

**CLAIM FORMS**  
*for*  
**DOW CORNING**  
**SILICONE MATERIAL CLAIMANTS/  
PARTICIPATING FOREIGN GEL CLAIMANTS**  
**CLASS 7**

*Included in this booklet are the  
following Forms and Instructions:*

1. **Participation Form** (★white edge ★)
2. **Claim Form** (➤brown edge ➤)

**CLAIM FORMS *for***  
**SILICONE MATERIAL CLAIMANTS/  
PARTICIPATING FOREIGN GEL CLAIMANTS**  
**CLASS 7**

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**Claim Form (*➤brown edge ➤*)**

# CLAIM FORM

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

### SILICONE MATERIAL CLAIMANTS AND PARTICIPATING FOREIGN GEL CLAIMANTS (CLASS 7)

Use this form to apply for payment from the Silicone Material Claimants' Fund (Class 7).  
Please read these Instructions and the Claimant Information Guide for more information.

#### 1. WHAT IS THE SILICONE GEL MATERIAL CLAIMANTS' FUND (CLASS 7)?

The Silicone Material Claimants' Fund is a fund of \$57.5 million (Net Present Value) set aside to make Expedited Release or Disease Payments to women who were implanted with certain types of *silicone gel* breast implants from 1976-1991. To be eligible, you must have been implanted with a *silicone gel* breast implant made by one (1) of the manufacturers listed in Question 2. You are not eligible if you were ever implanted with a Dow Corning implant. If you were ever implanted with a Dow Corning implant, do not complete this form. Call the Settlement Facility Toll Free at 1-866-874-6099 to obtain the correct claim forms.

#### 2. WHAT SILICONE GEL BREAST IMPLANTS QUALIFY FOR SETTLEMENT BENEFITS?

Review the chart below to see if you received a silicone gel breast implant from one (1) of the following manufacturers. (*Read Section 5 in the Claimant Information Guide for more information.*)

A. If you have a silicone gel breast implant implanted from 1976-1991 from one (1) of the following, you are a Silicone Material Claimant	B. If you have a silicone gel breast implant implanted from 1976-1991 from any of the following, you are a Participating Foreign Gel Claimant
Bioplasty	Koken
Baxter	Medasil
Bristol	Silimed
Cox Uphoff or CUI	Societe Prometel
Mentor	-----

#### 3. WHAT DO I NEED TO SUBMIT TO SHOW WHO MADE MY SILICONE GEL BREAST IMPLANT?

The criteria to show who made your breast implant are the same criteria used in the Revised Settlement Program (RSP). If your implant proof in the RSP was acceptable for a silicone gel breast implant, then you will not need to submit any additional documents (as long as your records show your eligible silicone gel breast implant was implanted from 1976-1991). (*The criteria to establish your implant manufacturer are set out in Section 5 of the Claimant Information Guide.*)

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or go to [www.dcssettlement.com](http://www.dcssettlement.com) on the internet



#### 4. WHAT ARE THE SETTLEMENT OPTIONS FOR SILICONE MATERIAL CLAIMANTS?

Silicone Material Claimants can receive payment for:

- A. Expedited Release Payment. You can receive payment simply by showing that you were implanted from 1976 - 1991 with one (1) of the silicone gel breast implants in column A in Question 2 above.

or

- B. Disease Payment. You can receive payment for one (1) of the nine (9) eligible diseases and conditions if you submit medical records and documents that show that you have one (1) of the diseases or conditions listed in Question 6 below and you have a related disability or meet the severity criteria for that disease or condition.

#### 5. HOW MUCH IS THE EXPEDITED RELEASE PAYMENT? (NOTE: THIS PAYMENT IS AVAILABLE ONLY TO SILICONE MATERIAL CLAIMANTS.)

There is no set payment amount for the Expedited Release Payment. After all claims have been submitted to the Silicone Material Claimants' Fund, the Claims Administrator will determine the amount of the Expedited Release Payment.

#### 6. WHAT IS THE DISEASE PAYMENT? (NOTE: THIS PAYMENT IS AVAILABLE ONLY TO SILICONE MATERIAL CLAIMANTS.)

The Disease Payment provides payment if you submit medical records and documents that show that you have one (1) of the diseases or conditions listed below and you have a related disability or meet the severity criteria for that disease or condition.

There are nine (9) eligible diseases and conditions in Disease Options 1 and 2. The eligible diseases and conditions are:

Atypical Connective Tissue Disease (ACTD)  
 Atypical Neurological Disease Syndrome (ANDS)  
 Primary Sjogren's Syndrome (PSS)  
 Mixed Connective Tissue Disease (MCTD)/ Overlap Syndrome  
 Systemic Sclerosis / Scleroderma (SS)  
 Systemic Lupus Erythematosus (SLE)  
 Polymyositis (PM)  
 Dermatomyositis (DM)  
 General Connective Tissue Symptoms (GCTS)

*(Read Section 7 in the Claimant Information Guide for more information about the Disease Payment.)*

#### 7. HOW MUCH IS THE DISEASE PAYMENT?

The payment grid is listed at Question Q2-4 in the Claimant Information Guide. The amount of the Disease Payment depends on several things:

1. The number of approved disease and expedited release claims; and
2. Whether you have received or are eligible to receive payment from your implant manufacturer (i.e., this is called "marshaling"). *(Read Section 12 in the Claimant Information Guide for more information on marshaling.)*

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## 8. WHAT DO I NEED TO DO TO RECEIVE PAYMENT AS A SILICONE MATERIAL CLAIMANT?

Follow steps 1-4 below:

1. Complete and return the claim form by the deadline in Question 14; and
2. Send in medical records or documents that show that you were implanted with a silicone gel breast implant from Baxter, Bioplasty, Bristol, Cox-Uphoff (CUI), or Mentor. (*Read Section 5 in the Claimant Information Guide for a list of implant specific brand names, "Unique Identifiers" and other information associated with these breast implants.*); and
3. Send in medical records or documents that show that your eligible silicone gel breast implant was implanted after January 1, 1976 and before January 1, 1992; and
4. If you are applying for an Expedited Release Payment, check Box 7A and sign and return the claim form. If you are applying for a Disease Payment, check Box 7B and complete the rest of the claim form. Send in the necessary medical records to support the disease and disability or severity you claim.

## 9. WHAT ARE THE SETTLEMENT OPTIONS FOR PARTICIPATING FOREIGN GEL CLAIMANTS?

You are eligible to receive a payment if there is excess money in the Silicone Material Claimants' Fund after all approved Silicone Material Claimants have been paid. You are not eligible for the Expedited Release or Disease Payment.

## 10. WHAT DO I NEED TO DO TO QUALIFY AS A PARTICIPATING FOREIGN GEL CLAIMANT?

Follow steps 1-4 below:

1. Complete and return the claim form by the deadline in Question 14; and
2. Send in medical records or documents that show that you were implanted with a silicone gel breast implant from Koken, Medasil, Silimed, or Societe Promotel. (*Read the Claimant Information Guide for more information.*); and
3. Send in medical records or documents that show that your eligible silicone gel breast implant was implanted after January 1, 1976 and before January 1, 1992; and
4. Check Box 2B on the claim form stating that you are a Participating Foreign Gel Claimant. Sign and return the claim form. Do not answer any other questions on the form.

## 11. ARE EXPLANT AND RUPTURE PAYMENTS AVAILABLE TO SILICONE MATERIAL CLAIMANTS OR PARTICIPATING FOREIGN GEL CLAIMANTS?

No.

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**12. CAN I USE THE MEDICAL RECORDS THAT I HAVE ALREADY SENT TO THE MDL CLAIMS OFFICE TO SUPPORT MY CLAIM?**

Yes. You do not have to resubmit the same medical records or documents. You must, however, complete and return this form.

**13. QUESTION 6 ON THE CLAIM FORM ASKS WHETHER I HAVE RECEIVED OR AM ELIGIBLE TO RECEIVE PAYMENT FROM CERTAIN IMPLANT MANUFACTURERS. WHY IS THIS INFORMATION NECESSARY?**

If you received any payment(s) from Baxter, Bristol, 3M, Koken, Medasil, Silimed or Societe Prometel for your silicone gel breast implant(s), then your Expedited Release or Disease Payment will be reduced by the amount of that prior payment. If you received a substantial payment from your implant manufacturer, it is possible that you will not recover any payment from the Silicone Material Claimants' Fund. *(Read Section 12 in the Claimant Information Guide for more information.)*

**14. WHAT IS THE DEADLINE TO SUBMIT A CLAIM FORM AND SUPPORTING DOCUMENTS?**

You must return this claim form with supporting documents on or before two (2) years after the Effective Date.

**15. CAN I SUBMIT MY CLAIM FORM AND DOCUMENTS IN A LANGUAGE OTHER THAN ENGLISH?**

If your medical records are in one (1) of the languages listed below, then you may submit your claim form and documents in that language. You do not have to translate your documents to English. However, if your documents are in a language other than one listed below, then you must translate your documents to English. *(Read Question Q2-10 in the Claimant Information Guide.)*

You may submit documents in any of the following languages:

Dutch	Portuguese
French	Spanish
German	Swedish
Korean	Vietnamese

**16. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?**

The Claims Assistance Program is available to answer questions about the Silicone Material Claimants' Fund. There is no charge to you for this service.

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

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# CLAIM FORM

## SILICONE MATERIAL CLAIMANTS AND PARTICIPATING FOREIGN GEL CLAIMANTS (CLASS 7)

Use this form to apply for payment from the Silicone Material Claimants' Fund.

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

**AFFIX YOUR LABEL HERE**

#### PROVIDE UPDATES OR CORRECTIONS BELOW:

1. Claim Number or Social Security Number: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_  
Mon /Date/Year
3. \_\_\_\_\_  
New Last Name
4. \_\_\_\_\_  
New Address
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Daytime Phone: (\_\_\_\_) \_\_\_\_\_
6. Evening Phone: (\_\_\_\_) \_\_\_\_\_
7. Attorney's Name/Address/Phone/Fax: \_\_\_\_\_  
\_\_\_\_\_
8. If you want to receive newsletters or information about your claim by e-mail, provide your e-mail address: \_\_\_\_\_

### 2. Check either Box 2A or 2B below. (Read the Instructions and Section 2 in the Claimant Information Guide for more information.)

- 2A. ☐ I am a Silicone Material Claimant. I was implanted from 1976 - 1991 with a silicone gel breast implant from Baxter, Bioplasty, Bristol, Cox-Uphoff (CUI) and/or Mentor. (If you check this box, complete Questions 3-11 and sign and return the form.)
- or
- 2B. ☐ I am a Participating Foreign Gel Claimant. I was implanted from 1976 - 1991 with a silicone gel breast implant from Koken, Medasil, Silimed and/or Societe Prometel. (If you check this box, answer Questions 3-5 and sign and return the form. Do not complete Questions 6-11.)

### 3. Check either Box 3A or 3B below to indicate what implantation medical records you are submitting.

- 3A. ☐ I am attaching to this form copies of my medical records or documents that show that I was implanted with an eligible implant in Question 2 above. (Please keep a copy for your file.)
- or
- 3B. ☐ I have already submitted medical records or documents that show that I was implanted with an eligible implant in Question 2. I do not have any additional records or documents. (You do not need to resubmit your medical records or documents, however, submitting another copy may speed up the review of your claim.)

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- 4. Complete the following chart to provide information about all of the breast implant(s) you have received. If additional space is needed, use a blank piece of paper and clearly print your name and Social Security Number or Claim Number on each piece of paper.**

Approximate Date of Breast Implant Surgery	Brand Name or Name of Implant Manufacturer	Country Where You Were Implanted	Approximate Date Implant Was Removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not removed
____/____/____ (Month /Day/Year)	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> Removed ____/____/____ (Month /Day/Year) <input type="checkbox"/> Not removed

- 5. Check either Box 5A or 5B to indicate whether you have ever been implanted with a Dow Corning implant. (Read Section 5 in the Claimant Information Guide for a list of Dow Corning implants.) Failure to complete this Question will result in a deficiency in your claim.**

- 5A. ☐ I have never been implanted with an implant made by Dow Corning.
- 5B. ☐ I was implanted with an implant made by Dow Corning. (If you check this box, please call the Settlement Facility Toll Free at 1-866-874-6099. Do not complete or submit this form.)

- 6. Check Box 6A, 6B or 6C to indicate whether you have received any payment(s) from any of the following: Baxter, Bristol, 3M, Koken, Medasil, Silimed or Societe Prometel.**

- 6A. ☐ No, I have not received any payment from the companies listed above.
- 6B. ☐ I have received compensation from (check all that apply):
- B1. ☐ Baxter
- B2. ☐ Bristol
- B3. ☐ 3M
- B4. ☐ Koken
- B5. ☐ Medasil
- B6. ☐ Silimed
- B7. ☐ Societe Prometel

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- 6C. ☐ I have not received payment from one (1) of the companies listed in Question 6. Briefly describe your efforts to obtain payment (such as filing a claim for payment in the Revised Settlement Program, "RSP", filing a lawsuit, etc., if none, write none), and provide the status of your efforts (i.e., whether your claim in the RSP was approved, denied, etc.):

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**7. If you are a "Silicone Material Claimant" (i.e., you checked Box 2A), check either Box 7A to apply for an Expedited Release Payment or Box 7B to apply for a Disease Payment.**

- 7A. ☐ I am applying for an Expedited Release Payment. (If you check this box, skip to Question 11 and sign and return the claim form.)

**OR**

- 7B. ☐ I am applying for a Disease Payment. (If you check this box, proceed to Question 8 below.)

8. ☐ **Check this box if your disease claim was evaluated in the RSP, and you intend to rely on that evaluation without submitting any additional medical records or documents.** If this is the case, skip to Question 11 and sign and return the form. If you want to apply for a disease or disability/severity level that is different than your disease claim in the RSP, then check one (1) of the boxes in 9A - 9I.

**9. Choose only one (1) of the diseases or conditions below in 9A - 9I. If you check more than one (1) of these boxes, the Settlement Facility will not process your disease claim until you choose only one (1).**

- 9A. ☐ I am making a claim for Atypical Connective Tissue Disease (ACTD), also called Atypical Rheumatic Syndrome (ARS) or Non-Specific Autoimmune Condition (NAC).

**or**

- 9B. ☐ I am making a claim for Atypical Neurological Disease Syndrome (ANDS).

**or**

- 9C. ☐ I am making a claim for Primary Sjogren's Syndrome (PSS).

**or**

- 9D. ☐ I am making a claim for Mixed Connective Tissue Disease/Overlap Syndrome (MCTD).

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or9E. ☐ I am making a claim for Systemic Sclerosis /Scleroderma (SS).or9F. ☐ I am making a claim for Systemic Lupus Erythematosus (SLE).or9G. ☐ I am making a claim for Polymyositis (PM).or9H. ☐ I am making a claim for Dermatomyositis (DM).or9 I. ☐ I am making a claim for General Connective Tissue Symptoms (GCTS).

***If you do not qualify for the disease or condition that you checked in Question 9C-9I, the Settlement Facility will evaluate your disease claim to determine if you qualify for Atypical Connective Tissue Disease (ACTD) and/or Atypical Neurological Disease Syndrome (ANDS).***

**10. Please check either Box 10A or 10B below.**

10A. ☐ Attached to this form are new or additional medical records that support my disease and disability/severity claim. (Please keep a copy for your file.)

10B. ☐ I have already submitted medical records and documents that support my disease and disability/severity claim, and I do not have any additional records to submit.

**11. Sign and return this form on or before two (2) years after the Effective Date.**

I declare under penalty of perjury that the information on this form is to the best of my knowledge, information and belief true, accurate and complete.

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

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

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