UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
Southern Division

In re:
SILICONE GEL BREAST IMPLANT
PRODUCTS LIABILITY LITIGATION
(MDL 926)

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Master File No. CV 92-P-10000-S

HEIDI LINDSEY, et al.,
Plaintiffs;

-vs.-

DOW CORNING CORPORATION, et al.,
Defendants.

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Civil Action No. CV 94-P-11558-S

ORDER No. 27A

(Approval of Exhibit G and Question and Answer Booklet under Revised Settlement Program)

It is hereby ORDERED as follows:

1. Attached to this order are "Exhibit G" and a "Question and Answer Booklet", which are approved for distribution as part of the new Notice package relating to the Bristol, Baxter, 3M, McGhan & Union Carbide Revised Settlement Program.

2. In the effort not to delay distribution of the Notice package, the Question and Answer Booklet has not been subjected to the same degree of intensive scrutiny as the revised Notice itself. In the event of conflict in terms between the revised Notice and the Question and Answer Booklet, the former governs; and the Court, acting through the Claims Office, reserves the right to make changes in, or additions to, the Question and Answer Booklet, as well as to make typographical, grammatical, and other non-substantive changes in the Booklet during the printing process.

This the 29th day of December, 1995.

/s/ Sam C. Pointer, Jr.
Chief Judge

EXHIBIT G -- Implant Brands and Manufacturers

The left-hand column is a list of companies, implant brands, "designer" implant names, and other names or phrases that might be used in medical records to describe a particular type of breast implant. The column to the right identifies the company with which that brand is associated for purposes of this revised settlement program. If implantation date ranges are supplied for an implant, an appropriate notation is to the right of each date range.

Implants noted as Mentor (for post 8/84 McGhan benefits) that have a star (*) before Mentor will be treated as Baxter implants if a Baxter lot number can be supplied for that implant. Lists of lot and serial numbers for Bristol, Baxter, and 3M implants are available from the Claims Office upon request.

To prove that a McGhan implant which was implanted after August 2, 1984, was wholly or partly manufactured before that date (and therefore can be treated as a 3M implant rather than a post 8/84 McGhan implant), you should provide proof of the 3M name or qualifying serial number. A list of McGhan serial numbers qualifying as 3M implants is available from the Claims Office upon request.

Notations after the names Mentor or Bioplasty that say "(for purposes of post-8/84 McGhan benefits)" mean that they can be considered as Mentor or Bioplasty implants for purposes of determining eligibility under the program described in this notice, but that no determination can be made at this time as to whether one of these implants will trigger eligibility under the distribution program for the Mentor or Bioplasty funds. Further clarification of the status of those implants will be included in the more detailed information that will be available later about the Mentor and Bioplasty funds.

Brand/Manufacturer Name	Status in Revised Program
3M	3M
AHS	Baxter
Aesthetech	Bristol
Alloplastic	Not Covered
American Heyer-Schulte	Baxter
American Hospital Supply	Baxter
Arion	Not Covered

Ashley Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Baxter	Baxter
Bebe	Not Covered
Beckein	Not Covered
Becker	Mentor
Beckman	Not Covered
Biocell	McGhan
Biodimensional	McGhan
Biofill	Not Covered
Biomanufacturing	Bioplasty
Bio-oncotic	Bioplasty
Bioplasty	Bioplasty
Biospan	McGhan
Birnbaum	Baxter
Cabot	Not Covered
Calcorian	Not Covered
Capozzi Implanted before 9/1/71 Implanted after 8/31/71	 Bristol Baxter
Cavon	Bristol
CBI Medical	Bristol
Controle Medicale	Not Covered
Cooper Surgical	Bristol
Corbet	Bristol
Cox Uphoff	CUI
Cronin	Dow Corning
Cunard	Not Covered
CZV/CRS (Croissant Versafil Low Profile)	CUI
Dacron	Not Covered
Dahl	Bristol
Datron	Not Covered
Delayell	Not Covered

Delcon	Not Covered
Directa Span	Mentor
Donnell	Not Covered
Dow Corning	Dow Corning
DRI	CUI
DRIE	CUI
Dubin	Not Covered
DuPont	Not Covered
Edward Laboratories	Baxter
EHP (Enhanced High Profile)	CUI
Edward Weck & Co. Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Elicon	Not Covered
Emory	Not Covered
Etheron	Not Covered
Euromed	Not Covered
Euro-Silikon (or Euro-Silicone)	Not Covered
Fernander	Not Covered
Flat Span	Mentor
FZV/SFV (Round Versafil LP Tissue Expander)	CUI
Georgiade	Bristol
Gibney	CUI
Grossman	Not Covered
Guthrie Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Hamricksholler	Not Covered
Hartley	Baxter
Heyer-Schulte Implanted before 3/31/84 Implanted after 3/30/84	 Baxter *Mentor (for post 8/84 McGhan benefits)
Heyer-Schulte Mentor	Mentor
Higer-Sol	Not Covered
Hoest	Not Covered

Hypoplastic	Not Covered
Hyra	Not Covered
Integra	Not Covered
Intrashiel Implanted before 8/3/84 Implanted after 8/2/84	 3M McGhan
Intravent	CUI
IOC (Cylindrical Intraoperative Tissue Expander)	CUI
IOM (Intravent Intraoperative Expander)	CUI
IOS (Spherical Intraoperative Tissue Expander)	CUI
Isle	Mentor
Ivalon	Not Covered
Jackson	Not Covered
Jellco	Not Covered
Jenny	Baxter
Jobe	Baxter
Johnson & Johnson	Not Covered
Jonas	Not Covered
Klein	Bioplasty (for post 8/84 McGhan benefits)
Koken	Not Covered
Lab Sebbin	Not Covered
Lambardozzi	Not Covered
Lepetit Pharmaceutical	Not Covered
Litz	Not Covered
Mammatech	Bioplasty (for post 8/84 McGhan benefits)
Magna-Site	McGhan
Mann	Not Covered
Mark/M Surgical Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Markham Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Markham Medical Int'l Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol

Mathe	Not Covered
Maxwell	McGhan
McCormick	Not Covered
McGhan Implanted before 8/3/84 Implanted 8/3/84 to 12/31/91 Implanted after 12/31/91	 3M McGhan Not Covered
McGregor	Not Covered
MEC	Bristol
Medasil	Not Covered
Medical Engineering Corporation	Bristol
Meme	Bristol
Meme ME	Bristol
Meme MP	Bristol
Mentle	Not Covered
Mentor	Mentor
Metarse	Not Covered
MFE (Man Facelift Expander)	CUI
MFP	Dow Corning
Microcell	CUI
Misty	Bioplasty
Misty Gold	Bioplasty
Morgantil	Not Covered
MSI	Dow Corning
Mueller, V. Implanted before 1/1/68 Implanted 1/1/68 to 8/31/74 Implanted 9/1/74 to 10/31/78 Implanted 11/1/78 to 3/30/84 Implanted after 3/30/84	 Not Covered Dow Corning Not Covered Baxter Not Covered
Mulligan	Not Covered
Munna	Bristol
Nagor	Not Covered
Nagotex	Not Covered
Natrashiel	3M
Natural Y Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol

NFP (Non-Fixation Patch)	Dow Corning
Nicola	Not Covered
Norman	Bristol
Nortec	Not Covered
OHP (Oval High Profile)	CUI
OLP (Oval Low Profile)	CUI
Optimam	Bristol
Pangman	Baxter
Papillon	Bristol
Paragel	Not Covered
Pardue	Not Covered
Perifil	Not Covered
Perras	Bristol
Perras-Papillon	Bristol
Phillips	Not Covered
Plastigel	Not Covered
Plastone	Not Covered
PMT	Not Covered
Polyurethane Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Poly Plastic Implanted before 9/1/71 Implanted after 8/31/71	 Bristol Baxter
Poly Plastic Adjustable	Baxter
Porex	Not Covered
Precision	Not Covered
Process Mankind Technology	Not Covered
Promotel	Not Covered
Quin-Seal	Bristol
Radovan	Mentor
Rand	Not Covered
RCP (Round Conical Profile)	CUI
RCR (Ruiz-Cohen Expanders)	CUI

RDD (Reverse Double Lumen DRIE)	CUI
RDL (Reverse Double Lumen)	CUI
RDL-XPAND	CUI
RDX (Round Double Lumen)	CUI
Regetect	Not Covered
Replicon	Bristol
Reverse Double Lumen	CUI
RHD (Round High Profile)	CUI
RHP (Round High Profile)	CUI
RLD (Round Low Profile DRIE)	CUI
RLP (Round Low Profile)	CUI
Roger Klein	Bioplasty (for post 8/84 McGhan benefits)
RTV	Not Covered
RTV/RTT (Smooth/Textured)	CUI
Ruben	Not Covered
Rubicon	Not Covered
Ruiz-Cohen	CUI
Ryscien	Not Covered
RZV/SRV (Rectangular Versafil Tissue Expander)	CUI
Satin Lacey	Not Covered
SCC (Cylindrical Tissue Expander)	CUI
SCL	Bristol
SCS (Crescent Tissue Expander)	CUI
Sealthen	Not Covered
SEE (Mini-crescent Tissue Expander)	CUI
Sebbin	Not Covered
Secrofft	Not Covered
Serbital	Not Covered
Seropian	Baxter
SFS (Saline Fill Skin and Tissue Expander)	CUI
SGO (Saline Gel Oval)	CUI
SGR (Saline Gel Round)	CUI

Silastic	Dow Corning
Silastic II	Dow Corning
Silastic II MSI	Dow Corning
Silicone Medicale	Not Covered
Silimed	Not Covered
Siltex	Mentor
Siltex Becker	Mentor
Siltex Spectrum	Mentor
Simiplast	Not Covered
SLP (Single Lumen Adjustable)	CUI
SLS (Longitudinally Curved Tissue Expander)	CUI
Snyder	Bristol
SOE (Small Oval Tissue Expander)	CUI
Sofgel	Not Covered
SOS (Ear Shaped Tissue Expander)	CUI
Spectrum	Mentor
SPS (Pear Shaped Tissue Expander)	CUI
SRS (Rectangular Tissue Expander)	CUI
SSS (Spherical Tissue Expander)	CUI
Sterling	Baxter
Storz	Not Covered
Summit Medical	Bristol
Surgical Specialties	Bristol
Surgitek	Bristol
Surigel	Not Covered
Switek	Not Covered
SWS (Wedge Shaped Tissue Expander)	CUI
Synopsis	Not Covered
Syntech	Not Covered
SZR (Round Low Profile Sizer)	CUI
Tab Products	Not Covered
Tabari	Baxter

TBD	Not Covered
Tecknar	Mentor
Tis-U-Sol	Not Covered
TLL (Triple Lumen Round)	CUI
Travenol	Baxter
Tri-Lumen	CUI
TRL (Tri-Lumen Implants)	CUI
TSO (Triple Lumen Low Profile Oval)	CUI
TSR (Triple Lumen Round Low Profile)	CUI
UHP	McGhan
Ultra High Performance	McGhan
Unimed/Unitech	Not Covered
Uroplasty	Bioplasty
Usign	Not Covered
Varifil	Dow Corning
Versafil	CUI
V. Mueller Implanted before 1/1/68 Implanted 1/1/68 to 8/31/74 Implanted 9/1/74 to 10/31/78 Implanted 11/1/78 to 3/30/84 Implanted after 3/30/84	 Not Covered Dow Corning Not Covered Baxter Not Covered
Vogue	Bristol
Wagner	Baxter
Webster	Bristol
Weck Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Weiner	Not Covered
Wenthol	Not Covered
Wilshire Tech	Not Covered
Williams	Baxter
Wood	Bristol

QUESTION AND ANSWER BOOKLET

ANSWERS TO COMMON QUESTIONS

ABOUT THE REVISED BREAST IMPLANT SETTLEMENT PROGRAM

CLAIMS OFFICE
P.O. BOX 56666
HOUSTON, TEXAS 77256

DECEMBER 27, 1995

Telephone Numbers:

Claims Office	**800/600-0311 or 713/951-9106**

Information Line	**800/887-6828 or 713/752-2515**
Computer Bulletin Board	**713/951-9420**
Fax	**713/951-9427**

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Answers to Common Questions
About the Revised Settlement Program

[Answers marked by * are not applicable to post 8/84 McGhan participants. See Q184 for the definition of post 8/84 McGhan participants.]

BACKGROUND INFORMATION

Q1. I don't understand what's going on. What happened to the old settlement?

A. Please see the section entitled "The 'Global' Settlement", beginning on page 1 of the notice.

Q2. What is this revised settlement program?

A. The revised program consists of offers of settlement by Bristol-Myers Squibb, Baxter, 3M, McGhan, and Union Carbide. (There are more limited benefits for those who only received a post 8/84 McGhan silicone-gel implant, or only a post 8/84 McGhan silicone-gel implant and implants listed as Bioplasty, Mentor, or CUI on Exhibit G. See ¶13 of the notice and the separate section in this booklet addressing the McGhan benefits.) These offers are extended to implant recipients who can prove that they received at least one of the implants covered by these offers. Complete details are included in the notice and in this question and answer booklet.

Q3. I am very confused about the papers in this packet. Is there anyone who can help me understand what this is about?

A. First of all, you need to read all of these materials carefully. Read, too, the pink flyer that is included in your packet. You may want to watch the cable TV program on Court TV on Wednesday, January 24, 1996, at 9 pm CST or attend one of the informational meetings that will be held to answer your questions. Call 800/938-7357 for scheduling information. If you need further assistance understanding your rights and choices, please contact your attorney. If you do not have a private attorney, you may call the Claims Assistance Office at 513/651-9770.

Q4. I need some time to research my records and get some good advice about what choices I have. Do I have to do anything with these new forms right away?

A. No. You should take the time you need to make an informed choice. Be sure, though, to take the time now to read all of these materials, and make note of any deadlines that might affect your rights or options. You need to be aware that the Claims Office might begin sending notification of status letters after June 1, 1996, to persons who have neither returned the Proof of Manufacturer form nor opted out of the Lindsey class. These notification of status letters will trigger a 45-day deadline for opting out, so you should ensure that you have the information necessary to make your decision by the time you receive that letter.

Q5. Will there be another "ratcheting" of benefit amounts under this revised plan? How do we know this settlement won't fall apart like the old one did?

A. All approved current claims under the original disease criteria will be paid pursuant to the settlement notice, with no "ratcheting" based on the number of approved claims. (See the Fixed Amount Benefit Schedule on page 6 of the notice.) Current claimants who have approved claims under the earlier criteria, or are notified that they only have minor deficiencies in their initial claims, and then elect to pursue certain claims under the revised disease criteria (Long-term Benefit claims), will also be paid according to this notice regardless of the number or amount of approved claims. (The only reduction in benefits these claimants might face is the 50% reduction for people who also had Dow Corning implants or the proration of benefits for those who earlier settled with one of their participating manufacturers.) All other claims made under the revised criteria are subject to reduction or delayed payment if the amount of approved claims exceeds the funds available at the time the claim is approved. If that occurs, affected claimants will be given another opt-out opportunity (without the right to pursue punitive damages), but the participating defendants

will not have a right to withdraw from the settlement altogether.

Q6. What protection will we have from one of these companies filing bankruptcy, putting this offer in jeopardy?

A. The court cannot guarantee that one or more of these companies will not file bankruptcy sometime during the 15 years of this program. Inamed, one of the companies associated with post-8/84 McGhan implants, has already filed a motion for a "limited fund" class action. (This motion is filed under the same rule that resulted in the Mentor limited fund.) Inamed intends to amend that motion early in 1996, to address the commitments that have been made to this revised settlement program and will continue to request limited fund relief from the court.

Q7. Will all of these benefits be held up if there is another appeal?

*A. Advance payments and approved current claims under the original disease criteria (Fixed Amount Benefit claims) will be paid during appeal if the claimant returns a signed release to the Claims Office. Approved explantation claims can also be paid during appeal. If any claims under the revised disease criteria (Long-term Benefit claims) are approved during the pendency of an appeal, the Claims Office will notify the claimant of a name and telephone number to contact to discuss possible payment of that claim directly with the manufacturer in question.

Q8. My only implants were manufactured by Dow Corning. What rights do I have now?

A. All claims against Dow Corning are now pending in the Michigan court overseeing the Dow Corning bankruptcy proceeding. The Claims Office is not involved in that proceeding. Please call your attorney or the claims assistance line with any questions about Dow Corning claims. See ¶17 of the notice.

Q9. If my implants are listed on Exhibit G as being Dow Corning, does that mean I will receive some money from the Dow Corning bankruptcy proceeding?

A. No. The company notations in the right-hand column of Exhibit G are only for purposes of determining your potential rights under this revised program. Your rights (and potential benefits) in any reorganization plan in the Dow Corning bankruptcy can only be set by the bankruptcy court overseeing that proceeding.

Q10. My only implants were manufactured by Bioplasty (or Mentor). What rights do I have now?

A. Before the original global settlement was announced, Bioplasty was discharged in bankruptcy and a limited fund settlement for claims against Mentor was approved. Funds are being held by the court for all Bioplasty and Mentor claimants, and claims against those funds will be administered by the Claims Office once procedures for those claims are established. It is anticipated that, because of the very limited funds set aside for these recipients, the court will give preferential, if not exclusive, consideration to those who do not have potential claims against other implant manufacturers. (See ¶15 of the notice for more information about Mentor claims. See ¶16 for more information about Bioplasty.) All registrants who listed Bioplasty or Mentor on their registration forms will be notified later about those procedures. If you did not register for the global settlement, but had implants from Bioplasty or Mentor, please write the Claims Office and ask to be included on the mailing list for your type of implant.

Q11. My implants are listed on Exhibit G as being Mentor, but it also noted "for purposes of post 8/84 McGhan benefits." What does that mean?

A. There are a few implants (post-1984 Heyer-Schulte for Mentor and Klein, Roger Klein, and Mammatech for Bioplasty) that still have some unresolved issues concerning whether they will be considered covered for purposes of distribution of the Mentor and Bioplasty funds. For purposes of deciding eligibility for post 8/84 McGhan benefits, they are treated as covered implants. Final determinations of their status for distribution of the other funds, however, will be made before the additional notices concerning the Mentor and Bioplasty funds are sent to appropriate class members.

Q12. The new notice doesn't have any information about Fund I, the medical evaluation fund. Will the information I provided on the preliminary claim form result in my being reimbursed for the money I spent on getting a diagnosis from a board-certified doctor?

A. No. The revised settlement program does not provide specific benefits for medical evaluation expenses.

Q13. Is there a Rupture Fund?

*A. There is no separate rupture fund in the revised settlement program. If you are a current claimant, and if you qualify for benefits and elect to be paid under the Fixed Amount Benefit Schedule, however, you will receive greater benefits if you provide acceptable proof that one or more of your covered silicone-gel implants ruptured. There are no other rupture benefits.

Q14. Is there an Emergency Fund?

A. No.

Q15. Will the court appoint a medical panel to consider adding new diseases to the revised criteria (Exhibit E1)?

A. No.

Q16. What happened to the funds the manufacturers paid into the global settlement?

A. Except for the administrative fund, which paid for the original notice program, the Claims Assistance Office, and the Claims Office, and the limited funds for Mentor and Bioplasty claimants, no funds were ever paid under the terms of the original settlement. No fund monies were ever paid to claimants or attorneys. This administrative fund continues to pay the expenses of the Claims Office and the Claims Assistance Office, and paid for printing and mailing this notice packet.

Q17. When will the settling defendants pay money into the revised settlement program?

A. Bristol, Baxter, and 3M are each required to pay $125,000,000 to the court no later than January 15, 1996. McGhan and Union Carbide do not have to pay any money until any appeals are over. The court will also require the settling defendants to pay in additional money as funds are needed.

ELIGIBILITY FOR REVISED SETTLEMENT PROGRAM

Q18. How can I tell if I am eligible to participate in this program?

A. You need to find out who made your implants -- or what brand you received -- before you can determine your eligibility. See the list of implant and company names on Exhibit G. Find your implant in the alphabetical listing in the left-hand column. Then look at the entry in the right-hand column for that particular implant. Is at least one of your implants noted as Bristol, Baxter, or 3M? If so, unless you fall within one of the excluded categories listed in answer to Q19, you are eligible to participate. If not, is at least one of your implants noted as McGhan? If so, unless you fall within one of the excluded categories listed in answer to Q19, you are eligible for post-8/84 McGhan benefits.

Q19. Can all class members participate in this revised program?

A. No. If you fall in any of the following categories, you cannot participate:

(1) If the brand name/manufacturer list (Exhibit G) shows that none of your implants is covered by Bristol, Baxter, 3M, or McGhan; or

(2) If you had one of the covered implants, but know now that you will never be able to obtain the required proof of that fact; or

(3) If you know now that you will never be able to establish what brand of implants you have had; or

(4) If your only covered implants were post-8/84 McGhan, and you also had an implant made by Dow Corning; or

(5) If you earlier settled for any amount of money and signed a release relating to all your covered implants; or

(6) If you are a foreign claimant; or

(7) If you are the child of an implant recipient, but never had implants yourself. (If your mother participates in this program, any benefits payable to her are intended to resolve claims you may have because of your mother's injuries. There are, however, no benefits available to you for any physical problems you may have); or

(8) If all of your covered implants were implanted after May 31, 1993; or

(9) If your only covered implants were post-8/84 McGhans, and you also had implants listed as "Not Covered" or not on Exhibit G at all.

Q20. What is a "covered implant"?

A. A covered implant is one of those listed on the brand name/manufacturer list (Exhibit G) that has Bristol, Baxter, 3M, or McGhan written in the column to the right of that implant. An implant is "covered" for post 8/84 McGhan benefits if "McGhan" is in the status column to the right of that implant name. Only domestic registrants who can file acceptable proof that they have had one or more covered implants can participate in the revised settlement program.

Q21. My implant brand is listed several times on Exhibit G, with different names for different dates of implantation. How can I tell if my implant was one of those covered by this revised program?

A. Find the correct date span that corresponds with the date your implants were implanted. The notation to the right of that date span will tell you if your implants are covered by this program.

Q22. What can I do if my implants were made by a company not covered by the revised program?

A. You must pursue on your own any claims you may have. Please remember that you must opt out of the Lindsey class (by marking the appropriate boxes on the Election form) before you can file your own lawsuit or pursue a lawsuit you had on file before the global settlement was announced. Persons with Dow Corning implants are cautioned that bankruptcy rules provide a stay at the present time against institution or pursuit of claims against Dow Corning outside the bankruptcy proceeding. To preserve claims against Dow Corning, participants may need to file appropriate claims in the bankruptcy court. (The Claims Office is not at the present time authorized to file those claims on behalf of Dow Corning recipients who earlier registered with the global settlement.) For further information, please contact your attorney or the Claims Assistance Office.

Q23. I know who made my implants, and that they should be covered by this revised program, but my brand (with my date of implantation) is listed on Exhibit G as "Not Covered." Why is that?

A. Exhibit G may not in all instances constitute a complete or accurate list of what companies manufactured (or may or may not be legally responsible for) the implants listed on that exhibit. It is a list indicating which implants the participating companies have decided to have considered a

"covered implant" for purposes of this program.

Q24. I do not know who made my implants, and have done everything possible to find out. Since it is impossible for me to prove what kind of implant I have, can I participate in the revised settlement program?

A. No, you cannot participate in the revised program. Only domestic claimants who can satisfactorily establish that one or more of their implants were manufactured by one of the listed companies can participate. (Before you make any final decision about your rights, however, you may want to contact an attorney or the Claims Assistance Office, 513/651-9770, to see if they can provide some additional suggestions about how you might determine the manufacturer of your implants.)

Q25. Are foreign claimants who have covered implants eligible to participate in the revised settlement program?

A. No. See ¶18 of the notice.

Q26. What is a "foreign claimant"?

A. A foreign claimant is a citizen of a country other than the United States who was not, as of April 1, 1994, a permanent resident alien of the United States and who did not have any of her implantation surgeries performed in the United States.

Q27. I have had only one set of implants, made by Bristol. Five years ago, I received $3,500 from them to help pay for my explantation surgery. I probably signed some sort of release. Will I still be eligible to participate?

A. If you signed a release, you will not be able to participate in the revised settlement program.

Q28. I have two sets of implants - one covered by Bristol and the other by 3M. Five years ago, I settled with 3M, and signed a release, but I have never settled with Bristol. Can I participate in the settlement?

A. Since you have not settled with Bristol, you are eligible to participate. Since, however, you signed a release of your claims against 3M, any benefits will be reduced by 50%.

PROOF OF MANUFACTURER

Q29. I am eligible to participate. What do I have to do to accept the settlement offer?

A. File the Election form, marking Box 1A to show that you are eligible to participate and Box 2A (or if you are certain that you want to participate no matter what the status of your claim, Box 2B). You must also complete and file a Proof of Manufacturer form, and send the required proof to the Claims Office. (If you are sure that you have already sent adequate documentation to the Claims Office, you can check the "Already Provided" box on the Proof of Manufacturer form.)

Q30. What proof of manufacturer is sufficient to allow me to participate in this revised program?

A. The following methods of proof shall be clearly acceptable:

(1) a contemporaneous hospital or operative record specifying that a particular brand of implant was implanted; or

(2) a certified copy of your medical records that contain the implant package label; or

(3) where proof under (1) and (2) above is unavailable: (a) an affirmative statement from your implanting surgeon (or a responsible person at the treating facility) attesting that you were

implanted with a certain brand of implant and providing the basis for that conclusion; and (b) a statement from you describing the steps taken to secure proof under methods (1) and (2) above and the reasons that proof was unavailable.

Q31. What is a "certified copy" of medical records?

A. A certified copy is a copy of records with a certificate attached, usually signed by the custodian of records for that office or facility, affirming that the attached pages are true and correct copies of records in a particular patient's file. If your proof consists only of the implant package label ((2) above), you must provide a certified copy of the medical records that contain that label.

Q32. What proof of manufacturer will be clearly unacceptable?

A. Statements from medical personnel describing their typical or general practices concerning implant usage during a given time period, or a statement from the claimant (or her relative or friend) that seeks to identify the manufacturer based on recollection, shall be unacceptable. (For example, a statement from the doctor's nurse that "we usually used Surgitek implants" will be unacceptable.)

Q33. I remember my doctor telling me that I had Surgitek implants. Can I participate in the revised settlement program?

A. Your recollection of the doctor's statement falls under the category of unacceptable proof. Unless you are able to obtain additional proof that they were in fact Surgitek, you will not be able to participate.

Q34. I am an attorney representing one of the claimants. I was the one who tried to get her medical records. Can I be the one to supply the statement in 3(b) of Q30 describing those steps?

A. Yes.

Q35. I have Surgitek implants. Earlier, I also had implants covered by Heyer-Schulte. Do I have to submit proof of the identity of both sets of implants, or can I submit proof for only one set?

A. You are currently required to provide this proof only for one implant listed on Exhibit G as a Baxter, Bristol, 3M, or McGhan implant to make a claim for benefits under the schedules of benefits available in the revised settlement program. (However, all proof of manufacturer that you or your attorney now have should be sent to the Claims Office when you return the Proof of Manufacturer form. You may be asked at a later time to provide additional information to assist in identifying manufacturers if you have had more than one set of implants.) If, however, you file a rupture or explantation claim, you must file some additional documentation establishing the identity of the implants that have ruptured or were explanted. This additional documentation does not necessarily have to meet the same proof requirements set out for general eligibility in the program, but cannot consist of clearly unacceptable proof, and does have to be reliable.

Q36. I want to participate in the new program, but I have no idea who made my implants. How much time do I have to research this? What is the deadline to get this information to the Claims Office?

A. There is currently no deadline set for filing this proof (other than it must be filed by the expiration of the 15-year life of the program). If, however, you are a current claimant, you must file this proof and form by December 16, 1996, or you will be reclassified as an "other registrant."

Q37. I remember being told when I had my surgery in 1981 that my implants were McGhan, but I don't have the records yet to prove that fact. Can I send in the Proof of Manufacturer form now, and try to find the proof later?

A. You should not send in that form with clearly unacceptable proof or no proof at all. You may,

however, send in proof -- even though not addressed by the existing rules - that reliably establishes what kind of implant you received. The Claims Office will then advise you if new rules have been adopted to cover your situation or the participating companies have declined to accept your type of proof.

Q38. I had my McGhan implants implanted in late August, 1984. It seems logical to me that they were manufactured before August 3, 1984. How can I prove that I am eligible for the 3M benefits, and not just for the post 8/84 McGhan benefits?

A. If you submit a certified copy of your medical records containing the package label from your implants, and the label has "3M" on it, you are eligible for the 3M benefits. If you cannot prove it was a 3M implant by providing the package label, 3M and McGhan have agreed to provide an identification packet that should help you determine and prove when your implants were manufactured. Please call the Claims Office and request that packet. We will mail it to you as soon as it is available. Unless you send us acceptable proof that the implants you received were indeed manufactured by 3M, your claim will be processed with those implants treated as post 8/84 McGhans.

Q39. The Proof of Manufacturer form has a place for me to explain why I can't identify who made my implants. Can't I fill out that portion of the form instead of filing proof of my covered implant, and still participate in this program?

A. No. To be eligible for benefits, you must submit the required proof of having a covered implant. The portion on the Proof of Manufacturer form for describing your unsuccessful efforts to identify an implant is only for other implants in your history.

Q40. I included my implant history with my registration form back in 1994. Since you already have this information, do I have to complete the implant history portion of the Proof of Manufacturer form?

A. Yes. You must complete the entire form if you want to participate in this revised settlement program.

Q41. I have some information about my implants, but I only have some numbers. I can't tell from this exactly who made them or what the brand name was. Can you help me?

A. The settling defendants have provided lists of lot and serial numbers used for their implants. If you have one of these lot or serial numbers, but no brand name or manufacturer information, call the Claims Office, and we will send you those lists. If you need additional assistance, please call the Claims Assistance Office at 513/651-9770.

Q42. My answers on my Proof of Manufacturer form are going to be different from what I stated earlier on my registration form. I earlier answered that I had Dow Corning implants but now discover from using the brand name list (or from getting my medical records) that they weren't Dow Corning after all. Will I still have my claim benefits reduced by 50%?

A. Not necessarily, but we may ask you to provide a written statement of explanation - and perhaps additional verification - of the earlier mistake.

ELECTION FORM

Q43. I know I am not eligible to participate in the revised settlement program, but I haven't decided what to do next. Do I have to file the Election form now?

A. There is currently no deadline for returning this form, so you do not have to file it now. You may, however, mark the appropriate box in Question 1, showing that you are not eligible, and then mark the second box in Question 3, indicating that you want to remain in the class for the time being.

Q44. I am not eligible to participate in this new program, and I want to opt out now. What form do

I use?

A. File the Election form with Boxes 1B and 3A marked. Please note that statutes of limitation and repose will resume running 30 days after the Claims Office receives your Election form. Be sure you are ready to proceed with litigation before you return the form.

Q45. I think I have a Baxter implant, but don't know if I will be able to prove it. Do I have to file the Election form now?

A. No. You can wait until you have the information necessary to know whether you will be eligible to participate before filing the Election form. Be aware, however, that we might send you a notification of status letter before you return the Proof of Manufacturer form, so you should make any necessary investigation about your ability to prove implant identity before June of 1996.

Q46. If I think I am eligible and return the Election form with Boxes 1C and 2A marked, but later discover (before I receive my notification of status letter) that my implants are <u>not</u> covered by this revised program, what should I do?

A. Call the Claims Office and request a new Election form. Write "Amended" on the top of that form, and mark the boxes that you now know are appropriate to your situation.

Q47. I am eligible to participate in the revised settlement program, and want to wait until I receive my notification of status before deciding whether or not to opt out. Do I have to file the Election form?

A. Filing the Election form will be very helpful to the Claims Office as it plans the most efficient way to process claims under the revised plan. It is not, however, absolutely required. If you file a Proof of Manufacturer form, we will review your file and notify you of your status, even if you do not return the Election form. Persons who file both the Proof of Manufacturer form and the Election form will, however, be given priority. (Sometime after May of 1996, the Claims Office will also send notification of status letters to all identified class members who have neither opted out nor returned the Proof of Manufacturer form.)

OPT-OUT RIGHTS

Q48. What exactly does it mean to opt out ?

A. Opting out means that you are leaving the settlement class, and will be acting on your own from the date that form is filed with the Claims Office.

Q49. I am eligible to participate in the revised settlement program. Should I do that, or should I opt out and file my own lawsuit?

A. The Claims Office cannot give private or legal advice. We are able to answer questions about the claims process, but cannot tell you what course of action might be right for you.

Q50. What is the deadline for opting out?

A. There is currently no single or fixed deadline for opting out. If you are eligible to participate in the revised program, your deadline for opting out will be 45 days after the date of the notification of status that the Claims Office will send you. If you do not opt out by that deadline, you will not be able to pursue individual remedies against the parties listed on Exhibit B1 (Released Parties). The notification of status letter will also state that the restriction against pursuing claims against parties other than Dow Corning, Mentor, or Bioplasty that are <u>not</u> listed on Exhibit B1 (Released Parties) will be lifted 45 days after the date of that notification of status letter.

Q51. If I am not eligible to participate in the revised settlement program, is there any reason to remain in the settlement? Don't I <u>have</u> to opt out?

A. You must opt out before you can file or pursue a lawsuit in a court in the United States. In your situation, the only reason to remain a member of the class is to preserve whatever time you have remaining, under applicable statutes of limitation and repose, to make an individual claim against the companies involved in the manufacture and sale of your implants. There is currently no deadline for opting out, so you can decide what time is best for you. If you do not opt out within 45 days of the date of the notification of status letter, applicable statutes of limitation and repose will begin running against parties not listed on Exhibit B1 after that 45-day period has expired. (Please see, however, the special questions and notice sections relating to claims against Dow Corning, Mentor, and Bioplasty.)

Q52. I am eligible to participate in the revised settlement program. If I opt out now, but I change my mind later, can I come back into the settlement program?

A. When we receive your Election form indicating that you are opting out, we will send you an acknowledgment of that status. If you opted out in error - or change your mind - you can reverse that decision by notifying us in writing within 30 days of the date on that acknowledgment letter. After that 30-day period has expired, you will not be able to come back into the settlement program.

Q53. I have Surgitek implants, so I am eligible to participate in this new settlement program, but I don't want to. I want to opt out. Do I have to wait until I get a status letter from the Claims Office before I can opt out?

A. No. You can opt out any time after November 30, 1995. Forty-five days after receipt of the notification of status letter is the deadline for opting out, but you can opt out at any time before then. We recommend, though, that you not opt out unless you have already filed a separate lawsuit or are prepared to immediately file a lawsuit. If you wait until you receive your notification of status letter from the Claims Office, you will have more time to make the necessary arrangements for filing such a lawsuit and more information upon which to base your decision.

Q54. I have had implants covered by both Bristol and Baxter. Can I opt out as to Bristol, and file a lawsuit against that company, but stay in the settlement for my Baxter claim?

A. No. If you opt out, you are rejecting all aspects of the revised settlement program.

Q55. I have one set of implants made by 3M, and a second set that is listed as "not covered" on Exhibit G. Can I participate in the revised settlement program (because of my 3M implant) and also file an individual lawsuit against the company that made the second set of implants?

A. Yes, but not immediately. Forty-five days after you receive your notification of status letter from the Claims Office, you will be able to proceed against the company that made the second set of implants. Until then, however, since you are remaining in the class to participate in the revised settlement program, you are prohibited from filing or pursuing a lawsuit.

Q56. If I send in the Proof of Manufacturer form along with proof that is not currently covered by the protocols (Exhibit F), and your notification of status letter informs me that my proof will not be considered acceptable, will I be able to opt out of this program?

A. Yes, if you return the opt-out form within the 45-day period stated in that status letter.

Q57. If I send a type of manufacturer proof that is not currently addressed by the protocols (Exhibit F), will my notification of status letter tell me whether that proof will be accepted?

A. If, when the notification of status letter is sent, a decision has been made to add a new rule that addresses your situation, or the settling manufacturers have decided not to accept your type of proof, the notification of status letter will include that information. In some instances, however, that decision may not have been made by the time your letter is sent, and your letter will state that no rules yet exist to cover your type of proof, so you will have to make your decision without knowing if you will ever be eligible for benefits.

Q58. If, in response to the status letter, I send in additional identification proof, but later find out that it is still not satisfactory, will I be able to opt out then?

A. If your 45-day period for opting out has expired, you will not be able to opt out.

Q59. If I stay in the program past the opt-out deadline triggered by my notification of status letter, will I ever have the chance to opt out again?

A. You may. If you are a participant in the Long-term Benefit program and if your claim is subject to the availability of funds as described in ¶20 of the notice, you will have the chance to opt out again if available funds are insufficient to pay your claim in full. You will not be able to pursue any claim for punitive damages after you opt out. If you have already received Long-term Benefits, you will have to refund the amounts received before you will be allowed to opt out. Advance payments and explantation payments do not have to be refunded.

Q60. The notice talks about "statutes of limitation and repose." What exactly does that mean?

A. Statutes of limitation and repose are legal rules relating to how long a person has to file a lawsuit. Please consult your attorney with any questions about how these rules might affect your claim.

Q61. I opted out of the original global settlement. Why are you sending me information about the revised settlement? Do I need to do anything?

A. All original opt-outs were sent this notification package. If you earlier opted out and are either rejecting the revised settlement or are not eligible to participate in it, you do not need to file any forms. (You may, however, return the Election form, reaffirming your earlier decision to opt out.) If you are eligible to participate in the new plan, and know that you want to participate, you can return the Election form, indicating that interest. If that is your decision, the Election form should be filed by December 16, 1996, to avoid being classified as a late registrant. You will not be given the 45-day period to opt out when you receive your notification of status letter.

Q62. If I opt out, will the Claims Office send an acknowledgment of that fact?

A. Yes.

Q63. I am not eligible to participate in the revised program, but I am not ready to opt out now. If I don't opt out within 45 days of the notification of status letter, what will my status be? Will I be unable to pursue claims against persons not listed on the Released Parties exhibit?

A. After the expiration of that 45-day period, you will be free to pursue claims against persons <u>not</u> listed on the Released Parties exhibit.

WAIVER OF OPT-OUT RIGHT

Q64. I am eligible to participate in the revised program, but I don't understand the option on the Election form about waiving my initial opt-out rights.

A. If you mark Box 2B, and you can establish that you had one of the covered implants, you will be giving up the right to opt out of this program after the claims office notifies you of your registration and claim status. (If you later become an approved Long-term Benefit claimant, and your claim is not paid in full because of the number of claims approved in that claim year, you will have another opt-out right that will not be affected by this waiver.) Eligible participants who file the Election form with Box 2B checked <u>and</u> the Proof of Manufacturer form will have their files reviewed before others, and should receive their advance payments somewhat earlier than other claimants.

Q65. If I waive my opt-out right, but then you inform me that my manufacturer proof is not accepted, what will happen to me?

A. If, by the time your notification of status letter is sent, you have not satisfactorily established your eligibility to participate in the revised settlement program, you will be given the 45-day period to opt out that other participants will have, even if you checked Box 2B on the Election form.

Q66. If I waive my opt-out right because I think I am a current claimant, but find out later that I am not classified as current, can I withdraw my waiver and then opt out of the program?

A. No.

GENERAL PROCESSING QUESTIONS

Q67. Do I have to register with the Claims Office again?

A. No. If you have already registered with us, no new registration form is required. You should return the Election form, though, and will have to file Proof of Manufacturer to be eligible for any benefits from the revised program. (You may also have to file a new claim for Rupture, Explantation, or Long-term Benefits, depending on your particular situation.)

Q68. I have not yet registered with the Claims Office (and I didn't opt out last year). What are my rights under the new settlement?

A. You can still register with the Claims Office by returning the Election form. You will be considered a late registrant. (Call the Claims Office, and we will be happy to send you a notice packet and the necessary forms.) If you do not return that form until after April 1, 1996, you will not have any opt-out rights.

Q69. I have moved and need to update my file. Can I just give you the new information over the telephone?

A. No. Any changes to your file must be in writing. Please be sure to include the information to be added or corrected. Always include your social security number, so we can be sure we are updating the information in the right file.

Q70. If I move, and forget to notify you in writing, my notification of status letter might take days or weeks longer to be forwarded to my new address. Will my 45-day opt-out deadline be extended because of this?

A. No. It is your responsibility to notify us of any address changes. The 45-day opt- out period is measured by the date of the letter, not by the date you actually receive it.

Q71. Are the filing deadlines for the revised program postmark deadlines?

A. No. Under the revised program, all filing deadlines are dates by which the Claims Office must have actually received your form or other document.

Q72. The settlement notice says that my forms have to be actually received in the Claims Office by the deadlines. What if the post office makes a mistake, and you don't get them until a few days after the deadline? Will I be penalized?

A. The deadlines are deadlines for the forms to actually be in the Claims Office. You should send them well enough in advance to ensure that they actually arrive by the required date.

Q73. When I sent my disease compensation claim form and medical records to you in 1994, I forgot to keep a copy. I am going to opt out of this settlement, but need to get those records back before I can file my lawsuit. Can you send me my file back?

A. Please address your request to the Claims Office in writing. (Be sure to put your social security number or special registration number on this request.) We will return a photocopy of all documents you have sent to the Claims Office. Priority will be given to those who have returned an

Election form indicating that they were opting out; other requests will be processed as time permits.

Q74. The Election form in the new packet states that it can be signed by the claimant or her attorney. Is that true for all forms in this revised program?

A. No. All forms except the Election form must be signed by the claimant or her court-appointed personal representative. (Signature of an attorney on one of the other forms is not acceptable, unless the attorney has been appointed by a court.) Any release must be signed by the claimant or a court-appointed representative. Only the Election form may be signed by the claimant or by her attorney.

Q75. I opted out of the old settlement, but would like to take part in this new program. What do I have to do?

A. You need to return the completed Election form. This will have the effect of withdrawing your earlier exclusion from the class. If you file this form by December 16, 1996, you will be considered an "other registrant," rather than a late registrant. You will not be given an opportunity to opt out again when you receive your notification of status letter.

Q76. Can I FAX forms and medical documentation to you?

A. No. The Claims Office cannot accept FAX filings of forms or medical documentation.

Q77. Does the information on the forms have to be typed, or can it be handwritten?

A. Either typing or handwriting is acceptable, as long as the information is legible.

Q78. I am an attorney representing over 300 claimants. Can I use computer-generated forms?

A. Because the Election forms have been preprinted to allow machine scanning, greatly reducing the time necessary to process them, you cannot use computer-generated Election forms. All other forms can be computer-generated if they are identical in format and content to those prepared by the Claims Office and if they are on the same color paper as the forms prepared by the Claims Office.

Q79. Can I make a photocopy of my friend's forms, and use those?

A. You may for all forms except the Election form. Be sure you copy each form on the identical color of paper used for that form.

Q80. I am an attorney with several clients who are interested in participating in the revised settlement program. I plan to send Proof of Manufacturer, Explantation Claim forms, and Rupture Claim forms at the same time I send their Election forms. Is there any special binding I should use for those packets?

A. Please do not use any type of binding. Each form should be separate from the others, even for the same participant. The only papers that should be stapled or bound to a form are those containing the required proof for that particular form.

CURRENT CLAIMANTS

Q81. Is the new definition of current claimant different from that used in the original settlement?

A. Yes. The new definition is broader. Under the original plan, only those class members who, by September 16, 1994, filed signed registration and disease compensation claim forms, and, by October 17, 1994, had checked at least one listed disease and one listed compensation level on the claim form and submitted some medical documentation in support of the claim, were considered current claimants. Under the new definition, the disease compensation claim form

could have been filed as late as October 17, 1994, and could have one of the originally required items missing, and the claim would still be considered current. (The requirement for having filed some medical documentation by October 17, 1994, remains the same.) Additionally, under the global settlement, a person who met all the initial deadlines would not be considered a current claimant if the review of her claim revealed that she had major deficiencies in her supporting documentation. Under this revised program, all persons initially meeting the September/October 1994 deadlines will be considered current claimants, even those with major deficiencies in the supporting proof for those claims. (The guaranteed benefits are, however, different for persons with major deficiencies in their current claims.)

Q82. The new notice says that a "substantially complete" disease compensation claim form had to be filed by October 17, 1994, in order for me to be considered a current claimant. What does "substantially complete" mean?

A. It is not possible in advance to define all situations that might be deemed "substantial completion." In general, it means that most, but not all, of the original requirements had been met. For example, if a claim form was completely filled out, but the class member's attorney signed the form on behalf of her client, it would be considered "substantially complete," and the claim would now be classified as current. If a claimant submitted a signed claim form with a listed disease checked but with blank spaces for the compensation level, that claim form would also be considered "substantially complete."

Q83. The instructions on the back of the Proof of Manufacturer form say that form has to be filed by December 16, 1996, if I want to preserve status as a "current claimant." I thought current claimant status was measured by what we sent in 1994? Can I become a current claimant by returning the Proof of Manufacturer form now?

A. No. You cannot create current claimant status by anything you do now. If you filed your claim materials in 1994 in time to be considered a current claimant, though, you can lose that status if you fail to return the Proof of Manufacturer form by December 16, 1996.

Q84. What benefits are available to current claimants?

*A. Current claimants are eligible to make disease compensation claims under either the Fixed Benefit Schedule, using the disease and compensation level criteria in the original notice for the global settlement, or the Long-term Benefit Schedule, using the revised criteria contained in this notice (Exhibit E1). See the chart on page 6 of the Notice for the Fixed Benefit Schedule and the chart on page 5 of the Notice for the Long-term Benefit Schedule. All current claimants who return the Proof of Manufacturer form will have their claims reviewed under the original criteria, and the notification of status letter will inform those claimants of the results of that review. Current claimants can then elect between the two benefit schedules. If the Fixed Benefit Schedule is elected, a current claimant may, if appropriate proof of rupture is filed by December 16, 1996, also be eligible for the increased amounts for rupture in the Fixed Amount Benefit Schedule. Current claimants are eligible for advance payments in the amount of $5,000 (compared to the advance payment amount of $1,000 for other registrants). Eligible current claimants may also make claims for explantation benefits.

Q85. How can I find out if I am considered a current claimant under this new program?

A. Unless you opt out, you will receive a notification of status letter from the Claims Office notifying you that you are a current claimant, an other registrant, or a late registrant. (If this letter is sent before December 16, 1996, and states that you are a current claimant, you will lose that status unless you return a Proof of Manufacturer form to the Claims Office by December 16, 1996.)

Q86. What will that notification of status letter say?

A. If you are a current claimant, the letter will notify you:

1. that you are classified as a current claimant;
2. whether your proof of manufacturer is satisfactory (if you have returned that form);

3. whether any documentation submitted in support of a rupture supplement is satisfactory;
4. whether your disease compensation claim under the original settlement criteria was approved and, if not, describing the deficiencies in that submission; and
5. that you have 45 days from the date of that letter to reject the revised settlement program, if you desire (unless you earlier waived that opt-out right).

Q87. Will I lose my "current claimant" status if I fail to cure my deficiencies within 30 days of the notification of status letter?

A. No.

Q88. I originally made a claim for both ACTD and ANDS. Will the notification of status letter advise me of the results of your review of both claims?

A. No. We will advise about approval or deficiencies only for the claim that was approved, or came closer to being approved. (If both claims were approved, we will advise you about the one that resulted in higher benefits.)

Q89. If I am a current claimant, do I have to file a new disease compensation claim?

*A. If you want to proceed under the Fixed Benefit Schedule, you do not have to file a new claim. If you elect the Long-term Benefit Schedule, you can file a new claim form after you have made that election. (Those claims forms will be sent with the notification of status letter.) You may decide to provide the Claims Office with additional medical documentation for that new claim.

Q90. How long will it take for you to process my claim once I return the Proof of Manufacturer form?

A. We do not now know how many Proof of Manufacturer forms will be filed, so we cannot answer this question with any precision. The Claims Office has, however, increased the number of claims that can be processed monthly, so that we should be able to process all claims without too much additional delay.

Q91. I don't want to wait to get the letter. I want to know my status now. Can I call and get this information over the phone?

A. No. When your file has been processed, we will send the notification of status letter. Until the letter is sent, this information will not be available.

Q92. In what order will the claims be processed?

A. Claimants who waive their opt-out rights and file their Proof of Manufacturer will be given priority. The second priority will be for those persons check Box 2A on the Election form and return the Proof of Manufacturer form. After those files are reviewed, we will review the files for persons who have neither opted out nor returned the Proof of Manufacturer form.

FIXED AMOUNT BENEFIT SCHEDULE - CURRENT CLAIMS

Q93. What criteria will be used to review the current claims?

*A. All current claims will initially be reviewed using the criteria in the Disease Schedule of the original global settlement, the criteria now being used for claims under the Fixed Amount Benefit Schedule. After receiving the notification of status from the Claims Office, current claimants can elect between that schedule and the Long-term Benefit Schedule. Long-term Benefit claims will be reviewed using the revised criteria (Exhibit E1).

Q94. If I sent my QMD's statement to you last year, will it still be used to review my current claim?

A. Yes, your QMD's statement will be used for the initial review of your claim under the original global

settlement criteria.

Q95. My doctor said I had "ACTD," but I don't see that condition listed anywhere in the new notice. Does that mean I can't get paid in this settlement?

A. Not necessarily. "ACTD" (Atypical Connective Tissue Disease) was a condition listed in the disease schedule for the original global settlement. If you filed a current claim last fall, then your ACTD claim will be reviewed as your Fixed Benefits claim - using the original criteria. The notification of status letter will advise you of the results of our review of that claim. If you then elect to proceed under the Fixed Amount Benefit Schedule, and your claim is approved (either during our initial review or after you correct any noted deficiencies), you can still be paid for your ACTD claim. ACTD is not included in the revised disease criteria (Exhibit E1), so if you did not file a current claim (or if your are a current claimant who elects to proceed under the Long-term Benefit Schedule), then you can no longer make a claim for ACTD. Any disease compensation claim you file will have to meet the criteria in the revised disease schedule (Exhibit E1).

Q96. I am a current claimant, but I don't know which benefit schedule I should choose. What should I do?

*A. You do not have to make this decision now. Your current claim will be reviewed by the claims officers using the original criteria in the global settlement. We will then write you a notification of status letter, indicating whether your proof of manufacturer is satisfactory and stating whether you are classified as a current claimant, an other registrant, or a late registrant. Current claimants will also be advised in this letter if the original claim has been approved or if there are any deficiencies in that submission, as well as whether any documentation submitted in support of a rupture supplement is satisfactory. Enclosed with that letter will be an Option form. This is the form that will allow you to choose between the two schedules of benefits. Although the Claims Office may later establish administrative deadlines regulating when claims will be processed, you will have no final deadline, within the 15 years of this settlement program, for filing that Option form.

Q97. I know I want to elect the Fixed Amount Benefit Schedule. Where is the form for making that election?

*A. Current claimants can elect between the two benefit schedules only after receiving the notification of status letter. Forms for making that choice will be included in the status letters sent to current claimants. These forms are not available now.

Q98. If you notify me that I have some deficiencies in my original claim, when can I send you additional medical records to correct those deficiencies?

A. Please attach the additional medical documentation to your Option form.

Q99. Is there a deadline for correcting deficiencies in the original claim I submitted under the original global settlement disease criteria?

A. No, so long as they are corrected sometime during the 15-year life of this program.

Q100. Once I receive my notification of status letter, is there a deadline for returning the Option form?

A. No.

Q101. If I elect to receive benefits under the original disease criteria, and later get additional medical support for my claim, can I send that to the Claims Office to be considered in your review?

A. You can send the additional documentation to us at any time. When your Option form is received, however, we will place your file in line to be re-reviewed to see if the deficiencies in your claim have been remedied. If the additional medical support is not in your file at the time of that second

review, your claim will not be reviewed a third time until the review of all current claims has been completed.

Q102. I earlier sent some additional medical support for my current claim, but mailed it to you after the October 17, 1994, deadline. Will you consider that supplemental filing when you review my current claim?

A. Yes, if it was received in time to be in your file at the time your claim is reviewed.

Q103. Can I send supplemental medical records to you now, and still have it included in my initial review?

A. You can send them now, but they will be included in your initial review only if they are physically in your file at the time your claim is reviewed. (Many current claims have already been reviewed, and we will not re-review any medical documentation before sending the notification of status letter.)

Q104. If I call the Claims Office, can you tell me if my claim has already been reviewed, or when it is scheduled to be reviewed?

A. No. As soon as we have the necessary information about your claim, we will send you a notification of your status. With the volume of files we have, it is simply not possible to tell you in advance actually when the review of any particular file will be complete and the notification of status letter sent.

Q105. If I elect the Fixed Amount Benefit Schedule, but cannot cure the deficiencies in my original claim, can I then change over to the Long-term Benefit Schedule?

A. No.

Q106. I am a current claimant. If I elect to be paid benefits under the Fixed Amount Benefit Schedule, can I come back five years from now if I develop a more serious disease, or my condition worsens?

A. No. Benefits will be paid under the Fixed Amount Benefit Schedule only after the participant signs a full and final release of all claims against the participating companies. You will not be able to file another claim if your condition worsens.

Q107. Will Fixed Amount Benefits be paid in one payment or in several installments?

*A. Because of the advance payments, most Fixed Amount Benefit claimants will receive two or more payments. The $5,000 advance payment will typically be made before the full benefit will be paid, resulting in at least two payments. (For example, an approved claim at level C will receive the $5,000 advance payment, and then the remaining $5,000.) If an approved Fixed Amount Benefit claim is paid before that claimant's rupture supplement is approved, then the additional monies for that supplement might be paid in a separate installment. Any benefit amount in excess of $25,000 will be paid in two equal annual installments.

Q108. My only implant is listed as 3M. If I am a current claimant, and qualify for benefits at the "C" level of the Fixed Amount Benefit Schedule, will I receive the $5,000 advance payment plus the $10,000 benefit? Or will the $10,000 be reduced by the $5,000 earlier received?

*A. The advance payment will be credited against the amount of benefits. In your situation, after your manufacturer proof was accepted, you would receive a $5,000 advance payment. Then, after you elected the Fixed Amount Benefit Schedule, your claim was approved, and your time for opting out had expired, you would be paid an additional $5,000.

Q109. What if I also receive $3,000 for explantation expenses? Will that reduce my Fixed Amount Benefits?

*A. No. The $3,000 explantation benefit is in addition to any other benefits available under this program.

CURRENT CLAIMANTS - ADVANCE PAYMENTS

Q110. Is every eligible participant going to get the $5,000 advance payment?

*A. No. Only those who are classified as current claimants and satisfactorily prove that they had one of the covered implants will receive the $5,000 advance payment.

Q111. How much sooner will I get my $5,000 advance payment if I waive my right to opt out?

*A. We do not know yet. If the number of Proof of Manufacturer forms received in a given week is relatively small, then current claimants who waive their opt-out rights will only receive their $5,000 advance payments roughly 45 days ahead of those who reserve that decision. If, however, there is a flood of Proof of Manufacturer forms, and a resulting processing backlog, then waiving the right to opt out might expedite the advance payment even more.

Q112. If I mark Box 2A on the Election Form (saying I want to wait to decide), can I still get an advance payment, or do I have to waive my opt-out right now (by marking Box 2B) in order to receive the advance payment?

*A. Once you provide adequate proof that you have received one of the covered implants and no longer have the right to opt out (whether because the 45-day opt-out period following the notification of status has expired or because you earlier waived that right to opt out), you will receive your advance payment. You do <u>not</u> have to waive that right now (by marking Box 2B) in order to receive that advance payment.

Q113. What do I need to do to claim the $5,000 advance payment?

*A. You need to file the Proof of Manufacturer form, along with acceptable proof that you received at least one implant covered by this new settlement. Your file will then be reviewed by the Claims Office staff. If you are a current claimant, have submitted adequate manufacturer proof, and do not opt out during the time allowed (or have waived that opt-out right), you will be sent the $5,000 advance payment. No other forms need to be filed.

Q114. I am a current claimant. Do I have to choose between the $5,000 advance payment and the $3,000 explantation payment?

*A. No. All current claimants will, upon submitting satisfactory proof of the identity of their implants, receive the $5,000 advance payment once their opt-out period has expired. Upon submitting the appropriate explantation claim documents, they can also receive the $3,000 explantation benefit.

Q115. I have one 3M implant and one listed as Dow Corning. I understand that my benefits under this program will be reduced by 50% because of the Dow implant. Does that mean my advance payment will only be $2,500?

*A. No. You will still receive the full $5,000 advance payment. The 50% reduction will, however, later apply to the full amount of benefits for which you may qualify. For example, if you ultimately were approved for benefits of $10,000 under the Fixed Amount Benefit Schedule, that amount would be reduced by 50%, and you would be entitled to receive $5,000. If you had already received $5,000 as an advance payment, you would not be paid any additional money for that claim.

Q116. Does my current claim have to be approved before I can receive my advance payment?

*A. No.

RUPTURE - FIXED AMOUNT BENEFIT SCHEDULE - CURRENT CLAIMS

Q117. Are all current claimants whose implants ruptured eligible for additional benefits?

*A. No. Only qualifying current claimants who choose the Fixed Amount Benefit Schedule will be paid increased amounts upon proof of rupture of a covered silicone-gel implant.

Q118. What proof of rupture will be sufficient to qualify me for the higher benefits?

*A. A rupture claim cannot be made until the implant in question has been surgically removed. The proof required depends upon the date of the removal surgery.

The following methods of proof shall be clearly acceptable:

For removal surgery that occurred on or before January 1, 1992, a contemporaneous operative or pathology report documenting the rupture.

For removal surgery between January 1, 1992, and January 1, 1996, a contemporaneous operative report and, if available, a contemporaneous pathology report, together with a statement as to whether the ruptured implant has been preserved and, if so, the name and address of the custodian.

For removal surgery after January 1, 1996, a contemporaneous operative report and, if available, a contemporaneous pathology report, together with a statement as to whether the ruptured implant has been preserved and, if so, the name and address of the custodian. The claimant shall use her best efforts to cause the removed implant to be preserved. The explanting surgeon shall also provide a statement affirming that, in his or her opinion, the rupture did not occur during the explantation procedure (or thereafter). This statement must describe the results of the inspection and provide a factual basis for the opinion.

Q119. What should the explanting surgeon provide in his or her statement other than the opinion that the rupture didn't occur during the surgery?

*A. The statement must provide the factual basis for the opinion. Descriptions of the nature of the destruction of the elastomer envelope and statements like "in light of silicone granuloma formation on the exterior of the biologic capsule" are acceptable.

Q120. If I have my implants removed in February of 1996, and the surgeon who does the removal surgery tells me that they had ruptured, but refuses to write the supplemental report giving his opinion of when the rupture occurred, can I get another doctor to examine the removed implant and submit that supplemental statement?

*A. Yes. Be sure, however, that you also submit the contemporaneous operative report that documents the rupture and, if available, a contemporaneous hospital report.

Q121. What is the definition of "rupture"?

*A. "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."

Q122. What proof of rupture is clearly unacceptable?

*A. Non-contemporaneous statements from medical personnel recalling that a claimant's implant was ruptured upon explantation, or a similar statement from the claimant (or a claimant's relative or friend), shall be unacceptable as proof of a ruptured implant.

Q123. I am a current claimant. What if I discover in January 1997 that my implants have ruptured? Can I make a claim for increased benefits then?

*A. No. The increased amounts in the Fixed Amount Benefit Schedule are only available to current claimants who file their Rupture Claim form and initial rupture proof by the December 16, 1996 deadline.

Q124. I think one of my implants has ruptured, but I'm not sure. I haven't had these implants removed yet. What should I do?

*A. The Claims Office cannot give you medical advice. Perhaps you want to discuss this issue with your personal physician.

Q125. I had saline implants removed in 1995. The surgeon said they had ruptured. Can I make a rupture claim?

*A. No. Rupture claims can be made only if the ruptured implant was filled with silicone gel.

Q126. I had Baxter implants for years. In 1989, I had them removed and replaced with implants made by Mentor. My doctor thinks the Mentor implants have now ruptured. I am a current claimant. Can I apply for the rupture benefits in the Fixed Amount Benefit Schedule because of the rupture of these Mentor implants?

*A. No. Increased benefits because of rupture will be paid only if the proof submitted establishes that one of the covered implants ruptured. The rupture of a Mentor implant will not enhance your benefits under this program.

Q127. I had both of my implants removed last year, but it was determined that only one of them had ruptured. The other was still intact. Is this sufficient, or do both implants (right and left breast) have to have ruptured?

*A. Proof of rupture of one covered implant is sufficient.

Q128. Will proving that my implant ruptured have any effect on benefits under the Long-term Benefit Schedule?

*A. No.

Q129. I had my ruptured implants removed last month. Should I send the implants to you with my Rupture Claim form?

*A. No. You should preserve the implants, but do not send them to the Claims Office unless we ask you in writing to do so.

Q130. How should I preserve my implants?

*A. The Claims Office does not require a certain method of preservation. Perhaps your physician could assist you to determine an appropriate preservation method.

Q131. I had my implants removed in 1994, but I did not preserve them. Will that make me ineligible for the increased rupture benefits in the Fixed Amount Benefit Schedule?

*A. No. Only those who have their implants removed after January 1, 1996, are required to use their best efforts to have the ruptured implants preserved.

Q132. I gave you all of the information about my rupture last summer, when I sent in my Preliminary Claim Form. Why do you need it again?

*A. The Rupture Claim form contained in the new notice packet must be submitted before we can process this part of your claim. If you earlier sent all of the required documentation to the Claims

Office, however, you do not need to send it again. Simply check the appropriate box on the Rupture Claim form, indicating that you have already provided the required proof.

LONG-TERM BENEFIT SCHEDULE - CURRENT CLAIMANTS AND OTHER REGISTRANTS

Q133. **What is the difference between the criteria used for the two benefit schedules?**

A. In general, the requirements for qualifying for benefits under the Long-term Benefit Schedule are much stricter than those under the global settlement. No atypical or "like" diseases are compensable under the revised criteria (Exhibit E1) for Lupus, Scleroderma, or Polymyositis/Dermatomyositis; you must clearly suffer from those diseases exactly as defined in that Exhibit. Only four of the diseases from the original disease schedule -- Lupus, Scleroderma, Polymyositis, and Dermatomyositis -- are included in the revised criteria, and the requirements for diagnosis and compensation levels for those conditions should be studied carefully. A new category - General Connective Tissue Symptoms (GCTS) - has been added. Although many of these symptoms are somewhat similar to symptoms and findings contained in the original ANDS and ACTD categories, the symptoms listed in the GCTS category have stringent qualifications and requirements. If you need additional information about your condition and whether you could qualify for benefits under the Long-term Benefit Schedule, you should discuss this with your physician.

Q134. I had Lupus before I received my first breast implant, but my condition has gotten much worse. If I elect the Long-term Benefit Schedule, can I still be compensated for the increased severity level of my disease?

A. No. Unlike the criteria in the global settlement, the revised criteria do not allow any claims for a disease or symptom that existed before the first implantation.

Q135. I am a current claimant. If I elect to proceed under the Long-term Benefit Schedule, will I be able to submit additional medical documentation in support of my claim?

*A. Yes. When you return your Option form, you can submit additional medical documentation. After your new claim (under the Long-term Benefit Schedule) has been reviewed, we will notify you if it is approved, or if there are deficiencies in your documentation. You can supplement to cure those deficiencies at any time during the program.

Q136. I don't understand the provision about a 25% reduction if a current claimant first elects the Long-term Benefit Schedule but then decides to go back to the Fixed Amount Benefit Schedule.

*A. If you are a current claimant and your claim under the revised criteria (Long-term Benefit Schedule) is not approved, you will have a choice:

(1) stay in the Long-term Benefit program, with a continuing right to supplement your claim or file a new one; or

(2) elect to return to your original claim under the Fixed Amount Benefit Schedule. If you make this election, benefits under the Fixed Amount Benefit Schedule will be reduced by 25%.

Q137. Will my QMD's statement be acceptable proof for my Long-term Benefit claim?

*A. It may be, **if** the physician is a board-certified rheumatologist - for Lupus, Scleroderma, or Polymyositis/Dermatomyositis claims - or is board-certified in the appropriate specialty to make the required GCTS findings, **if** the statement covered all of the detailed findings that are required in the revised criteria (Exhibit E1), **if** the QMD personally examined you, and **if** the doctor included all of the additional statements now required concerning listed exclusions and pre-existing symptoms. In most cases, however, additional physician statements will have to be submitted for these new claims.

Q138. What medical records, in addition to a physician's statement, need to be submitted in support of a claim under the revised criteria?

A. You must file all medical records establishing the required findings or laboratory abnormalities. You must also supply all office charts, radiology/pathology reports, and test results in the possession of the physician(s) who make the required findings or statements, or who order the required tests.

Q139. I am a current claimant. If I choose to go with the Long-term Benefits, how soon can I expect to receive payment? If it takes longer than originally expected, can I return to the Fixed Amount Benefit Schedule with no penalty?

*A. We cannot forecast now when any payments could be made under the Long-term Benefit Schedule. Current claimants who initially elect the Long-term Benefit Schedule can, at any time, return to the Fixed Amount Benefit Schedule, but there are no exceptions to the 25% reduction in Fixed Amount Benefits for claimants who make that decision.

Q140. If I elect the Long-term Benefit Schedule, and my new claim is approved, can I make another claim later if my condition gets worse?

A. Yes. If your second claim is approved, the amount of benefits for the new claim will be reduced by the amount you received earlier.

OTHER REGISTRANTS

Q141. What is an Other Registrant?

A. An "other registrant" is a person who registered with the Claims Office by the March 1, 1995, deadline, but who does not come within the definition of "current claimant." The term also includes persons who, in 1994, opted out of the global settlement, but withdrew their exclusions and registered (or filed an Election Form indicating eligibility in the revised program) by December 16, 1996.

Q142. I sent you my registration and claim form in December 1994, but you later wrote me and said that I had forgotten to sign the registration form. I signed it, and mailed it back to you in June 1995. Am I considered a late registrant?

A. No. In the situation you relate, the Claims Office has recorded your registration as timely. You will be classified as an other registrant.

Q143. What benefits are available to other registrants?

*A. Other registrants who, during the 15 years of this program, have or develop one of the medical conditions listed on the revised disease schedule can make claims under the Long-term Benefit Schedule. They are also eligible for $1,000 advance payments and to make claims for explantation benefits.

Q144. I am classified as an other registrant. When I prove the identity of my covered implant, will I receive an advance payment?

*A. Yes. You will receive an advance payment in the amount of $1,000.

Q145. Will my advance payment be reduced by 50% because I also had a Dow Corning implant?

*A. No.

Q146. I had a ruptured implant two years ago. I did not file a disease compensation claim in 1994,

but now I am ill. Am I eligible for special compensation because of my rupture?

*A. No. Proof of rupture increases benefits only under the Fixed Amount Benefit Schedule. Only current claimants are eligible to make claims under that schedule.

Q147. If I am not a current claimant, how can I make a disease claim under the new settlement program?

A. When we send you a notification of status letter, the form for making a claim under the Long-term Benefit Schedule will be included. That form is not available now.

Q148. I know I'm ill, but I do not know if I have any of the diseases or conditions listed on the new disease schedule. Can I just send you my medical records, and have you determine if I qualify?

A. You must check one of the diseases that will be listed on the new claim form that will be used for Long-term Benefit Schedule claims. The first three diseases listed require that you send us an actual diagnosis from a board-certified rheumatologist. The fourth category, General Connective Tissue Symptoms, does not require an actual diagnosis, but does require that findings and tests be made and recorded exactly as written in the disease schedule. Please review all records very carefully -- or ask your physician or attorney to do so for you -- to make sure that they meet the criteria listed in the disease schedule before you send those records to the Claims Office.

Q149. I registered and filed a disease claim in November of 1994, so I will now be classified as an "other registrant." When will you review my ongoing claim?

A. When you send us evidence that you have received one of the covered implants, along with the Proof of Manufacturer form, your file will be reviewed, and we will send you a notification of status letter. (After May of 1996, we may send you this notification of status letter even if you have not yet returned that Proof of Manufacturer form.) In your case, the letter will say that you are classified as an other registrant. (We will also inform you in that letter whether your manufacturer proof was sufficient.) With that letter we will send you an Opt-Out form and a new claim form for the Long-term Benefit Schedule. We will not review your original ongoing claim; you must file the new claim form to make any claim under the Long-term Benefit Schedule.

Q150. Will benefits under the Long-term Benefit Schedule be paid in a lump sum, or in installments?

A. Benefits of $100,000 or less will be paid in a lump sum. Larger benefits will be paid in installments.

Q151. I am not a current claimant, but I did register before March 1, 1995. Can I make a claim for explantation expenses?

*A. Yes.

MULTIPLE IMPLANTS

Q152. I had two sets of implants. One is listed on Exhibit G as Mentor; the other is noted to be a Bristol implant. Will my claim in this new program be reduced because I also had Mentor implants?

A. No.

Q153. I have had four sets of implants. One set is listed as Baxter on Exhibit G, but two were made by Dow Corning and one by Bioplasty. Will my benefits be reduced under either of the benefit schedules? Will my advance payment be reduced?

*A. If you are an eligible current claimant, you will receive the full $5,000 advance payment. Because you had Dow Corning implants, your benefits under both schedules will be reduced by 50%.

Q154. Will my explantation benefit be reduced by 50% because of the Dow Corning implant?

*A. No. Remember, though, that you cannot receive an explantation benefit for the removal of the Dow Corning implant. Those benefits are recoverable only if the implant that was removed is listed as a Baxter, Bristol, or 3M implant.

Q155. I have had one set of Dow Corning implants and another set that are covered by the new program. I know that any benefits I might seek through the new program will be reduced by 50% because of the Dow implants, but if I decide to participate in the new program, will I be prohibited from pursuing a claim in bankruptcy court against Dow Corning?

*A. No. Participation in this program only prohibits you from pursuing an individual claim against the person and companies named on the list of Released Parties (Exhibit B1).

EXPLANTATION PAYMENTS

Q156. What proof do I have to submit to receive my $3,000 explantation payment?

*A. You must return a completed Explantation Claim form, and attach one of the following types of proof:

(1) the itemized hospital bill; or
(2) The surgeon's bill; or
(3) the operative report from your hospital records; or
(4) the statement of benefits from your insurance company.

Your proof must contain a notation of the date the surgery was performed.

Q157. If I have my silicone gel implants removed and have them replaced with saline implants, will I still be eligible to claim explantation benefits?

*A. Yes.

Q158. Do I have to have a medical reason for having my implants removed before I can qualify for the explantation benefit?

*A. We will not inquire about your reasons for choosing to have your implants removed.

Q159. I had my Baxter implants removed in 1993. Can I make an explantation claim?

*A. No. These benefits are only available for removal surgery after April 1, 1994.

Q160. Why was the date of April 1, 1994, used to define eligibility for explantation benefits?

A. April 1, 1994, the date the global settlement was announced, was the date on which class members were told about potential benefits for explantation.

Q161. If I have my implants removed now, but choose to replace them with new silicone-gel filled implants, can I make a claim for half the cost of that surgery?

*A. No. In your situation, no explantation benefits could be paid.

Q162. My doctor says that it will cost me $5,000 to have my implants removed. Can't I make a claim for the full cost of the surgery?

*A. No. All approved explantation claims will be paid $3,000.

Q163. My insurance company paid for 80% of the cost of my removal surgery. Can I still receive the $3,000 payment?

*A. Yes. All approved explantation claims will be paid $3,000. If, however, your insurance company files a subrogation claim with the Claims Office, the benefit check might be made payable to both you and the insurance company. Depending upon the outcome of negotiations between settling defendants and the health insurance providers, these subrogation claims might be eliminated. If that occurs, an appropriate message will be posted on the information line, 800/600-0311.

Q164. I had my first set of implants removed in May of 1994. The replacement implants ruptured shortly after I received them, and I had to have them removed in January 1995. Do I qualify for two explantation payments?

*A. No. Each eligible participant may qualify only for one explantation payment, no matter how many qualifying surgeries she may have undergone.

Q165. I am a late registrant. I want to have my implants removed. Am I eligible for the explantation benefit?

A. No. Late registrants are not eligible to claim these explantation expenses.

Q166. I want to have my surgeon perform the explant surgery, but I don't have the money to pay the charges. Can I get an advance payment of my explantation benefits?

*A. No, advance payments for explantation expenses are not currently authorized. You may, however, check the appropriate box on the explantation claim form. If procedures are developed for making payments directly to the surgeon after the surgery has been performed, the claims office will notify all those who indicated their interest in this program.

Q167. But I really need to have my implants removed. Is there an emergency fund I can apply for?

A. No, there is no emergency fund.

Q168. I have had two sets of 3M implants. The first set was removed in 1983; those had both ruptured. I still have the second set, but am scheduled for surgery to remove them in February 1996. Can I file both a rupture claim and a claim for the explantation expenses if I only send in the Proof of Manufacturer form and the required proof of identity for the first set of implants?

*A. No. Although you have to file proof of identity of only one covered implant in order to participate in this settlement program, in order to receive the increased rupture benefits under the Fixed Amount Benefit Schedule or explantation benefits, you must have filed the required identification form and proof for the implant that ruptured or was removed. In your situation, you would have to establish the identity of the first set in order to qualify for the rupture supplement, and of the second set in order to qualify for the $3,000 explantation benefit.

LATE REGISTRANTS

Q169. I registered for the original settlement in July of 1995. What are my rights under this proposal?

*A. Because you registered after the March 1, 1995, deadline, you are a "late registrant." If you have or develop one of the medical conditions listed on the revised disease schedule, you can make a claim, but your claim will be paid only if there is sufficient money under ¶20 of the notice to pay all timely-registered claimants in full. You are not eligible for any advance payment, nor are you eligible to participate in the explantation program. Although you do have the right to opt out within 45 days of the date of the notification of status letter you will receive from the Claims Office (because you registered before April 1, 1996), you will not have the right to opt out later if any

approved claim in the future is not paid in full.

GENERAL ATTORNEY QUESTIONS

Q170. Will I have to pay my attorney out of my advance payment?

*A. The check for your advance payment will be made payable to you and your attorney. There are no restrictions (other than the maximum percentages set out in Q173) on payment of attorneys' fees out of advance payments.

Q171. I had an attorney for the old settlement, but now I want to handle the claim myself. What do I need to do?

A. Write a letter to the Claims Office, asking us to remove that attorney as your attorney of record. Be sure to put you full name and social security number on the letter. If your attorney continues to assert a claim for a fee for the earlier representation, any benefit check might be made jointly payable to you and that attorney.

Q172. Under the global settlement, the grid amounts were to go only to the implant recipients, and their attorneys had to make claims for fees under a separate fund. Is there still a separate fund for attorneys' fees and expenses, or do I have to share my benefits with my attorney?

A. Under the revised program, a participant will have to pay her attorney out of any benefits that are paid. There will not be a separate fund to pay individuals' attorneys any fees or expenses.

Q173. Are there any rules about how much my attorney can be paid?

A. No fee can be charged on explantation benefits. Fees on other benefits cannot exceed the sum of:

(a) 10% of the first $10,000 paid;
(b) 22.5% of the next $40,000 paid; and
(c) 30% of any amount paid in excess of $50,000.

Q174. I can't find an attorney to represent me. What should I do?

A. Call the Claims Assistance Office at 513/651-9770.

DECEASED

Q175. My wife died several years ago. I signed the registration and claim forms, but still have not gone to court to be appointed the executor of her estate. Do I have to do this before I can receive the advance payment?

*A. Yes. We cannot make any payments to representatives of implant recipients until we receive an appropriate court order.

CHILDREN

Q176. What about my child?

A. The revised settlement program does <u>not</u> include any potential benefits for children of implant recipients based on any bodily injuries they may have sustained.

Q177. If I participate in this revised program, but want to file a lawsuit on behalf of my daughter for her medical problems, do I have to file a form to opt her out?

A. No. Children of breast implant recipients may file lawsuits for their own injuries regardless of the election made by the mother. Such claims may be brought before December 15, 1997, or later if in accordance with applicable state law.

FOREIGN CLAIMANTS

Q178. Are foreign claimants included in this new settlement?

A. No. See ¶18 of the Notice for a full explanation.

Q179. Since foreign claimants are no longer included, what will happen to our files and medical records?

A. All files - including medical documentation - will continue to remain in the Claims Office.

Q180. I am a citizen of France, but had my implant surgery in Houston. My implants were made by Surgitek. Can I participate in this new program?

A. Yes, because your implant surgery was performed in the United States. Foreign citizens whose implantations were performed outside the United States are not, however, eligible under this new program.

Q181. I am currently classified as a foreign claimant, but became a permanent legal resident alien of the United States in 1995. Can I participate in this revised settlement program?

A. No. Only those who obtained their permanent legal resident alien status by April 1, 1994, can be reclassified as domestic claimants.

Q182. I am eligible to be reclassified as a domestic claimant because of my resident alien status. What do I need to send to the Claims Office to get that reclassification?

A. Mail photocopies of the back and the front of your resident alien card to us. Be sure to write your full name and registration number on that document.

Q183. I am a German citizen. Do I have to file the Election form with Box 3A checked in order to pursue claims in Germany against the manufacturer of my implants?

A. No. You need to opt out only if you want to pursue your legal claims here in the United States.

DIFFERENT PROVISIONS FOR POST 8/84 MCGHAN BENEFITS

Q184. I don't have any implants listed on Exhibit G as Bristol, Baxter, or 3M, but I do have one listed as McGhan. Am I eligible to participate in this program?

A. You are if:

(1) the <u>only</u> implants you have ever had are listed as McGhan; or
(2) the only <u>other</u> implants you have had are listed as Mentor, CUI, and/or Bioplasty.

Q185. I have had one set of implants listed on Exhibit G as McGhan, but I had another set listed there as Bristol. Am I eligible for the Bristol/Baxter/3M benefits, or for the post 8/84 McGhan benefits?

A. Because you have had at least one implant listed as Bristol, Baxter, or 3M, you are eligible for the Bristol/Baxter/3M benefits, even though you also had a McGhan implant.

Q186. I only had one set of implants. They were made by McGhan in 1990. What is different about the post 8/84 McGhan benefits?

A. (1) No advance payments will be paid;
(2) There is a separate benefit schedule, replacing both the Fixed Amount Benefit Schedule and the Long-term Benefit Schedule. See the chart on page 7 of the Notice;
(3) No rupture supplements are available;
(4) No payments will be made during any appeal;
(5) No explantation benefits are available;
(6) All benefits will be paid in a lump sum.

Read ¶13 of the Notice for a complete explanation of the different provisions for persons qualifying for benefits because of post 8/84 McGhan silicone implants.

Q187. My only implants are post 8/84 McGhans. They are filled with saline. Can I participate in this program?

A. No. Saline implants are not covered by the post 8/84 McGhan program.

Q188. I know that my implants were made by McGhan. I have the label from my medical records to prove it. On Exhibit G, however, my implants are listed as "Not Covered." Why can't I participate?

A. Exhibit G is not a list of all implants made by all of the participating companies. It is a guide for determining eligibility for this program only. In the case of McGhan, some of its post 8/84 implants were filled with saline, not silicone gel, and are not covered by this program.

Q189. I had two sets of implants. One was a post 8/84 McGhan; the other is listed on Exhibit G as CUI. Am I eligible for the post 8/84 McGhan benefits?

A. Yes.

Q190. I had two sets of implants. One is listed as McGhan on the brand list (Exhibit G). The other is listed as "Not Covered." Am I eligible to participate?

A. No. You qualify for the post 8/84 McGhan program only if McGhan is the only type of implant you have ever had, or if your only other implants are listed on Exhibit G as Bioplasty, CUI, or Mentor.

Q191. I had two sets of implants. One was post 8/84 McGhan; the other was made by Dow Corning. Can I participate in this program?

A. No.

CLAIMS OFFICE

Q192. Where is the Claims Office?

A. The Claims Office is located on the 33rd Floor of the 1600 Smith Street Building in downtown Houston, Texas. Our mailing address is P.O. Box 56666, Houston, Texas 77256.

Q193. Who can I call to get updated information about the status of the new settlement program?

A. The information line established by the Court is 800/887-6828 (toll-free in U.S.) or 713/752-2515. Information of general interest is updated regularly, so call this number from time to time to keep current on the status of the revised program and the claims process. Settlement class counsel have attorneys available to answer the questions of unrepresented participants. You can call the Claims Assistance Office directly at 513/651-9770. Updated information is also posted from time to

time on the Claims Office Computer Bulletin Board. If you have a computer modem and communications program, you can access this bulletin board by dialing 713/951-9420.

Q194. I have a question about the new claims process that is not in this booklet. Can someone at the Claims Office answer my question over the telephone?

A. Please call with your question, but we cannot promise that we will have the answers to all of your questions. If we have not already updated this book with the answer to your question when you call, we will ask you to write or fax your question to us. If it is a question of general applicability, we will include the question and answer in our next update to this booklet, so that it will be available to all interested participants and their attorneys. Updates will be available on the computer bulletin board. If you cannot access that bulletin board, we can send you a written copy of the update upon request. Please remember that the Claims Office cannot give private or legal advice. If you would like to talk to someone about your individual situation, please call your attorney. If you do not have an attorney, you may call the Claims Assistance Office at 513/651-9770.