INFLAMMATORY FOREIGN BODY RESPONSE PAYMENT CLAIM FORM

Instructions

DOW CORNING OTHER PRODUCTS FUND (CLASS 9)

Use this form to apply for the Inflammatory Foreign Body Response Payment. Please read these Instructions and the "Claimant Information Guide" carefully 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 INFLAMMATORY FOREIGN BODY RESPONSE PAYMENT?

You will receive the Inflammatory Foreign Body Response Payment if your eligible Dow Corning implant resulted in an "Inflammatory Foreign Body Response" as defined in Question 5, and you submit the medical records listed in Question 6 by the deadline.

3. HOW MUCH IS THE INFLAMMATORY FOREIGN BODY RESPONSE PAYMENT?

If you have one (1) of the eligible Dow Corning implants listed below and submit all of the required medical records showing you have an Inflammatory Foreign Body Response at the site of the Dow Corning implant, then you will receive the following amount:

Eligible Dow Corning Implant	Settlement Payment (U.S.)
TMJ**	$5,000
Finger, wrist or toe 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 Vitek), 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.

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 on the internet

5. WHAT IS THE DEFINITION OF "INFLAMMATORY FOREIGN BODY RESPONSE?"

For Dow Corning finger, wrist, toe, hand, knee and hip implants, "Inflammatory Foreign Body Response" means a cellular response characterized by the presence of macrophages and giant cells containing particles of silicone, polyethylene, or metallic alloy found at the site of the Dow Corning implant.

For Dow Corning TMJ implants, "Inflammatory Foreign Body Response" means a cellular response characterized by the presence of macrophages and giant cells containing particles of silicone found at the site of the Dow Corning implant.

The Inflammatory Foreign Body Response must be chronic, occur outside the encapsulated joint and result in removal of the implant. "Chronic" as used herein means that the Inflammatory Foreign Body Response continued and was documented by pathology more than three (3) months after implantation at the site of the implant.

6. WHAT DO I NEED TO DO TO RECEIVE AN INFLAMMATORY FOREIGN BODY RESPONSE 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 maxillo-facial physician); *and*

   B. Either the operative report from the implant removal surgery or the notes from your treating surgeon immediately prior to removal of the implant. The operative report or office notes must state that the implant removal was required because of Inflammatory Foreign Body Response as defined in Question 5; *and*

   C. Either the pathology slides or report from the tissue removed during the implant removal surgery. The tissue must be from the site (outside of the encapsulated joint) where the Dow Corning implant was implanted. The slides or report must show findings of macrophages and giant cells containing particles of silicone, polyethylene or metallic alloy (for TMJ implants, the slides or report must show findings of macrophages or giant cells containing particles of silicone); *and*

   D. Any medical records that affirmatively document any of the listed "Exclusions" in Question 3 on the claim form.

7. CAN I RECEIVE TWO (2) INFLAMMATORY FOREIGN BODY RESPONSE PAYMENTS IF MY DOW CORNING KNEE AND HIP IMPLANTS BOTH MEET THE CRITERIA?

No. You may receive only one (1) payment for Inflammatory Foreign Body Response.

8. IF I RECEIVE THE INFLAMMATORY FOREIGN BODY RESPONSE PAYMENT, CAN I RECEIVE OTHER SETTLEMENT PAYMENTS FROM THE OTHER PRODUCTS FUND?

No.

9. WHAT IS THE DEADLINE TO SUBMIT A CLAIM FOR THE INFLAMMATORY FOREIGN BODY RESPONSE PAYMENT?

You must submit your claim form and supporting medical records on or before two (2) years after the Effective Date. *(Read Question Q11-4 in the Claimant Information Guide for more information about the Effective Date.)*

10. WHAT HAPPENS IF I HAVE A PROBLEM WITH MY INFLAMMATORY FOREIGN BODY RESPONSE 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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Use this form to apply for the Inflammatory Foreign Body Response Payment.

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 Inflammatory Foreign Body Response Payment, you must submit records demonstrating that you meet all of the following (Boxes 2A-E 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 or hip implant. List your implant type: _____; *and*

2B. ☐ My Dow Corning implant listed above was implanted after 1979 and remained implanted for at least three (3) months; *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 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 either the operative report from the implant removal surgery or the notes from my treating surgeon immediately prior to removal of the implant. The operative report or office notes must state that the implant removal was required because of Inflammatory Foreign Body Response as defined in Question 5 in the Instructions; *and*

2E. ☐ I am submitting either the pathology slides or report from the tissue removed during the implant removal surgery. The tissue must be from the site (outside of the encapsulated joint) where the Dow Corning implant was implanted. The slides or report must show findings of macrophages and giant cells containing particles of silicone, polyethylene or metallic alloy (for TMJ implants, the slides or report must show findings of macrophages or giant cells containing particles of silicone).

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3. *Do your medical records contain a reference to any of the following "Exclusions" during the time that your Dow Corning implant was implanted (if so, attach a copy of those records)?*

	No	Yes	Exclusions:
3A.	☐	☐	Damage to the Dow Corning implant during the implant surgery.
3B.	☐	☐	Identifiable abuse or misuse of the Dow Corning implant.
3C.	☐	☐	Your extreme sensitivity to the implanted material.
3D.	☐	☐	Inflammatory Foreign Body Response attributable to a prior bone resorption condition.

If you do not answer 3A - 3D, you will receive a letter informing you that there is a deficiency in your claim and you cannot receive payment until you answer the question. If you answer yes to any part of 3A - 3D, attach a copy of your medical records. Failure to do so will result in a deficiency in your claim.

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) _____