

IMPLANT FAILURE PAYMENT CLAIM FORM

Instructions

DOW CORNING OTHER PRODUCTS FUND (CLASS 9)

Use this form to apply for the Implant Failure Payment. Please read these Instructions and the Claimant Information Guide before completing this form.

1. WHAT IS THE "OTHER PRODUCTS FUND"?

The Other Products Fund ("the Fund") is a fund of \$36 million (Net Present Value) set aside solely to pay claims of persons who were implanted with an eligible Dow Corning implant (not a breast implant) after 1979. (Read Question 4 below and Section 5 in the Claimant Information Guide for more information about eligible implants.)

2. WHAT IS THE IMPLANT FAILURE OPTION?

You will receive the Implant Failure Payment if your eligible Dow Corning implant "failed" as defined in Question 5, was removed, and you submit the medical records listed in Question 6 by the deadline.

3. HOW MUCH IS THE IMPLANT FAILURE PAYMENT?

If you have one (1) of the eligible Dow Corning implants listed below and submit all of the required medical records showing that the implant failed, you will receive the following amount:

Eligible Dow Corning Implant	Settlement Payment (U.S.)
TMJ**	\$5,000
Finger, wrist, toe, testicular or penile implants	\$5,000
Knee implants	\$7,500
Hip implants	\$10,000

**If you have a Dow Corning TMJ implant and a TMJ implant product manufactured by any other manufacturer (including Vittek), then your Implant Failure Payment will be reduced by 50%.

4. AM I ELIGIBLE FOR SETTLEMENT PAYMENTS IF MY DOW CORNING IMPLANT WAS IMPLANTED BEFORE 1980 (i.e., NOVEMBER 1979)?

You may complete and submit the Proof of Manufacturer Form (the blue edge) and this claim form to apply for a settlement payment. The Claims Administrator has discretion to consider these claims if there are excess funds in the Other Products Fund.

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For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099 or go to www.dcssettlement.com on the internet

5. WHAT IS THE DEFINITION OF "IMPLANT FAILURE?"

Implant Failure means that your medical records must describe the following:

1. Your Dow Corning solid silicone or metal implant has a tear, fracture, or break; and
2. The tear, fracture or break is the result of fatigue failure or a separation of implant component parts; and
3. The tear, fracture or break must be seen or observed without microscopic examination at the time your implant is removed; and
4. The broken implant must cause clinical failure that causes you to have the implant removed.

6. WHAT DO I NEED TO DO TO RECEIVE AN IMPLANT FAILURE PAYMENT?

1. Complete and submit the Proof of Manufacturer Form (the blue edge) and medical records that show that you were implanted with an eligible Dow Corning implant after 1979; and
2. Complete this claim form by the deadline and submit it along with all of the following:
 - A. Medical records that show that you were personally examined by a board-certified physician specializing in either oral and maxillofacial surgery, orthopedics, podiatry, urology or plastic surgery, as appropriate to your type and claim (for example, if your Dow Corning implant is a TMJ, then you must be examined by an oral and maxillofacial physician); and
 - B. An X-ray, MRI, roentgenogram or a report from a roentgenogram or X-ray or a MRI report of examination of the implant that was performed prior to the removal of your implant. This must show that your implant "failed" as defined in Question 5 above; and
 - C. A contemporaneous operative report from the implant removal surgery. The operative report must describe the condition of the implant upon gross inspection by the surgeon who removed the implant; and
 - D. A contemporaneous pathology report describing the condition of the implant upon gross inspection; and
 - E. A letter from the surgeon who removed your Dow Corning implant stating that the implant did not fracture, tear or have its structural integrity otherwise compromised during or after any surgery to implant or remove the Dow Corning implant; and
 - F. The surgeon's statement must include the factual basis for his or her opinion regarding the status of the implant before the time the implant was removed; and
 - G. If your medical records affirmatively document any identifiable traumatic event as described in Question 3 on the claim form, then you must submit those records.

7. CAN I RECEIVE TWO (2) IMPLANT FAILURE PAYMENTS IF MY DOW CORNING KNEE AND HIP IMPLANTS BOTH FAILED?

No. You may receive only one (1) payment for Implant Failure.

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8. IF I RECEIVE THE IMPLANT FAILURE PAYMENT, CAN I RECEIVE OTHER SETTLEMENT PAYMENTS FROM THE OTHER PRODUCTS FUND?

No.

9. WHAT IS THE DEADLINE TO SUBMIT A CLAIM FOR THE IMPLANT FAILURE PAYMENT?

You must submit your Implant Failure Payment Claim Form (the pink edge) and supporting medical records on or before two (2) years after the Effective Date

10. WHAT HAPPENS IF I HAVE A PROBLEM WITH MY IMPLANT FAILURE PROOF, AND THE CLAIM IS DENIED?

If there is a problem with your claim form or medical records, you will receive a letter from the Settlement Facility informing you of the problem. You will have six (6) months from the date of that letter to correct the problem. If you do not correct the problem within this six (6) month period, then your claim will be denied permanently. Because of this short time period to correct problems, it is important that you review your medical records carefully before you send them in for review.

If your medical records meet the proof requirements described in Questions 5 and 6, then you will receive a letter from the Settlement Facility informing you that your claim is approved. Approved claims will be paid after the Effective Date.

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

The Claims Assistance Program is available to answer questions about how to complete the forms in your Claims Package. They can also assist you with information on how to obtain the medical records and documents to support your claim. There is no charge to you for this service.

Call Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet.

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

AFFIX YOUR LABEL HERE

PROVIDE UPDATES OR CORRECTIONS BELOW:

1. 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. To qualify for the Implant Failure Payment, you must submit records demonstrating that you meet all of the criteria in Boxes 2A-G below. (Please keep a copy of your medical records for your file).

- 2A. ☐ I have one (1) of the following Dow Corning implants: TMJ, finger, wrist, toe, knee, hip, testicular or penile implant. List the type of implant you received: _____; and
- 2B. ☐ My Dow Corning implant listed above was implanted after 1979; and
- 2C. ☐ I am submitting medical records that show that I have been personally examined by a board-certified physician specializing in either oral and maxillofacial surgery, orthopedics, podiatry, urology or plastic surgery, as appropriate to my implant type and claim. List the type of board-certified physician who examined you (*i.e., orthopedics*): _____; and
- 2D. ☐ I am submitting a report from an X-ray, MRI or roentgenogram (or the actual X-ray, MRI or roentgenogram) that shows that my Dow Corning implant failed as defined in Question 5 in the Instructions; and
- 2E. ☐ I am submitting a contemporaneous operative report from the implant removal surgery describing the condition of the implant upon gross inspection by the surgeon who removed the implant; and

○ IMPLANT FAILURE PAYMENT CLAIM FORM ○

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2F. ☐ I am submitting a contemporaneous pathology report describing the condition of the implant upon gross inspection; and

2G. ☐ I am submitting a letter or statement from the surgeon who removed my Dow Corning implant stating that the implant did not fracture, tear or have its structural integrity compromised during or after the implant and removal surgery. The statement also provides a factual basis for the doctor's opinion regarding the status of the implant prior to the time the implant was removed.

3. *You are required to submit any medical records that document any identifiable traumatic event to your Dow Corning implant during the time that it was implanted, including damage during the implant or removal surgery or abuse or misuse of the implant. Check Box 3A, 3B, or 3C. If you do not check one (1) of these boxes, you will receive a letter informing you that there is a deficiency in your claim. You cannot receive payment until you answer this question.*

3A. ☐ I have not had any traumatic event to my Dow Corning implant during the time that it was implanted, as described above.

or

3B. ☐ I have had a traumatic injury to my Dow Corning implant during the time that it was implanted, as described above. My medical records are attached. (Please keep a copy for your file.)

or

3C. ☐ I have had a traumatic injury to my Dow Corning implant during the time that it was implanted. There are no medical records that document this. Please describe in your own words what happened:

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

I declare under penalty of perjury that the information for this claim is true, correct and complete to the best of my knowledge, information and belief.

Date Signed _____

Signature (Claimant or Personal Representative) _____

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