

# **\$8,750 (U.S.) RUPTURE PAYMENT CLAIM FORM, OPTION 1**

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

### **DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)**

Use the "Rupture Payment Claim Form" to apply for the \$8,750 (U.S.) Rupture Payment (including a Premium Payment) if you have a ruptured Dow Corning silicone gel breast implant. Please read these Instructions and Section 7 in the "Option 1 Claimant Information Guide" for more information.

#### **1. WHAT IS THE THE \$8,750 (U.S.) RUPTURE PAYMENT, OPTION 1?**

You will receive the \$8,750 (U.S.) Rupture Payment (including a Premium Payment) if your Dow Corning *silicone gel* breast implant(s) are removed and are ruptured as defined in Question 4 below, and you submit the required proof by the deadline.

#### **2. WILL THE \$8,750 (U.S.) RUPTURE PAYMENT BE PAID IN ONE (1) LUMP SUM?**

No. When your rupture claim is approved, you will receive a check for \$7,000 (U.S.). This is known as the Base Payment. The additional \$1,750 (U.S.) payment will be paid in the future after the U.S. District Court determines that all Base Payments and higher priority payments have been or can be paid or that adequate provision is made so that these payments can be made. (*Read Question Q2-9 in the Option 1 Claimant Information Guide for more information.*)

#### **3. WHAT DO I HAVE TO DO TO RECEIVE THE \$8,750 (U.S.) RUPTURE PAYMENT?**

**First**, complete and submit the Proof of Manufacturer Form (the blue edge), Option 1 (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant. (*Read the Proof of Manufacturer Form, Option 1 Instructions.*)

**Second**, complete and submit the Rupture Payment Claim Form (the green edge) by the deadline and one (1) of the following types of medical records that show that your Dow Corning silicone gel breast implant(s) were ruptured:

- A. If your Dow Corning silicone gel breast implant(s) were removed before January 1, 1992, then you must submit a contemporaneous operative or pathology report documenting the rupture.
- B. If your Dow Corning silicone gel breast implant(s) were removed after January 1, 1992 and on or before the "Effective Date", then you must submit all of the following documents (*Read Question Q9-5 in the Option 1 Claimant Information Guide for more information about the Effective Date*):
  1. A contemporaneous operative report; and
  2. If available, a pathology report; and
  3. Complete Question 3 on the Rupture Payment Claim Form that asks whether anyone has your ruptured implants in their possession.

#### **DO NOT RETURN INSTRUCTIONS WITH FORM**

For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099 or go to [www.dcsettlement.com](http://www.dcsettlement.com) on the internet

C. If your Dow Corning silicone gel breast implant(s) are removed after the "Effective Date", you must submit all of the following documents (*Read Question Q9-5 in the Option 1 Claimant Information Guide for more information about the Effective Date.*):

1. A contemporaneous operative report; and
2. If available, a contemporaneous pathology report; and
3. A statement from the surgeon who removed your Dow Corning silicone gel breast implant(s) (or other appropriate professional approved by the Settlement Facility) affirming that, in his or her opinion, the rupture did not occur during or after the implant removal procedure. This statement must describe the results of the inspection and provide a factual basis for the opinion (e.g., in light of silicone granuloma formation on the exterior of the biologic capsule, or findings concerning the nature of the destruction of the elastomer envelope); and
4. You must use your best efforts to cause the removed implant(s) to be saved. Complete Question 3 on the Rupture Payment Claim Form (the green edge) that asks whether anyone has your ruptured implants in their possession. If so, provide the name and address of the custodian, person or entity who has the implant(s).

#### 4. WHAT IS THE DEFINITION OF "RUPTURE"?

"Rupture" means the failure of the elastomer envelope surrounding a silicone gel implant to contain the gel, resulting in contact of the gel with the body. The failure must be due to a tear or other opening in the envelope, and the tear or other opening must have occurred after implantation and before explantation. There is no rupture if the gel's contact with the body is solely the result of gel bleed.

#### 5. CAN I RECEIVE THE \$8,750 (U.S.) RUPTURE PAYMENT IF THE IMPLANT(S) THAT RUPTURED CONTAINED ONLY SALINE?

No. You cannot receive the Rupture Payment if your ruptured implant(s) contained only saline.

#### 6. WHAT IS THE "MEDICALLY CONTRAINDICATED EXCEPTION" (QUESTION 2B ON THE RUPTURE PAYMENT CLAIM FORM)?

If you have a serious, chronic medical condition that your doctor says prevents you from undergoing surgery for the removal of your ruptured Dow Corning silicone gel breast implant(s), you may still qualify for the Rupture Payment under the "Medically Contraindicated Exception." However, this is a very narrow exception that requires extensive medical records and a written statement from your doctor along with an MRI that documents that your Dow Corning silicone gel breast implant(s) are ruptured. (*Read Section 7 in the Option 1 Claimant Information Guide for more information. Read this Section carefully before you submit your request to the Settlement Facility.*)

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## 7. WHAT IS THE "INDIVIDUAL REVIEW PROCESS" FOR THE \$8,750 (U.S.) RUPTURE PAYMENT?

The Individual Review Process -- or IRP -- is an additional way to qualify for the \$8,750 (U.S.) Rupture Payment. To be eligible, you must first submit your Rupture Payment Claim Form (the green edge) and medical records that show you have a ruptured Dow Corning silicone gel breast implant. If your medical records do not support a claim for rupture as defined in Question 4 above, then you may submit the following documents to qualify for the \$8,750 (U.S.) Rupture Payment:

- A. Medical documents, created before the implant removal surgery or within a reasonable time after the implant removal surgery for your Dow Corning single or double-lumen silicone gel breast implant(s), demonstrating visual confirmation of a breach in the elastomer envelope found upon or prior to removal of the Dow Corning silicone gel breast implant(s); or
- B. Medical documents demonstrating migration along tissue planes distant from the site of your Dow Corning breast implant(s) 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.

Your medical documents in the Individual Review Process will be reviewed by Dow Corning (with all identifying information such as your name removed). If Dow Corning accepts the medical documents as proof of a rupture, then you will receive the \$8,750 (U.S.) Rupture Payment. *(Read Section 7 in the Option 1 Claimant Information Guide for more information.)*

## 8. CAN I COMPLETE THE RUPTURE PAYMENT CLAIM FORM AND SEND MY MEDICAL RECORDS AND DOCUMENTS IN MY NATIVE LANGUAGE OR DO THEY HAVE TO BE IN ENGLISH?

You may submit the Rupture Payment Claim Form (the green edge) and medical records and documents in your own language. We will be able to process your claim faster though if you complete the claim form and have your medical records translated to English. *(Read Question Q2-6 in the Option 1 Claimant Information Guide for more information.)*

## 9. WHAT IS THE DEADLINE TO SUBMIT MY RUPTURE PAYMENT CLAIM FORM AND MEDICAL RECORDS?

You must submit a Rupture Payment Claim Form (the green edge) and medical records on or before two (2) years after the "Effective Date." *(Read Question Q9-5 in the Option 1 Claimant Information Guide for more information about the Effective Date.)* Before a claim can be paid, you must also submit the Proof of Manufacturer Form (the blue edge) and acceptable proof that the ruptured silicone gel breast implant(s) that are removed were made by Dow Corning. If your Dow Corning breast implant(s) were removed within ninety (90) days immediately before the second (2nd) anniversary of the Effective Date, then you have an additional thirty (30) days after the second (2nd) anniversary of the Effective Date to submit the Rupture Payment Claim Form (the green edge) and medical records.

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

**10. WHAT IF I HAVE A PROBLEM OR RECEIVE A "DEFICIENCY NOTICE" ON MY RUPTURE CLAIM? IS THERE A DEADLINE TO SUBMIT ADDITIONAL DOCUMENTS TO CORRECT THE PROBLEM?**

If there is a problem with either your Rupture Payment Claim Form (the green edge) 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 rupture claim will be rejected permanently. Because of this short time 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 Question 3 above, 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.

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**\$8,750 (U.S.) RUPTURE PAYMENT CLAIM FORM, OPTION 1****DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)**

Use this form to apply for the \$8,750 (U.S.) Rupture Payment if your ruptured Dow Corning silicone gel breast implant(s) are removed and at least one is ruptured.

**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 to apply for the \$8,750 (U.S.) Rupture Payment. Read the Instructions and Section 7 in the Option 1 Claimant Information Guide for more information.**

- 2A.** ☐ I am making a claim for the \$8,750 (U.S.) Rupture Payment. My Dow Corning silicone gel breast implant(s) have been removed and at least one (1) was ruptured. Please check any of the following that apply to you:
- A1.** ☐ My medical records for the ruptured Dow Corning silicone gel breast implant(s) are attached. *(Please keep a copy for your file.)*
- A2.** ☐ I have already submitted my medical records for the ruptured silicone gel breast implant(s), and I do not have any additional records to submit.
- OR**
- 2B.** ☐ I have a serious, chronic medical condition that prevents me from having my breast implant(s) removed. Please review my claim using the criteria for the "Medically Contraindicated Exception" defined in Section 7 of the Option 1 Claimant Information Guide. *(Attach your medical records to this form. Please keep a copy for your file.)*

**3. Check either Box 3A or 3B below to inform the Settlement Facility whether you have possession of the Dow Corning breast implant(s) that were removed. If your breast implant(s) were removed after January 1, 1992, failure to answer this question may result in a deficiency in your claim.**

**3A.** ☐ I no longer have the ruptured Dow Corning silicone gel breast implant(s) that were removed and do not know where they are.

**3B.** ☐ My ruptured Dow Corning silicone gel breast implant(s) were removed, and the person listed below has them (if they are in your possession, write your name below):

**B1. Name:**

\_\_\_\_\_

**B2. Address:**

\_\_\_\_\_

\_\_\_\_\_

**4. Sign the Rupture Payment Claim Form below and return it and your medical records on or before two (2) years after the Effective Date. If your ruptured Dow Corning silicone gel breast implant(s) were removed within ninety (90) days immediately before the second (2nd) anniversary of the Effective Date, then your Rupture Payment Claim Form and medical records must be returned on or before thirty (30) days after the second (2nd) anniversary of 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 of Claimant, Executor/Administrator, or Guardian