely the same as in the Revised Settlement Program. The Joint Plan expressly intends that all evaluation protocols for the disease and disability criteria and definitions shall apply and be used by the Settlement Facility in processing Disease claims. Option I corresponds to the Fixed Benefit Option; Option II corresponds to the Long-Term Benefit Option. NEW: For Disease Option II (corresponding to the Long-Term Benefit Option) there is a tolling provision for determining the five (5)-year/twenty-four (24)-month rule which means the time frames are different than in the Revised Settlement Program.
• **Disease — Procedure for Electing Options.** See Annex A-12 through Annex A-14, Sections 6.02(d)(iii) and 6.02(d)(iv).	NEW: ***Processing Protocol for Disease Payment Option Claims.*** a. Claims asserting Systemic-Sclerosis, Systemic Lupus, Polymyositis or Dermatomyositis shall be reviewed, categorized and paid based on the following protocol: 1. The Settlement Facility shall evaluate the Claim under both Disease Payment Option I and Disease Payment Option II. 2. The Settlement Facility will send each such Breast Implant Claimant and her counsel a Notification of Status letter (as described at Section 7.05). The Notification of Status letter shall advise the Claimant of the following: (1) All Covered Condition(s) approved. (2) The Disease Payment Option in which each approved Covered Condition falls. (3) The compensation level approved. (4) Any deficiencies in any Covered Condition the Claimant identified on the Claim Form based on both Disease Payment Options regardless of whether the Claim is approved for any Covered Condition. 3. If the Settlement Facility determines that such Claim has any deficiency under Disease Payment Option II, then the Claimant shall have one year from the date of the Notification of Status letter to cure that Disease Payment Option II deficiency. If the deficiency is not cured within the one year period, then the Claim will automatically be designated a Disease Payment Option I Claim, and the Allowed amount of compensation provided under Disease Payment Option I for that Claim will be reduced by 25 percent from the amount specified on the Disease Payment Option I Compensation Schedule and otherwise allowable. 4. At any time during the one year period for cure of the deficiency the Claimant may elect to proceed under Disease Payment Option I instead of Disease Payment Option II. If such election is made prior to the expiration of the one year period then payments issued under Disease Payment Option I will not be reduced. 5. If the Claim is not approved under either Disease Payment Option, then the Claimant shall have an opportunity to cure the deficiency as specified at Section 7.08.

TERM / SECTION OF DOCUMENT	JOINT PLAN REQUIREMENTS / ISSUES
	b. GCTS Claims shall be processed as a Disease Payment Option II GCTS Claim. If the Claimant also selects review under Section 5 of the Claim Form, then the Claim shall also be reviewed for other eligible conditions. The Notice of Status letter must advise of the conditions evaluated. If the Claim is deficient for both GCTS and a Section 5 Claim, and it is not cured within one (1) year, then the Claimant is eligible only for a new condition or for the Expedited Release Payment Option. If a Claim is deficient for GCTS but approved for Section 5, then the Claimant shall have the opportunity to cure GCTS for a one (1)-year period. If the GCTS Claim is not approved, then the Claimant can receive payment for the approved Section 5 condition. e. All other Disease Payment Option Claims shall be reviewed, categorized and paid based on the following protocol: 1. All other Disease Payment Option Claims shall initially be evaluated under Disease Payment Option I. 2. The Settlement Facility will send such Breast Implant Claimant and her counsel a Notification of Status letter (as described at Section 7.05). The Notification of Status letter shall advise the Claimant of the following: (1) any Covered Condition approved under Disease Payment Option I; (2) the compensation level approved; and (3) any deficiencies in any Covered Condition the Claimant identified on the Claim Form but which is not approved. 3. Claimants whose Disease Payment Option I Claim has been approved or has a minor deficiency shall have a period of sixty (60) days after the date of the Notification of Status letter to accept the approved compensation under Disease Payment Option I or to elect to proceed under Disease Payment Option II. Claimants who have a major deficiency in their Disease Payment Option I Claim may not elect Disease Payment Option II. 4. If the Claimant has any deficiency in the Disease Payment Option I Claim and elects to proceed under Disease Payment Option I, then the Claimant shall have one year from the date of the Notification of Status letter to cure any deficiencies in the Claim as provided in Section 7.08. 5. If the Claimant elects to proceed under Disease Payment Option II, the Claim will be evaluated under Disease Payment Option II. The Claimant shall have thirty (30) days following the date the election is required to be made under Section 6.02(d)(iii)b.3. above to submit any additional medical records in support of her Covered Condition under Disease Payment Option II. The Claimant will receive a new Notification of Status letter regarding her status in Disease Payment Option II. The Claimant shall have one year from the date of the Notification of Status letter to cure any deficiencies to obtain a payment under Disease Payment Option II. If the deficiency is not cured within the one-year period, the Claim shall automatically be designated a Disease Payment Option I Claim and any Allowed amount of compensation for the Claim under Disease Payment Option I shall be reduced by 25 percent from the amount specified on the Disease Payment Option I Compensation Schedule. If the original Notification of Status letter identified any deficiencies in the Claim under Disease Payment Option I and the Claimant has failed to cure such deficiencies within the one-year period

TERM / SECTION OF DOCUMENT	JOINT PLAN REQUIREMENTS / ISSUES
	following the return to Disease Payment Option I, the Claimant shall be eligible to receive the Expedited Release Payment in accordance with Section 7.08(b)(ii). ***Effect of Election Among Disease Payment Options.*** Eligible Breast Implant Claimants who elect compensation under Disease Payment Option I or whose claims are automatically designated Disease Payment Option I Claims may not, in the future, receive benefits under Disease Payment Option II.
• **Disease — Types of Deficiencies.** See Annex A-49 through Annex A-55.	Same as in the Revised Settlement Program.
• **Disease — Pre-existing Conditions.** See Annex A-15 and Annex A-16.	Same as in the Revised Settlement Program.
• **Disease — Increased Severity.** See Annex A-15.	NEW: ***Increased Severity for Disease Payment Option I Claims.*** If before the fifteenth anniversary of the Effective Date an approved Disease Payment Option I Claimant documents an increase in the severity of her condition that meets the criteria for Severity Level A under Disease Payment Option I, that Claimant shall be entitled at that time to apply for an additional payment from the Settlement Facility based on that Severity Level A Condition. The maximum amount for which that Claimant may qualify is the difference between the maximum Allowable payment amount for Level A (which amount would be $60,000 if the full Premium Payment of twenty (20) percent of the Base Payment were Allowed) and the amount previously Allowed for the Claim. This additional payment shall be classified and paid as a Second Priority Payment and will be paid from the Increased Severity Fund, subject to the limitations of that Fund as set forth in Section 3.02(b)(i) of the Settlement Facility Agreement, and subject to the requirements for the distribution of Premium Payments as specified in the Settlement Facility Agreement. **Increased Severity for Disease Option II:** Same criteria as in the Revised Settlement Program.. See Annex A-16.
	NEW: Payment restrictions apply. ***Increased Severity for Disease Payment Option II Claims.*** If, before the fifteenth anniversary of the Effective Date, an approved Disease Payment Option II Claimant documents a Covered Condition under Disease Payment Option II that would entitle her to a larger payment than previously Allowed, the Claimant is eligible to apply for an additional payment in an amount equal to the difference between the new amount Allowable and any amount previously Allowed under this Schedule. This additional payment shall be classified and paid as a Second Priority Payment.

SUPPLEMENTAL EXHIBIT 24

Redacted copy of disability statement and records for Claimant

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Electromyography and Nerve Conduction Studies

Neurosonology

Neuro-Imaging
- NMR Scanning of Head and Spine
- CT Scanning of Head and Spine
- Digital & Conventional Cerebral Angiography
- Myelography

Neuromuscular Thermography

[redacted]

October 4, 2004

COMPLETE COMPREHENSIVE NEUROLOGICAL EVALUATION:

The patient is a 56 year old female who is seen for the purpose of neurological evaluation regarding sequela from silicone breast implants, which were initially inserted in December of 1981. The patient was then 32 or 33 years old, and within less than a year, in 1982, they were removed both at that time, because of local pain in the chest area, like the skin was "being ripped apart."

The first symptoms of pain, locally, really appeared sometime in March of 1982. She has had them done and removed several times since then, with the silicone being in and out about five times. The last implants were in 1993 by Dr. Redman, a plastic surgeon. The last removal was in 2001, by Dr. Wells, a female plastic surgeon, in Tampa. Some of the surgical work was done in New Orleans, as well, initially.

After the last implants in 1993, she had rupture with leakage of silicone, on the left side. Over time, she has developed multiple symptoms, including progressive memory loss with cognitive dysfunction or cognitive impairment, difficulty with concentration and selective attention, depressive illness with anxiety attacks, headaches, double vision off and on, blurred vision, dizziness and/or vertigo, syncope, slurred speech and even seizures, although these seizures have been described as just blackouts. She also has developed facial numbness and weakness, numbness and paresthesias of the upper and lower extremities, from the shoulders down to the hands for the upper extremities, and from the hips down to the feet, for the lower extremities. She has also developed extreme fatigue, and almost total body pain, including multiple arthralgias and myalgias with diffuse muscular pain. She has also developed difficulty breathing, with chest pain, and GI symptoms, including dyspepsia, indigestion, constipation, irritable bowel syndrome, etc.

Prior to developing all of these symptoms, she used to work in real estate and also did some bartending. She also did some modeling, and she has been married for the past seven years to her present husband. She says that she saw a psychiatrist in 1988, for anxiety, mostly, and also some depression. She was considered as totally and permanently disabled in 1987. In 1988, she was diagnosed by Dr. Warach, an neurologist in Brandon, Florida, as suffering from multiple sclerosis, based on clinical examination and a MRI scan of the brain. A lumbar puncture was apparently negative for multiple sclerosis, then. She has been treated multiple times for MS relapses by the same doctor, with ACTH and Prednisone. Really, for the past two years or so, she has been on Rebiff, which is a beta-interferon 1A and similar to Avonex. In fact, Rebiff is considered as the European Avonex. When questioned if Dr. Warach had ever considered the clinical symptoms and MRI findings on her, as a result of the silicone breast implants, the patient says that her neurologist did not really believe in that kind of relationship or correlation.

Diplomate American Board of Psychiatry and Neurology in Neurology

Certified by the American Society of Neuro-Imaging in Neuro-Imaging

Fellow American Academy of Neurology

It is my understanding that at this time, the patient is taking Rebiff 44 mcg IM three times per week, and apart from that, she also takes a multitude of other drugs, up to ten, according to her husband. They could not give me the names. Her husband is going to fax us the list of all of the medications she is taking at this time. One of them is Plavix to prevent stroke. The other one is for cholesterol. She is also taking medications for heart disease and hypertension. However, she does not seem to have hypertension or any major heart disease, as such. We will find out about the medications when the list is available for my review.

Apart from that, she has not been a smoker for the past five years. She quit. No alcohol intake. She is allergic to iodine, codeine, Penicillin and Cipro. Other medical problems include hepatitis C, neck pain off and on and low back pain off and on. She has had a number of operations, including, recently, a right carotid endarterectomy for a high grade stenosis on the right side, which was an incidental finding, apparently. Apparently, the operation was done in July of 2004. She also had a tummy tuck, plastic surgery on her abdomen in 1991, and abdominal surgery for a bowel obstruction in April of 2004, by a Dr. Goldberg. In fact, she had three or four surgeries on her abdomen in the past. She also had a fracture of the ankle, a T&A and a gallbladder operation in the past. All of these operations, of course, are in addition to all of the multiple plastic surgeries for the silicone breast implants, with multiple removals and multiple reimplantations.

Apart from that, the patient also complains of occasional rashes in her body in a fleeting fashion together with frequent sweats, frequent fevers and cardiac palpitations with tachycardia. She also describes a lot of flu-like symptoms. She has been seen by a Dr. Afield, a neuropsychiatrist, in Tampa, Florida, for an evaluation, regarding the breast implants, or the sequela from the breast implants. She has had multiple neurological testing, including visual and auditory evoked potentials, somatosensory evoked potentials of the lower and upper extremities, nerve conduction studies and EMG studies of the upper and lower extremities, and multiple MRI scans of the brain, which apparently showed MS-like lesions. She also has had more than one diagnostic lumbar puncture. They were all negative for MS. It should be said at this time that I do not have the benefit of any of the results of these tests, and particularly I have not reviewed the imaging studies, particularly the MRIs, because they were not available to me. I also do not have the results of the spinal fluid examinations. The patient says that she has had absolutely no results with the treatment with the Rebiff and that she continues deteriorating progressively, with progressive disability. She is practically totally disabled for any kind of gainful employment, and she is unable to do her own chores daily at home in her activities of daily living, including vocation and avocation, as well. She has to lay down most of the time. She can hardly walk or stand up. Her balance is poor, and she falls often. She complains of being anemic and has lost a lot of weight and continues losing weight. Sometimes she feels like she is dying slowly.

On general physical examination at this time, no cranial or neck bruits, no ocular bruits. The blood pressure in the right arm is 100/60. She has a significant tachycardia, but no definite cardiac arrhythmia. There is increased turbulence with a residual bruit on the right carotid bifurcation, which is not unusual following a right carotid endarterectomy. There is no bruit on the left side. No masses, thyromegaly or lymphadenopathies, no cardiac murmur – the patient looked chronically and acutely ill and has a somewhat cachectic appearance with the loss of weight. She looks definitely older than the stated age of 56.

On neurological examination, the patient is alert and follows commands well. She is well oriented times three. However, she is kind of slow reacting, and shows obvious psychomotor retardation and memory impairment for recent and immediate events. She has obvious difficulty with selective attention and concentration. She seems very weak, overall, and seems to be quite depressed, as well.

Apart from that, her equilibrium is impaired. She cannot do Tandem walking. She walks with a slightly wide based gait. Romberg test is positive. In addition, there is mild horizontal nystagmus to the right and to the left, but no vertical nystagmus. I cannot document any diplopia at this time, but she complains of intermittent diplopia. Her visual fields are essentially intact, and there is no facial asymmetry. The tongue protrudes in the midline, the palate contracts in the midline. Her speech is somewhat slurred and dysarthric. She complains of difficulty swallowing. Apart from that, there is diffuse weakness of the upper and lower extremities. Deep tendon reflexes are slightly increased, but symmetric in the upper extremities with a bilateral Hoffman sign. They are decreased to absent in the lower extremities. There is no clonus. Plantar responses are equivocal on both sides. There is hypoesthesia and hypoalgesia from the fingers all of the way up to the elbows for the upper extremities, and from the toes all of the way up to the knees for the lower extremities. The position sensation is impaired for the hands and feet. The vibratory sensation is impaired, almost absent from the toes all of the way up to just below the knees. Vibratory sensation is also impaired distally in the upper extremities bilaterally. She has overshooting and past-pointing on the finger to finger and finger to nose tests, mild to moderate. The fast alternating movements are somewhat slowly performed bilaterally, more so on the right side than the left hand, and the patient is right handed. Fine finger movements are performed slowly. The finger tapping test is slow bilaterally.

CLINICAL IMPRESSION AND COMMENT:
Severe autoimmune disorder due to or associated with silicone breast implants with:

1. Atypical neurological disease syndrome, with MS-like lesions in the brain in the subcortical white matter, but no definite multiple sclerosis, as such.
2. Peripheral polyneuropathy of the upper and lower extremities.
3. Myopathy involving the upper and lower extremities.
4. A typical rheumatic syndrome with mixed connective tissue disorder.
5. Memory loss with cognitive impairment with also impairment of concentration and selective attention, secondary to #1.

COMMENT:

This patient is considered as totally and permanently disabled and at 100% disability as a consequence of the silicone breast implants, for the purpose of the breast implant litigation. She is barely functional. She needs assistance from her family and husband for her activities of daily living and her vocation and avocation activities, as well. In addition, she has severe, persistent body pain, with fibromyalgia syndrome, which requires the intake of medication on a regular basis, and is practically totally nonfunctional. She suffers from severe chronic fatigue.

COMMENT CONTINUED:

In addition, I also think she should have an evaluation by a rheumatologist for the connective tissue disorder syndrome.

Angelo M. Alves, MD
Diplomate American Board of Psychiatry and Neurology in Neurology
Fellow American Academy of Neurology
AMA:jhh/1006

File

ANGELO M. ALVES, M.D., P.A.
CLINICAL NEUROLOGICAL SCIENCES

5880 49th Street North
Suite 106
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St. Petersburg, FL 33709
527-6467 527-8468

Electroencephalography and Evoked Potentials

Electromyography and Nerve Conduction Studies

Neurosonology

Neuro-Imaging
NMR Scanning of Head and Spine
CT Scanning of Head and Spine
Digital & Conventional Cerebral Angiography
Myelography

Neuromuscular Thermography

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December 27, 2004

RE: The patient/injured [redacted]

To Whom It May Concern:

With particular attention to the SF-DCT on the breast implant litigation, regarding the patient/injured, [redacted], please by advised that my initial report of October 4, 2004, on the section "COMMENT," states that the patient is considered as totally and permanently disabled with 100% disability/level A, based on the fact that she is totally nonfunctional, or barely functional, and is unable to perform any of her activities of daily living, as well as vocation and avocation activities. Over time, the patient has declined to the lowest level of existence, as far as being able to do anything for herself, and is assisted on a daily basis by her husband and other family members, even for her most basic needs of daily living, including dressing, undressing, walking, sitting, standing, getting ready for bed, cooking, doing laundry, etc., etc. In addition, she is also unable to enjoy any leisure activities outside of the household. She suffers from persistent total body pain, which prevents her from any type of recreation activities.

In summary, it is felt that she is totally and permanently disabled, and a definite class A on the disability classification.

Hoping that you will comply with my request for reclassification of this lady from class B to class A, I am yours truly.

Angelo M. Alves, MD
Diplomate American Board of Psychiatry and Neurology in Neurology
Fellow American Academy of Neurology
AMA:jhh/1227

ANGELO M. ALVES, M.D., P.A.
CLINICAL NEUROLOGICAL SCIENCES

6880 49th Street North
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Electroencephalography and Evoked Potentials

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Digital & Conventional Cerebral Angiography
Myelography

Neuromuscular Thermography

February 4, 2005

SFDCT (Settlement Facility Dow Corning Trust)
PO Box 52429
Houston, TX 77052

RE: [redacted]

To Whom It May Concern:

Please be advised that this is an addendum to the note of December 27, 2004, regarding the disability classification on the patient/injured [redacted]. Please be advised that I have requested from Ms. [redacted] a detailed description of her self-care activities of daily living, and the first thing she told me is that, for the past one month, or so, she has been practically in bed most of the time, because of extreme fatigue, associated with her basic disease process. Ms. [redacted] states that she requires assistance from her family for all of her basic needs of daily living, including getting out of bed in the morning, getting ready for bed at night, dressing, undressing, bathing, eating and toileting. In addition, she cannot wash her hair and requires help and assistance putting her stockings on, as well as putting her bra in place.

For the past one to two years, the patient has totally stopped driving and is totally dependent on others for shopping for her most basic needs. All of this is caused by her autoimmune disorder, as a result of her breast implants, which have led to the development of an MS-like condition, and also a connective tissue disorder. These conditions are subjecting and predisposing her to extreme pain and profound total body fatigue. This fatigue includes mental fatigue, as well, with memory loss and cognitive impairment, rendering her unable to make her own decisions. I am hoping that this final note, finally places her at the level A with total disability in the breast implant litigation process.

Sincerely yours,

Angelo M. Alves, MD
Diplomate American Board of Psychiatry and Neurology in Neurology
Fellow American Academy of Neurology
AMA:jhh/0208

Diplomate American Board of Psychiatry and Neurology in Neurology

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Fellow American Academy of Neurology

Deficiencies in your ACTD Claim

DISEASE CLAIM DEFICIENCIES - GENERAL
The General Requirements Criteria contains no deficiencies.

DISEASE CLAIM DEFICIENCIES - SYMPTOMS

The Disease portion of your claim has been approved.

Review of Compensation Information for ACTD	
Compensation Level Approved in Disease Review:	B

DISEASE CLAIM DEFICIENCIES - COMPENSATION

LEVEL A DISABILITY:

We acknowledge receipt of the letter from your attorney dated 2005-02-16, Dr. Angelo M. Alves' disability statement dated 2005-02-04, and your letter, which is dated 2005-02-07.

Dr. Angelo M. Alves on 2005-02-04 assigned compensation Level A, total disability; however, this same medical record contains documentation about your self-care that contradicts the level of total disability. Specifically, Dr. Alves relates that you require assistance with dressing and undressing, bathing, eating, and toileting. He does not report that you cannot perform any of these activities, only that you require assistance in performing them. He also notes that you cannot wash your hair, which is a part of the bathing activity. Requiring assistance with a self-care activity conflicts with the Settlement criteria of being able to perform none or only a few of the activities of self-care. Therefore, no self-care activities have been credited and you continue to be approved for a lower level of compensation.

If the above information is incorrect, this deficiency can possibly be cured by submitting a statement from your QMD or treating physician describing your current disability and providing satisfactory explanation for the contradictory information submitted earlier. Please note that any statement by your QMD or treating physician must indicate that you are 100% disabled by ACTD and must provide specific examples of how you are disabled and by what symptom(s).

You have until the Cure Deadline to cure your compensation deficiencies. If you are unable to cure your deficiencies by that date, the Settlement Facility will mail any payment for which you are eligible. If you do not wish to cure your deficiencies, please advise us and the Settlement Facility will immediately authorize the payment for which you are eligible. Please note that before any payments can be made, you must have acceptable Proof of Manufacturer for at least one implant.

SUPPLEMENTAL EXHIBIT 25

Redacted copy of disability statement and records for Claimant

S F D C T

SETTLEMENT FACILITY

DOW CORNING TRUST

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

March 23, 2006

[redacted] SID: 6392163

THE LAW OFFICE OF STEPHEN M FRAILICH
22287 MULHOLLAND HWY PMB 409
CALABASAS, CA 91302-5157
UNITED STATES OF AMERICA

Disease Claim Review: Notification of Status Letter - Class 5
Re: [redacted]

We have completed the review of your Disease Claim. This Notification of Status (NOS) letter provides you with a recap of your Claim activity to date and the results of our disease review.

Disease Claim Review Results

Disease Reviewed	Disease Approved	Compensation Level Approved	Eligible for Payment
Atypical Connective Tissue Disease (ACTD) Option 1	Yes	B	Yes

To be eligible for any Disease Claim payment you must have both an approved Disease and a Compensation level.

Recap of Claim Activity

Your Proof of Manufacturer:

You submitted documents that reflect you were implanted with the following breast implants:

Implant #	Date of Implantation	Manufacturer	Type of Proof	Proof Evaluation
1	06/16/1975	Dow Corning	An affirmative statement	ACCEPTABLE

You have one year from the date of the original Notification of Status letter to cure any deficiency in your Disease Claim. If you do not cure the deficiency within this deadline, then you will be **barred** from receiving payment for the same disease claim in the future. You may, however, submit another disease claim for a "new compensable condition that manifests after the conclusion of the one-year period..."
Annex A, §7.09(b)(ii)

Please read this letter carefully to understand the deficiencies in your Disease Claim. If you have questions or would like to schedule a time to speak about your Disease Claim, call Claims Assistance at the toll free number 1-866-874-6099. It is important for you to proceed with obtaining additional medical records while you wait for Claims Assistance to schedule a time to speak with you about your claim.

Your deadline to cure the deficiencies in your Disease Claim is March 13, 2007

Disease Claim Deficiencies - General:

You applied for ACTD. To determine what deficiencies we noted in your Disease Claim, please carefully read the attached "Disease Claim Deficiencies - General." Each of these deficiencies must be cured before your claim can be approved.

Disease Claim Deficiencies - Symptoms:

We have also provided you with specific deficiencies on the symptoms found in your file in the attached "Disease Claim Deficiencies - Symptoms." You may not need to cure all of these deficiencies as long as you submit additional medical records that adequately document enough symptoms to qualify. (For example, you may have 8 eligible symptoms noted in your medical records which are all deficient, but you do not need to cure all 8 symptom deficiencies; you only need 5 non-duplicative symptoms to qualify for ACTD.)

Disease Claim Deficiencies – Compensation:

In addition to meeting the requirements for the disease and specific symptoms, you must also provide documentation for a severity/disability level in order to be eligible for payment. The section of this Notification of Status letter labeled "Disease Claim Deficiencies – Compensation" details any deficiencies for your severity/disability level. If you are not approved for a compensation level or are approved at a level lower than you requested, this section will give you specific information about your deficiencies.

Actions you may take if you are eligible for payment:

- Accept payment for any Disease Payment Claim by completing the Supplemental Disease Review Form and returning it to the Settlement Facility. To receive payment you must be approved for both Disease and a Compensation Level and be eligible for a payment according to the chart on the first page of this NOS letter; ***or***
- On or before one year from the date of the original Notification of Status letter, you can submit additional medical records to cure your deficiencies. To avoid confusion and possibly another review of your claim before you are ready, please do not send your records until you have collected all of them needed to cure the deficiencies; ***or***
- If you do not take any action listed in the two options above, then we will automatically issue payment to you for any approved Disease Claim at the end of the Cure Deadline. (If you wish to receive payment earlier, please read the first action statement in this section.)

Actions you may take if you have deficiencies in your Disease Claim:

- On or before one year from the date of the original Notification of Status letter, you can submit additional medical records to cure your deficiencies; ***or***
- If you do not cure your deficiencies before the Cure Deadline, then you will be barred from receiving payment for the same disease claim in the future. You may, however, choose the Expedited Release Payment (and waive all right to submit a Disease claim) or submit another disease claim for a "new compensable condition that manifests after the conclusion of the one-year period."

Claims Assistance Program

If you have questions or would like to schedule a time to speak about your Disease claim, call Claims Assistance at the toll free number 1-866-874-6099, or through electronic mail at info@sfdct.com. It is important for you to proceed with obtaining additional medical records while you wait for Claims Assistance to schedule a time to speak about your claim.

When submitting additional information to be reviewed in your Disease Claim, complete the enclosed "Supplemental Disease Review Form" in its entirety. Attach any medical records or other documents to this form. Please write your name and SID on any documents you submit.

Submit all Disease Claim correspondence to:
Disease Claim Review
The Settlement Facility- Dow Corning Trust
P.O. Box 52429
Houston, Texas 77052

Sincerely,

Claims Operations
Settlement Facility - Dow Corning Trust

CC:

Encl: Supplemental Disease Review Form

NOTIFICATION OF STATUS
DISEASE CLAIM REVIEW

Date: March 13, 2006	Cure Deadline: **March 13, 2007**
Name: [redacted]	SID: 6392163

Atypical Connective Tissue Disease (ACTD)/ Atypical Rheumatic Syndrome (ARS)/ Non-specific Autoimmune Condition (NAC)

Review of Disease Claim for Option 1 ACTD

General Requirements — Approved

Group	Symptoms in each Group	Status
Group I:		
Group II:	Immune Mediated Skin Rash	Approved
	Myalgia	Approved
	Peripheral neuropathy	Deficient
Group III:	Alopecia	Approved
	Burning pain/ Loss of function	Approved
	Colitis or Bowel irritability	Approved
	Chronic Fatigue	Approved
	Documented Arthralgia	Approved
	Dysphagia	Approved
	Lymphadenopathy	Deficient
	Mucosal Ulcer	Approved
	Pathological findings	Approved
	Sleep disturbance	Approved
	Sicca	Approved

To qualify for ACTD/ARS/NAC, you need one of the following combinations of approved signs and symptoms:

1. Any two symptoms from Group I.
2. Any one symptom from Group I, plus any one symptom from Group II.
3. Any three symptoms from Group II.
4. Any two symptoms from Group II, plus any one (non-duplicative) symptom from Group III.
5. Any five non-duplicative symptoms from Group I, II, or III.

Deficiencies in your ACTD Claim

DISEASE CLAIM DEFICIENCIES - GENERAL
The General Requirements Criteria contains no deficiencies.

DISEASE CLAIM DEFICIENCIES - SYMPTOMS

The Disease portion of your claim has been approved.

Review of Compensation Information for ACTD	
Compensation Level Approved in Disease Review:	B

DISEASE CLAIM DEFICIENCIES - COMPENSATION

LEVEL A DISABILITY:

Dr. Richard L. Lipman on 2003-11-11 assigned Level A, total disability. However, your *undated* Silicone Breast Implant Questionnaire contains documentation about your vocation and self-care activities that do not meet the Settlement's criteria for total disability.

Specifically, your questionnaire indicates:

- you can dress yourself when your hands, wrists or fingers are not swollen
- you cannot hold a blow dryer up long enough to do dry your hair
- you need help going to bathroom
- a nurse helps you with bathing because of pain and *instability*
- you need help from your husband and daughters with housework of heavy cleaning, making beds and vacuuming floors

However, you did not mention the reason(s) why you cannot hold a blow dryer, the type of help needed when going to the bathroom, and why you need help with your housework. In addition, swelling alone is not an approved symptom and cannot be used to support total disability. We also need clarification regarding your *instability* with bathing.

In addition, you indicated on your questionnaire that you brush your teeth and use a fork/knife slowly with pain; however, this does not meet the Settlement's criteria for self-care.

Please submit documentation that will clarify these discrepancies.

In order for the SF-DCT to confirm Level A, your physician will need to submit documentation of your daily life and limitations in performing your usual activities of vocation and self-care. Your documents must demonstrate a functional capacity to consistently perform none or only few of the usual duties or activities of vocation and self-care based on the ACTD symptoms for which you have been approved.

Based on the deficiency noted above, you were approved at a lower compensation level.

You have until the Cure Deadline to cure your compensation deficiencies. If you are unable to cure your deficiencies by that date, the Settlement Facility will mail the payment you are eligible for. If you do not wish to cure your deficiencies for the higher level please advise us and the Settlement Facility will immediately authorize the payment you are eligible for. (Please note that before any payments can be made, you must have acceptable Proof of Manufacturer for at least one eligible implant.)