CLAIMANT
INFORMATION GUIDE

DOW CORNING FOREIGN OTHER PRODUCTS CLAIMANTS
(CLASS 10.1)

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A note about the use of capitalized terms in this Claimant Information Guide:

When you see capitalized terms that are not otherwise defined, they have the meaning assigned to them in the following documents in the following order:

1. **Amended Joint Plan**
2. **Amended Disclosure Statement**
3. **Dow Corning Settlement Program and Claims Resolution Procedures**
4. **Funding Payment Agreement**
5. **Litigation Facility, Inc. Agreement (this document and the preceding ones in this list are collectively referred to as the "Plan Documents")**
6. **Bankruptcy Code**

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This "Claimant Information Guide" was produced by the office of the Settlement Facility-Dow Corning Trust. The information contained in this Claimant Information Guide is intended to summarize the information contained in the Plan Documents. Any conflicts between the information in this Claimant Information Guide shall be controlled by the provisions in the Plan Documents in the order reflected on the cover sheet.

The Settlement Facility reserves the right to make changes to the Claimant Information Guide without notice.

Date of publication: December 2002

CLAIMANT INFORMATION GUIDE
DOW CORNING OTHER PRODUCTS CLAIMANTS (CLASS 10.1)

This "Claimant Information Guide" provides the most current information about the Settlement Options and criteria for receiving payment for eligible Foreign Dow Corning Other Products (non-breast implant) claimants (Class 10.1). Please use only these materials when you complete your Claim Forms.

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SECTION 1 – GENERAL INFORMATION ABOUT THIS CLAIMS PACKAGE/CLASSIFICATION OF CLAIMS

Q1-1. What documents are in the Claims Package?

The Claims Package for Class 10.1 Dow Corning Other Products claimants includes the following nine (9) documents. If you are missing any of these, call the Settlement Facility Toll Free at 866-874-6099.

1. Settlement Facility Newsletter, Vol. 2
2. "Participation Form" and instructions (white edge)
3. "Proof of Manufacturer Form" and instructions (blue edge)
4. "$3,000 Rupture Payment Claim Form" and instructions (green edge)
5. "$600 Expedited Release Payment Claim Form" and instructions (red edge)
6. "Implant Failure Payment Claim Form" and instructions (pink edge)
7. "Inflammatory Foreign Body Response Payment Claim Form" and instructions (orange edge)
8. "TMJ Enhanced Payment Claim Form" and instructions (purple edge)
9. This Claimant Information Guide.

The Claim Forms in this package (items 3. through 8.) are the forms you use to apply for settlement payments.

Q1-2. My friend didn't receive a Claims Package. Can I copy mine and give it to him/her?

No. **Do not copy your Claim Forms for someone else to use**. Tell him or her to call the Settlement Facility Toll Free at 1-866-874-6099.

Q1-3. My friend received a Claims Package, but it has different Claim Forms and documents than are in my Claims Package. Are there different Claims Packages?

Yes, there are seven (7) different Claims Packages for seven (7) different types of claimants. The different types of claimants are defined in Q1-4.

Q1-4. What are the seven (7) different types of claimants?

Claims are classified based on your 1) citizenship or country of residence, 2) the location where you received your implant, and 3) the type of implant listed on your Proof of Claim form (i.e., breast, hip, TMJ, etc.).

The different types or Classes of claimants are:

Class 5 **(Domestic Dow Corning Breast Implant Claimants)** - if you were implanted with a Dow Corning breast implant and either you are a U.S. citizen or resident alien, or your Dow Corning implant was implanted in the U.S., then you are a member of Class 5.

Class 6 **(Foreign Dow Corning Breast Implant Claimants)** - if you were implanted with a Dow Corning breast implant, it was implanted outside of the U.S., and you are not a citizen of the U.S. or a resident alien within the U.S., Puerto Rico, or the territories and possessions of the U.S., then you are a member of Class 6. There are six (6) subclasses in Class 6:

Class 6.1 - you reside in one (1) of the countries listed in Category 1 or 2 on the chart located at Tab 2.

Class 6.2 - you reside in one (1) of the countries listed in Category 3 or 4 on the chart located at Tab 2.

Class 6A - you are a member of the Class of plaintiffs in a class action filed in the province of Quebec.

Class 6B - you are a member of the Class of plaintiffs in a class action filed in the province of Ontario.

Class 6C - you are a member of the Class of plaintiffs in a class action filed in the province of British Columbia. The Class includes resident claimants in British Columbia who did not opt out of the class action as well as those claimants who are residents of any province of Canada other than British Columbia, Quebec and Ontario who timely elected to be bound by the British Columbia class action.

Class 6D - you are a resident of Australia or received your implants in Australia, and you timely elected to participate in the Australia Breast Implant Settlement Option on your ballot on the Amended Joint Plan in 1999.

Classes 6A-6D are governed by specific definitions contained in the class action settlements and judgments relating to these Classes. Membership in these Classes is based on residence at specific periods of time. If you are a member of one (1) of these Classes, you will receive a separate notice.

Class 7 **(Silicone Material Claimants/Foreign Gel Claimants)** - if you were implanted with a silicone gel breast implant after January 1, 1976 and before January 1, 1992 from either Baxter, Bioplasty, Bristol, Cox-Uphoff, Mentor, Koken, Silimed, Societe Prometel, or Medasil Surgical, and you have never had a Dow Corning implant, then you are a member of Class 7 regardless of your country of residence or citizenship.

Class 9 **(Domestic Dow Corning Other Products Claimants)** - if you were implanted with an eligible Dow Corning implant (other than a breast implant) listed in Tab 1, Part II, and are a U.S. citizen or resident alien, or if your eligible Dow Corning implant was implanted in the U.S., then you are a member of Class 9.

Class 10 **(Foreign Dow Corning Other Products Claimants)** - if you were implanted with an eligible Dow Corning implant (other than a breast implant) listed in Tab 1, Part II, and it was implanted outside of the U.S., and you are not a citizen of the U.S. or a resident alien within the U.S., Puerto Rico, the territories and possessions of the U.S., then you are a member of Class 10. There are two (2) subclasses in Class 10:

Class 10.1 - you reside in one (1) of the countries listed in Category 1 or 2 on the chart located at Tab 2.

Class 10.2 - you reside in one (1) of the countries listed in Category 3 or 4 on the chart located at Tab 2.

Q1-5. What is my initial classification?

Based on the information you provided on your Proof of Claim form, you have been placed initially in Class 10.1 for Foreign Dow Corning Other Products Claimants.

Q1-6. Where can I find a list of the eligible implants for each of these Classes?

Tab 1, Part I to this Claimant Information Guide lists the eligible Dow Corning breast implants for Classes 5, 6.1 and 6.2.

Tab 1, Part II lists the eligible Dow Corning implants for Classes 9, 10.1 and 10.2.

Tab 1, Part III lists the eligible silicone gel breast implants for Class 7.

Q1-7. Where can I find a list of the categories of countries for Classes 6.1, 6.2, 10.1 and 10.2?

Tab 2 to this Claimant Information Guide lists the categories of countries for each of these Classes.

Q1-8. I have a Dow Corning breast implant (Class 6.1) and a Dow Corning TMJ implant (Class 10.1). Can I belong to both of these Classes? What Claim Forms should I complete?

In this example, you can apply for benefits from both Class 6.1 (Foreign Dow Corning Breast Implant Claimants) and Class 10.1 (Foreign Dow Corning Other Products Claimants). You may complete Claim Forms for each Class.

Q1-9. What if I don't belong in Class 10.1 because none of my implants were made by Dow Corning? Should I fill out these Claim Forms anyway?

No. If you do not have a Dow Corning implant, then you are not eligible for settlement benefits in Class 10.1. Complete and return the Participation Form, but do not fill out the other Claim Forms. Call the Settlement Facility Toll Free at 866-874-6099. There may be deadlines running to opt-out and litigate or to apply for benefits in your appropriate Class, so call the Settlement Facility as soon as possible.

Q1-10. Do I have to complete the Claim Form(s) in English? Do I have to have my medical records and documents translated into English?

If your medical records are in Dutch, French, German, Korean, Portuguese, Spanish, Swedish, or Vietnamese, you may submit your Claim Form, medical records and documentation in your own language or translated into English. You do not have to translate medical and hospital records offered as proof of manufacturer if, without any translation, the Settlement Facility will be able to determine if the proof is acceptable.

If you have your medical records and documents translated into English, you must submit a translator's statement (under penalties of perjury) attesting that the translator is proficient in English, that the document has been correctly translated and that the translator has no personal or business relationship with you or your attorney.

SECTION 2 – WHAT ARE MY SETTLEMENT OPTIONS?

Q2-1. What is the Other Products Fund?

The Other Products Fund ("the Fund") is a fund of $36 million (U.S.) (Net Present Value) set aside solely to pay claims of persons who were implanted with an eligible Dow Corning implant (not a breast implant) after 1979.

Q2-2. What are the eligible Dow Corning implants?

You may apply for settlement payments for the following Dow Corning implants: chin, facial, nasal, small joint orthopedic (SJO), large joint orthopedic (LJO), TMJ, testicular, and penile.

Q2-3. If I choose to settle my claim, what are the available settlement benefits?

You have five (5) Settlement Options.

1. **Rupture Payment** -To receive the Rupture Payment (a one-time payment of $3,000 (U.S.)), submit medical records or documents on or before the second (2nd) anniversary of the "Effective Date" that show that your Dow Corning silicone gel chin, facial or testicular implant was removed and was ruptured. *(Read Q11-4 for more information on the Effective Date.)*

2. **Implant Failure Payment** -The Implant Failure Payment is a one-time payment of $3,000 (U.S.) for Dow Corning TMJ, finger, wrist, toe, hand, testicular and penile implants; $4,500 (U.S.) for Dow Corning knee implants, and $6,000 (U.S.) for Dow Corning hip implants. To receive the payment, submit medical records or documents on or before the second (2nd) anniversary of the "Effective Date" that show that your implant "failed" as that term is defined in Question 5 in the Implant Failure Claim Form Instructions (the pink edge), resulting in removal of your implant.

3. **Inflammatory Foreign Body Response Payment** -The Inflammatory Foreign Body Response Payment is a one-time payment of $3,000 (U.S.) for Dow Corning TMJ, finger, wrist, toe and hand implants, $4,500 (U.S.) for Dow Corning knee implants, and $6,000 (U.S.) for Dow Corning hip implants. To receive the payment, submit medical records or documents on or before the second (2nd) anniversary of the "Effective Date" that show that your implant failed, was removed, and that an "Inflammatory Foreign Body Response" resulted, as that term is defined in Question 5 of the Inflammatory Foreign Body Response Claim Form Instructions (the orange edge).

4. **TMJ Enhanced Payment** -The TMJ Enhanced Payment is a one-time payment of $6,000 (U.S.). To receive a payment, submit medical records or documents on or before the second (2nd) anniversary of the "Effective Date" that show that your Dow Corning TMJ implant failed, was removed, and that an "Inflammatory Foreign Body Response with Active, Localized Bone Resorption" resulted, as that term is defined in Question 4 of the TMJ Enhanced Payment Claim Form Instructions (the purple edge).

5. **Expedited Release Payment** -To receive the Expedited Release Payment (a one-time payment of $600 (U.S.), submit medical records or documents on or before the second (2nd) anniversary of the "Effective Date" that show that you have or had an eligible Dow Corning implant.

Q2-4. What are the settlement payment amounts?

The payment grid is listed below:

Class 10.1 Settlement Options	Expedited Payment (U.S.)	Base Payment (U.S.)	Enhanced Payment (U.S.)
Chin, facial, and nasal implants	$600	$3,000	N/A
Small Joint Orthopedic (fingers, wrists, hands, toes)	$600	$3,000	N/A
Large Joint Orthopedic: hip knee	 $600 $600	 $6,000 $4,500	 N/A N/A
TMJ	$600	$3,000	$6,000
Testicular and penile	$600	$3,000	N/A

Prior to distribution of payments, the Claims Administrator will review and evaluate all timely filed claims to the Other Products Fund. If the total amount of approved payments is less than the Fund, then the Claimants' Advisory Committee and the Claims Administrator will determine guidelines to distribute the excess amount to TMJ Claimants and Other Products Claimants with approved claims who have documented the most serious injuries or conditions.

Q2-5. Can I apply for and receive payment for more than one (1) Settlement Option?

You can apply for more than one (1) settlement payment, but you can receive payment for only one (1).

Q2-6. Can I receive two (2) Implant Failure Payments if I had two (2) different Dow Corning finger implants implanted after 1979 and both failed?

No. You can receive only one (1) payment from the Other Products Fund regardless of the number of eligible implants that you have had.

Q2-7. I read somewhere that the payments will be made over sixteen (16) years? Is this true? Will my claim be paid out over sixteen (16) years?

No, payments for approved claims will not be paid over sixteen (16) years. Approved claims in the Settlement Facility will be paid as soon as reasonably practicable after they are approved and after the second (2nd) anniversary of the Effective Date.

Q2-8. Will payments be made in installments or in a single lump sum?

Payments will be paid in one (1) lump sum.

Q2-9. Can payments ever be reduced?

Yes, but only if the Claims Administrator determines, after evaluating all timely-filed Other Products Claims and placing the approved claims on the payment schedule listed in Q2-4, that without a reduction in payment amounts, the amount of the Other Products Fund will be insufficient to pay all approved claims the full amount. In computing any reduction in the payment amount, the Claims Administrator shall give consideration to a mechanism for reducing payments that increases the amount of the reduction for each year the implant has been implanted beyond the fifth year of implantation. Dow Corning and the Tort Claimants' Committee, who negotiated the Plan, believe that the amount of funding provided will be sufficient to pay approved claims at the amounts on the payment schedule.

Q2-10. Will my payment be paid in U.S. dollars or in the currency in my own country?

When the Settlement Facility notifies you that your claim is approved, you will be given the option to receive your payment in either U.S. dollars or your local currency.

SECTION 3 – REJECTING THE SETTLEMENT OPTION TO FILE A LAWSUIT AGAINST DCC LITIGATION FACILITY, INC.

Q3-1. What is DCC Litigation Facility, Inc.?

DCC Litigation Facility, Inc. is a corporation that was created to defend lawsuits filed by claimants who reject the settlement benefits. (These claims are referred to as opt out claims.) DCC Litigation Facility, Inc. is the entity that has assumed all liabilities of Dow Corning, its shareholders, and other "Released Parties" for personal injury claims arising from certain Dow Corning products including breast implants and Other Products.

Q3-2. What does it mean to file a lawsuit and try my case against DCC Litigation Facility, Inc.?

If you reject the Settlement Option, you must file a lawsuit in the U.S. District Court in Michigan and try your case against DCC Litigation Facility, Inc. You are strongly encouraged to consult with an attorney prior to making this decision. If you file a lawsuit, you must follow the Case Management Order. If you reject the settlement benefits, then:

- You will not be eligible for any settlement benefits from the Settlement Facility.
- Your choice to reject the settlement benefits is permanent. You cannot return to the Settlement Option in the future or receive any settlement benefits from the Settlement Facility. If you lose your case, you cannot return to the Settlement Option, and you cannot receive any payment.
- You will have the burden of proving that your Dow Corning implant caused your disease or other problems. DCC Litigation Facility, Inc. will contest your claim that your implant caused your disease or other problems.

- Your case will not be set for trial until the District Court certifies that you have met the requirements in the Case Management Order and are ready to proceed to trial. The trial will be either in the Eastern District of Michigan, the federal district court in the district where your claim arose, or in an appropriate state court as defined in the Case Management Order.
- DCC Litigation Facility, Inc., may try to have your case referred to a court in your country under the doctrine of forum non conveniens.
- Other than filing your lawsuit within the deadline in the Case Management Order, no litigation will be permitted until after the Plan of Reorganization becomes effective. The "Effective Date" occurs after all appeals are concluded, there is a confirmed Plan of Reorganization, and other conditions described in the Plan Documents have been met. The litigation option will take more time and effort on your part than the Settlement Option, since it often takes years before cases are set for trial.
- You will not be permitted to recover punitive damages.
- You must file a lawsuit in court against DCC Litigation Facility, Inc. (unless you have a previous action pending). The lawsuit must follow the procedures and deadlines established in the Case Management Order Sections 5(a) and 5(f). Read the Case Management Order and MDL Orders 40, 44 and 44A and other applicable MDL Orders (the MDL orders are located at www.fjc.gov/BREIMLIT/mdl926.htm).
- If you do not file your lawsuit by the deadline in the Case Management Order or any applicable statute of limitation, your case will be dismissed and barred forever, and you will not be able to recover any payment.
- You must comply with case specific discovery requirements set out in Section 9(b) and Section 11 in the Case Management Order. These include — as in any litigation — responding to interrogatories, producing your relevant medical records, and appearing for depositions.
- Pursuant to Section 10 in the Case Management Order, the MDL documents and depositions located in the National Depository, and the report of the 706 Panel (including any depositions) may be used in your individual trials in accordance with the Federal Rules of Evidence and various orders of the MDL court. Additional non-case specific discovery will be allowed only if recommended by the Special Master and approved by the federal court for the Eastern District of Michigan.
- Your identity and Proof of Claim form will be publicly available and will not be confidential as it will be if you choose the Settlement Option. Claims in the Settlement Option will be confidential.

Q3-3. Where are the rules for filing a case against DCC Litigation Facility, Inc.?

Read the Case Management Order Outline at Tab 3, or the entire CMO at www.dcsettlement.com.

Q3-4. What court has jurisdiction over cases against DCC Litigation Facility, Inc.?

Judge Denise Page Hood of the United States District Court, Eastern District of Michigan, has jurisdiction over all claimants who reject the Settlement Option.

Q3-5. How much money is allocated to DCC Litigation Facility, Inc.?

There is a cap of $400 million (U.S.) Net Present Value available to pay all defense costs, administrative costs, and costs of judgments and/or settlements for opt out personal injury claimants.

Q3-6. Is there a cap or limit on how much I can recover on my individual claim?

The Plan Documents do not place a limit on any individual litigation recovery. However, if the total value of resolved claims against DCC Litigation Facility, Inc. exceeds $400 million (U.S.) (Net Present Value), the Finance Committee will have authority to recommend reductions in payments to claimants who rejected the Settlement Option. In no event will more than $400 million (U.S.) (Net Present Value) be allotted to pay claims against DCC Litigation Facility, Inc.

Q3-7. What should I do before I make my decision to settle or file a lawsuit against DCC Litigation Facility, Inc.?

Read this entire Claimant Information Guide and the Case Management Order carefully to understand what will be required of you. If you are represented by an attorney, consult with your attorney before you make a decision. If you do not have an attorney, you are strongly encouraged to obtain one if you decide to reject the Settlement Option.

The Settlement Facility and the Claims Assistance Program cannot advise you on what decision you should make and cannot give you any legal advice. If you choose the Settlement Option, you are not required to have an attorney to submit a claim for benefits. However, if you are represented by an attorney, contact your attorney regarding your claim.

Q3-8. My spouse wants me to file a lawsuit, but I want to settle my claim in the Settlement Facility. Can (s)he file a lawsuit if I choose to settle?

No. If you choose to settle your claim, your spouse cannot file a lawsuit.

Q3-9. If I decide to file a lawsuit but later change my mind, can I apply for settlement benefits?

When we receive your Participation Form (the white edge) stating that you are rejecting settlement benefits and are filing a lawsuit, we will send you a letter confirming your decision. You will have thirty (30) days from the date on that letter to inform us if you made a mistake or change your mind and want to settle your claim. After that thirty (30) day time period has expired, you will not be able to change your mind and apply for settlement payments.

Q3-10. I have a Dow Corning breast implant (Class 6.1) and a Dow Corning TMJ implant (Class 10.1). Can I file a lawsuit just for my TMJ implant?

Yes.

Q3-11. The Participation Form (the white edge) asks for information about my implant and case. Do I have to fill this out?

Yes. This information will assist the District Court and DCC Litigation Facility, Inc. in identifying your case and file. It may also be used to determine if you have a presently manifested injury, which triggers the time period to file your lawsuit.

Q3-12. The Participation Form (the white edge) has a place for my attorney to sign. Does my attorney have to sign this form for me to file a lawsuit? What if (s)he won't sign?

If you are represented by an attorney, consult with your attorney about your decision. Your attorney is supposed to sign the Participation Form stating that (s)he has consulted with you. If your attorney refuses to sign, you can still submit it and it will be valid.

Q3-13. Who will be given access to my decision to file a lawsuit? Will it be kept confidential?

The Participation Forms for all claimants who reject the settlement benefits will be filed in the United States District Court for the Eastern District of Michigan. They will become public documents. They will also be provided to the Physicians and Health Care Providers in Classes 12 and 13, as well as to the U.S. Government, as provided for in the Settlement Facility Agreement.

SECTION 4 – RESERVED FOR FUTURE USE

SECTION 5 – PROOF OF MANUFACTURER

Q5-1. Why do I need to submit the Proof of Manufacturer Form (the blue edge) and medical records or documents for a Dow Corning implant?

You need to submit the Form and medical records or documents so that your claim for settlement benefits can be processed and paid.

Q5-2. What type of documents will the Settlement Facility accept as proof that Dow Corning made my implant?

Read Question 5 in the Proof of Manufacturer Form Instructions (the blue edge).

Q5-3. What are the acceptable brand names for Dow Corning implants?

Read Question 7 in the Proof of Manufacturer Form Instructions (the blue edge).

Q5-4. Are there other items that I can look for in my medical records to show that I have a Dow Corning implant?

Yes. You can look for either Dow Corning implant "Unique Identifiers" or for lot or catalog numbers as more fully described in Q5-5, Q5-6, and Q5-7 below.

Q5-5. What are the "Unique Identifiers" for Dow Corning implants? Are they acceptable proof that Dow Corning made the implant?

A list of identifying features which are unique to Dow Corning implants is set forth at Q5-6. This list can be used by your surgeon to match specific characteristics on removed implants with characteristics unique to Dow Corning implants.

Q5-6. What "Unique Identifiers" are acceptable proof of a Dow Corning implant?

The following product-specific "Unique Identifiers" together with dimensions, design, shape and chemical make-up shall be considered acceptable proof where the removed implants are examined consistent with the standard of acceptable proof.

1. Large Joint Orthopedic Implant — Hip, Knee. The following logos etched or engraved on the implant during manufacture as visible on the explanted device:

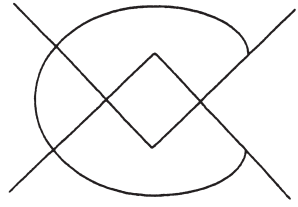
a. WRIGHT (1977)

b. DCW (1978-June 1993)

c. WRIGHT/DOW CORNING (1978)

d. DOW CORNING WRIGHT (1978-June 1993)

e. ALL PRODUCTS MUST CONTAIN THE FOLLOWING LOGO:



2. Chin.

a. There are no unique identifiers for solid silicone chins.

b. For Dow Corning SILASTIC® gel chin implants, a one centimeter (1cm) triangular patch of DACRON® velour fabric placed in the center of the posterior side of the implant with the base of the triangle sitting at the midline of the implant.

3. Nose, Face.

a. There are no unique identifiers for nose or face implants.

4. Testicular.

a. There are no unique identifiers for elastomer testicular implants.

b. For Dow Corning SILASTIC® gel-filed testicular implants (1972-1979), a DACRON® woven fabric reinforced fixation tab located on one exterior end of the ovoid-shaped device. The initial design had the fixation tab with square corners (1972-1977) later modified with round corners (1977-1979).

c. For SILASTIC® gel-filled testicular implants (Lattimer Design, 1979-1991), if the medical record references a removable Teflon® insert strip in the suture loop.

5. Penile.

a. There are no unique identifiers for penile implants.

b. No inflatable silicone penile prostheses were made by Dow Corning.

6. Small Joint Orthopedic Implant – Finger, Toe, Wrist, Hand.

a. Design, shape and dimensions consistent with a Dow Corning product.

b. Basal thumb, carpal scaphoid, great toe or grommets constructed of titanium metal.

c. STA-Peg - Subtalar Peg (Oval), Subtalar Arthrorisis Implant (oval and angled shapes).

7. TMJ.

a. For the Wilkes TMJ implant, a paddle-shaped silicone sheeting with catalog and lot numbers (together) specific to Dow Corning.

Q5-7. What are the lot and catalog numbers for Dow Corning implants that are mentioned in Q5-4 above

Implant catalog numbers were listed in sales and other brochures. In general, each number represented a particular implant model and size. Customers (doctors' offices, clinics, and hospitals) used these numbers when ordering implants. Lot numbers facilitate traceability to original production records. Essentially every medical device sold by Dow Corning had a lot number and a catalog number. These numbers were frequently recorded in patients' medical records for the implant surgery. The combination of the lot number and the catalog number represents a unique batch of a particular product size and configuration. If your records list a lot or catalog number, call the Claims Assistance Program Toll Free at 866-874-6099 and they can determine if the number matches one for Dow Corning.

Q5-8. What proof of manufacturer records are clearly unacceptable?

Examples of unacceptable proof of a Dow Corning implant include:

1. Your own recollection (or that of a friend or a relative) regarding the brand name or manufacturer of your implants.

2. Records from the International Implant Registry.

3. Records from the surgeon who removed the implant attempting to supply the acceptable proof listed in Q5-6 above if identifiers not on the list of Unique Identifiers are the basis of the identification, or the physician fails to specify the characteristics assumed to be unique, or the physician merely opines, based on his or her experience, that the implant was made by a certain manufacturer.

4. A non-contemporaneous statement by the implanting physician attempting to supply the acceptable proof but qualifying the statement concerning the type of implant used in a particular patient by phrases like "if I remember correctly" or "to the best of my memory." Statements from medical personnel describing their typical or general practices concerning implant usage during a given time period will be unacceptable proof. (For example, a statement from a doctor's nurse that "we usually used Dow Corning implants" is *unacceptable* proof.)

5. A non-contemporaneous statement by the implanting physician, attempting to provide acceptable proof that does not name you as the person receiving a particular type or brand of implant.

6. Records indicating the brand or manufacturer of implant the surgeon planned to use, without confirmation from the implanting physician (or in records relating to the implant surgery) that type of implant was actually used.

7. The mere use of the word "silastic" without capitalization of the first letter and other indications of a Dow Corning implant shall be unacceptable proof that a Dow Corning implant was used.

8. Records containing the catalog number, lot number, brand name, dimensions, chemical make-up and Unique Identifiers consistent with a non-Dow Corning implant.

Q5-9. What types of problems are there for proof of manufacturer submissions?

Several minor deficiencies may be found in proof that would otherwise be acceptable. These minor deficiencies include:

1. You submit acceptable proof of a Dow Corning implant but do not submit a Proof of Manufacturer Form (the blue edge). It is necessary to submit the completed and signed Proof of Manufacturer Form (the blue edge).
2. You fail to provide a certified copy of medical records for acceptable proof outlined in the Proof of Manufacturer Form Instructions (the blue edge).
3. An affirmative statement from the implanting physician has been submitted, but the physician failed to provide the basis for his/her conclusion that you received a certain brand of implants. (S)he must write a statement explaining why (s)he believes you received a certain brand of implants.
4. Medical records have been submitted, but there is no identification on the records themselves indicating that these records relate to you. You will need to obtain a certified copy of the medical records from your implanting physician's office or hospital verifying that the medical records are yours.
5. The Settlement Facility needs confirmation that the statement or proof you submit came from the physician or someone on the treating facility or physician's staff.
6. The proof you submit has contradictory evidence of the brand of implant you received. For example, the operative report lists one brand, but you submitted a label of another brand, and both types of proof refer to the same surgery.
7. You submit a photograph of an implant showing one (1) of the Unique Identifiers, but you do not provide a statement from the explanting physician identifying the implant in the photograph as the one (s)he removed from you. You need to obtain this statement from the physician.

Q5-10. What is a "certified copy" of my medical records?

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 accurate copies of records in a particular patient's file.

Q5-11. What is an implant package label? How can I recognize it?

An implant package label is a label made by the manufacturer with pre-printed information about the implant. The label will almost always have the name of the manufacturer, the type of implant (TMJ implant, for example), the catalog number, and the lot number. Doctors frequently placed these implant labels in a patient's medical files following the implant surgery.

Q5-12. I remember my doctor telling me (or my relative or a friend) that I had Dow Corning breast implants. Can I rely on that as acceptable proof?

No.

Q5-13. My proof of manufacturer documents are not covered by the rules above. Can I still submit them?

You may send in proof — even though it is of a type that is not addressed by the existing rules — if it reliably establishes what kind of implant you received. The Settlement Facility will then advise you if new rules have been adopted to cover your situation or if Dow Corning has declined to accept your type of proof through the confidential measures established by the Claims Assistance Program.

Q5-14. Do I have to provide information on my entire implant history, or can I just submit proof for my Dow Corning implant?

You must complete the Implantation History on the Proof of Manufacturer Form (the blue edge) for every implant that you have or had.

Q5-15. Can I complete and return my Proof of Manufacturer Form (the blue edge) now while I am waiting to obtain the necessary medical records?

Do not send the Proof of Manufacturer Form until you are ready for the Settlement Facility to review your file and issue a Notification of Status letter regarding your implant proof.

SECTION 6 – HOW TO MAKE A CLAIM FOR THE RUPTURE PAYMENT

Q6-1. What is the Rupture Payment?

The Rupture Payment is a one-time payment of $3,000 (U.S.) if you submit proof on or before the second (2nd) anniversary of the Effective Date that your Dow Corning silicone gel chin, facial or testicular implant that was implanted after 1979 was removed and was ruptured. The Rupture Payment is not available for Dow Corning implants not listed above (i.e., TMJ, nasal, finger, toe, wrist, knee, hip, or penile implants).

Q6-2. How do I know if I am eligible for the Rupture Payment?

You may be eligible for the Rupture Payment if you meet *all* of the following eligibility requirements:

a. You submit a Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you had an eligible Dow Corning silicone gel chin, facial or testicular implant implanted after 1979; and

b. You submit medical records that the above Dow Corning silicone gel implant was removed; and

c. You submit a completed Rupture Payment Form (the green edge) and medical records on or before the second (2nd) anniversary of the Effective Date that show that your Dow Corning silicone gel implant was "ruptured" as defined below.

Q6-3. What is the definition of "Rupture"?

"Rupture" means the failure of the elastomer envelope surrounding a silicone gel chin, facial or testicular implant to contain the gel (resulting in contact of the gel with the body). There is no Rupture if the gel's contact with the body is solely the result of gel bleed. 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.

Q6-4. What medical records do I have to submit to qualify for the Rupture Payment?

You must submit all of the following to support a Rupture claim:

a. A verified contemporaneous operative and, if available, a contemporaneous pathology report documenting the Rupture; and

b. If your Dow Corning implant was removed after the Effective Date, then you must also submit a statement from the surgeon who removed the implant (or other appropriate professional approved by the Settlement Facility) affirming that, in his or her opinion, the Rupture did not occur during or after the implant removal procedure. This statement must describe the results of the inspection and provide a factual basis for the opinion; and

c. If you have your removed implant, then check the applicable box on the Proof of Manufacturer Form (the blue edge) that asks whether you have possession of the removed implant(s) and if so, identify the name and list the address of the person who has possession of the implants.

The Claims Administrator may require that you present the removed implant for examination by an individual or entity designated by her to confirm the Rupture and/or that the eligible implant was manufactured by Dow Corning.

Q6-5. Will there be any reduction in the Rupture Payment if I also had another implant from a different manufacturer?

No.

Q6-6. What type of Rupture proof is unacceptable?

The list below contains reasons why your Rupture proof can be denied. Read the list carefully to make sure that you have not made some of these common mistakes:

a. Non-contemporaneous statements from medical personnel recalling that your implant was ruptured upon removal, or a similar statement from you (or your relative or a friend).

b. Proof that fails to show that the ruptured implant has been surgically removed.

c. Proof that affirmatively reveals that the implant was intact before the implant removal surgery, but was ruptured during the removal surgery.

d. Proof that reveals no Rupture as defined (including proof that shows only gel bleed).

Q6-7. What types of problems or deficiencies are there for Rupture proof?

The following are examples of minor deficiencies in Rupture proof:

1. If your Dow Corning implant was removed before the Effective Date, you have a minor deficiency if you fail to state whether you have possession of the ruptured implant. If you do have it, you must provide the name and address of the custodian at Question 4 on the Proof of Manufacturer Form. You can correct this deficiency by writing a note to the Settlement Facility stating whether you still have your removed implant and if so, providing the name and address of the person who has it.

2. If the ruptured implant is removed after the Effective Date, you have a minor deficiency if you fail to provide the Settlement Facility with the required statement from the surgeon who removed the implant (or the hospital pathologist, a physician who assisted in the implant removal surgery or from another doctor who examined the removed implant, as provided herein) affirming that, in his or her opinion, the Rupture did not occur during or after the removal procedure and providing a factual basis for that opinion. You can correct this deficiency by obtaining this statement from the physician who removed your implant or other appropriate person.

3. If you timely submitted the supporting documents demonstrating Rupture but did not submit a Rupture Payment Claim Form (the green edge), you have a minor deficiency which can be cured by submitting the Rupture Payment Claim Form (the green edge).

Q6-8. Does my operative report have to use the word "Rupture" to have my Rupture claim approved?

No. Rupture claims will be processed with the understanding that physicians have used and will use different terminology to describe an implant that is ruptured. Simply because the relevant record does not use the word "Rupture" is not a basis to deny the Rupture claim. Your medical records must describe the Rupture in a way that it meets the definition of "Rupture" in Q6-3.

Q6-9. I plan to have my Dow Corning implant removed after the Effective Date. The criteria in Q6-4 indicate that I must submit a statement about the Rupture from the surgeon who removed the implant. What information do you need?

The statement from the surgeon who removed the implant must confirm that the Rupture did not occur during the implant removal surgery and must provide the factual basis for his/her opinion that the implant was ruptured.

Q6-10. Do I have to have my Dow Corning implant removed to receive the Rupture Payment?

Yes.

Q6-11. My Dow Corning silicone gel chin implant ruptured in 1972. Am I still eligible, or is there a cut-off date for the Rupture Payment?

You are not eligible because your Dow Corning implant must have been implanted after 1979 to be eligible for settlement benefits. If you were implanted before 1980, read Question 5 in the Rupture Payment Claim Form Instructions (the green edge).

Q6-12. I had my implant removed but the surgeon who removed the implant refuses to write a supplemental statement that gives his opinion concerning the date of Rupture or supplying the basis for his opinion that a Rupture occurred. Can another doctor examine the removed implant and submit the supplement statement?

Yes, if your surgeon refuses to write the statement, you can submit the statement from another physician who examined the removed implants. Be sure that you also submit the contemporaneous operative report that documents the Rupture of your implant and, if available, a contemporaneous hospital report.

Q6-13. What should I do with my implant after it is removed?

Do not send any implant to the Settlement Facility unless you are specifically requested to do so. If your implant was removed after the Effective Date, you must use your best efforts to keep the implant. The Claims Administrator may require you to send the removed implant to the Settlement Facility.

Q6-14. I had my implant removed in 1994 but did not keep it. Will that make me ineligible for the Rupture Payment?

No, this will not affect your eligibility, however you must complete Question 4 on the Proof of Manufacturer Form (the blue edge) that asks whether you have possession of the ruptured implant.

Q6-15. I had my implant removed in 2000 and asked my doctor to keep it. He threw it out. Does this make me ineligible for the Rupture Payment?

No, you are still eligible. Write a brief statement on the Rupture Payment Claim Form (the green edge) about what happened.

SECTION 7 – HOW TO MAKE A CLAIM FOR THE IMPLANT FAILURE PAYMENT

Q7-1. What is the the Implant Failure Payment?

The Implant Failure Payment is a one-time payment of $3,000 (U.S.) for TMJ, finger, wrist, toe, testicular and penile implants, $4,500 (U.S.) for knee implants, and $6,000 (U.S.) for hip implants. To receive the payment, submit a completed Implant Failure Payment Claim Form (the pink edge) and supporting medical records and documents that show that your Dow Corning implant "failed" as defined.

Q7-2. What is the definition of "Implant Failure?"

Read Question 5 in the Implant Failure Payment Claim Form Instructions (the pink edge).

Q7-3. What type of documents do I need to submit with a claim for Implant Failure?

Read Question 6 in the Implant Failure Payment Claim Form Instructions (the pink edge).

Q7-4. Will there be any reduction in my Implant Failure Payment benefit if I also had another implant from a different manufacturer?

If you have a Dow Corning TMJ implant and a TMJ implant product manufactured by any other manufacturer (including Vitek), then your Implant Failure Payment will be reduced by 50%. There is no multiple manufacturer reduction for other types of implant claims such as for finger, wrist, toe, knee, hip, testicular and penile implants.

SECTION 8 – HOW TO MAKE A CLAIM FOR THE INFLAMMATORY FOREIGN BODY RESPONSE PAYMENT

Q8-1. What is the Inflammatory Foreign Body Response Payment?

Read Question 2 in the Inflammatory Foreign Body Response Payment Claim Form Instructions (the orange edge).

Q8-2. What is the definition of "Inflammatory Foreign Body Response?"

Read Question 5 in the Inflammatory Foreign Body Response Payment Claim Form Instructions (the orange edge).

Q8-3. What documents do I have to submit to qualify for the Inflammatory Foreign Body Response Payment?

Read Question 6 in the Inflammatory Foreign Body Response Payment Claim Form Instructions (the orange edge).

Q8-4. Will there be any reduction in the Inflammatory Foreign Body Response Payment if I also had another implant from a different manufacturer?

If you have a Dow Corning TMJ implant and a TMJ implant product manufactured by any other manufacturer (including Vitek), then your Inflammatory Foreign Body Response Payment will be reduced by 50%. There is no multiple manufacturer reduction for other types of implant claims such as for finger, wrist, toe, hand, knee, or hip implants.

SECTION 9 – HOW TO MAKE A CLAIM FOR THE TMJ ENHANCED PAYMENT

Q9-1. What is the TMJ Enhanced Payment?

The TMJ Enhanced Payment is a one-time payment of $6,000 (U.S.) for TMJ claimants who had an Inflammatory Foreign Body Response with Active, Localized Bone Resorption as defined in Question 4 on the TMJ Ehanced Payment Claim Form Instructions (the purple edge).

Q9-2. What is the definition of "Inflammatory Foreign Body Response with Active, Localized Bone Resorption?"

Read Question 4 in the TMJ Enhanced Payment Claim Form Instructions (the purple edge).

Q9-3. What documents do I have to submit to qualify for the Inflammatory Foreign Body Response Payment?

Read Question 5 in the TMJ Enhanced Payment Claim Form Instructions (the purple edge).

Q9-4. Will there be any reduction in the TMJ Enhanced Payment if I also had another implant from a different manufacturer?

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

SECTION 10 – HOW TO MAKE A CLAIM FOR THE EXPEDITED RELEASE PAYMENT

Q10-1. What is the Expedited Release Payment?

You will receive the $600 (U.S.) Expedited Release Payment simply by showing that you were implanted with one (1) of the eligible Dow Corning implants after 1979. Complete and submit the Expedited Release Payment Claim Form (the red edge) and the Proof of Manufacturer Form (the blue edge) along with supporting medical records.

Q10-2. How much is the Expedited Release Payment?

The Expedited Release Payment is $600 (U.S.).

Q10-3. Is the Expedited Release amount different based on what type of Dow Corning implant that I have?

No. All approved Expedited Release Payments are $600 (U.S.) regardless of the type or number of eligible Dow Corning implants that you have had.

SECTION 11 – GENERAL DEADLINES/DELIVERY METHODS/EFFECTIVE DATE/DEADLINES TO APPLY FOR SETTLEMENT BENEFITS

PART A – DEADLINES TO RETURN THE PARTICIPATION FORM /DELIVERY METHODS

Q11-1. If I choose to reject settlement and file a lawsuit (Box 2B on the Participation Form (the white edge)), what is the deadline and what do I have to do?

If you check Box 2B on the Participation Form (the white edge), then you must complete and return the Participation Form (the white edge) on or before [T.B.D.]. *(Read Section 3 for more information.)*

Q11-2. If I choose to withdraw my claim from the bankruptcy case, what do I have to do?

You must send a letter indicating that you wish to withdraw to the Claims Administrator. Remember to include your signature on all correspondence with the Settlement Facility. There is no deadline to withdraw your claim.

By withdrawing you will no longer be eligible to receive settlement benefits or file a lawsuit against any of the released parties.

Q11-3. What are the acceptable methods to mail or deliver my Participation Form (the white edge) to the Settlement Facility?

Mail or deliver the Participation Form to the Settlement Facility using one (1) of the following three (3) delivery methods:

1. Use a delivery service (e.g., Federal Express, Airborne Express, U.P.S., etc.) and make sure that the airbill or invoice clearly lists the date of mailing as on or before [T.B.D.] if you are withdrawing your claim or on or before [T.B.D.] if you are rejecting settlement and intend to file a lawsuit against DCC Litigation Facility, Inc.; OR

2. Mail the Participation Form (the white edge) by United States certified or registered mail as long as the certified or registered mail is postmarked on or before [T.B.D.] if you are withdrawing your claim or on or before [T.B.D.] if you are rejecting settlement and intend to file a lawsuit against DCC Litigation Facility, Inc. Please check with the U.S. Post Office on how to send a certified or registered letter so that it has the correct postmark (for claimants who reside outside of the U.S., the Settlement Facility will rely on the postmark date used by your country's version of "certified" or "registered" mail); OR

3. If you mail the Participation Form (the white edge) by regular U.S. mail or by using a national mail service in the country in which you reside, then the Participation Form must be *received* by the Settlement Facility by 5:00 p.m. Central Time on or before [T.B.D.] if you are withdrawing your claim and on or before [T.B.D.] if you are rejecting settlement and intend to file a lawsuit against DCC Litigation Facility, Inc. It is important to mail your Participation Form early enough so that the Settlement Facility *receives* it on or before the applicable deadline. The postmark date on the envelope will **NOT** be used by the Settlement Facility if you use regular U.S. mail or a national mail service in a country other than the U.S.

PART B – EFFECTIVE DATE

Q11-4. What is the Effective Date?

The Effective Date — which has not yet occurred — is the date when all preconditions listed in the settlement documents (Sections 7.1 and 7.2 of the Amended Joint Plan of Reorganization) have been met. Some of these preconditions include:

1. There is a final order confirming (approving) the Amended Joint Plan of Reorganization of Dow Corning; and
2. All appeals of such confirmation must be completed; and
3. The order confirming the Amended Joint Plan approves and provides for the implementation of various settlement documents such as the Domestic Health Insurer Settlement Agreement.

Once all of the preconditions are met, the Plan Documents will be signed and there will be an "Effective Date." You will receive a notice in the mail when the Effective Date occurs. Settlement payments can then be made on all approved claims.

PART C – DEADLINES TO APPLY FOR SETTLEMENT PAYMENTS

Q11-5. What is the deadline to submit my Proof of Manufacturer Form (the blue edge) and supporting medical records or documents for proof of manufacturer?

You must submit your Proof of Manufacturer Form (the blue edge) and supporting medical records or documents on or before two (2) years after the "Effective Date."

Q11-6. What is the deadline to apply for an Expedited Release Payment?

You must complete and submit the $600 (U.S.) Expedited Release Payment Form (the red edge) on or before two (2) years after the Effective Date.

Q11-7. What is the deadline to submit my $3,000 (U.S.) Rupture Payment Claim Form (the green edge) and supporting medical records?

You must complete and submit the $3,000 (U.S.) Rupture Payment Claim Form (the green edge) and supporting medical records on or before two (2) years after the Effective Date.

Q11-8. What is the deadline to apply for the Implant Failure Payment?

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

Q11-9. What is the deadline to apply for the Inflammatory Foreign Body Response Payment?

You must complete and submit the Inflammatory Foreign Body Response Payment Claim Form (the orange edge) and supporting medical records on or before two (2) years after the Effective Date.

Q11-10. What is the deadline to apply for the TMJ Enhanced Payment?

You must complete and submit the TMJ Enhanced Payment Claim Form (the purple edge) and supporting medical records on or before two (2) years after the Effective Date.

Q11-11. What are the acceptable methods to mail or deliver my Claim Forms to the Settlement Facility?

Mail or deliver the Claim Forms to the Settlement Facility using one (1) of the following three (3) delivery methods:

1. Use a delivery service (e.g., Federal Express, Airborne Express, U.P.S., etc.) and make sure that the airbill or invoice clearly lists the date of mailing as on or before the deadline; OR
2. Mail the Claim Forms U.S. certified or registered mail as long as the certified or registered mail is postmarked on or before the deadline. Please check with the U.S. Post Office on how to send a certified or registered letter so that it has the correct postmark (for claimants who reside outside of the U.S., the Settlement Facility will rely on the postmark date used by your country's version of "certified" or "registered" mail); OR
3. If you mail the Claim Forms by regular U.S. mail or by using a national mail service in the country in which you reside, then the Claim Forms must be received by the Settlement Facility by 5:00 p.m. Central Time on or before the deadline. It is important to mail your Claim Forms early enough so that the Settlement Facility receives them on or before the deadline for that settlement benefit. The postmark date on the envelope will **NOT** be used by the Settlement Facility if you use regular U.S. mail or a national mail service in a country other than the U.S.

Q11-12. What if a deadline falls on a Saturday, Sunday or federal holiday?

If a deadline falls on a Saturday, Sunday or federal holiday, the deadline is the next business day.

Q11-13. What happens if I have a problem with my proof and the claim is not approved? Is there a deadline to cure the deficiency?

If there is a problem with your claim, the Settlement Facility will send you a Notification of Status letter explaining the problem. You then have six months from the date of the Notification of Status letter to correct the problem and provide the additional information to the Settlement Facility. If you do not correct the problem within that six month period, your claim will be denied and you will not receive the settlement benefit for the claim you submitted. You will still be eligible for the Expedited Release Payment if you have submitted acceptable proof of an eligible Dow Corning Other Product. It is very important that you read these instructions and this Claimant Information Guide and obtain the type of proof listed above before you mail your Claim Form to be processed.

Q11-14. How long will the Settlement Facility last? Are there deadlines for filing a claim for settlement benefits?

The Settlement Facility will exist for fifteen (15) years from the Effective Date. However, the deadline to submit a claim is on or before two (2) years after the Effective Date. You must submit your completed Proof of Manufacturer Form (the blue edge) and supporting documentation, and the appropriate Claim Form and supporting documentation for the Settlement Option you have chosen (i.e., Expedited Release, Rupture, Implant Failure, Inflammatory Foreign Body Response, or the TMJ Enhanced Payment) on or before two (2) years after the Effective Date. *(See Q11-4 for information on the Effective Date.)*

Q11-15. If I move and forget to notify the Settlement Facility in writing, my Notification of Status letter might take days or weeks to be forwarded to my new address. Will any of the time periods and deadlines be extended because of this?

No, unless your move occurred close in time to the date of the Notification of Status letter in which case the Claims Administrator will review and make individual case determinations. It is your responsibility to notify the Settlement Facility of any address change.

Q11-16. I moved and did not notify the Bankruptcy Court or Settlement Facility of my new address, and I missed the deadline to file the Participation Form (the white edge) to elect to withdraw or litigate. Can I file it now?

No. You have an affirmative obligation to update your address with the Settlement Facility and the Bankruptcy Court.

SECTION 12 – CONTACT INFORMATION

Q12-1. How can I contact the Settlement Facility with a question?

Call 1-866-874-6099 Toll Free or send a question by e-mail to the Settlement Facility at info@sfdct.com.

Q12-2. What is the mailing address of the Settlement Facility?

All Claim Forms and correspondence to the Settlement Facility should be sent to the following address:

Settlement Facility-Dow Corning Trust
P.O. Box 52429
Houston, TX 77052-2429
U.S.A.

-OR-

Settlement Facility-Dow Corning Trust
P. O. Box 94355
1090 GJ Amsterdam
The Netherlands

For overnight delivery address, use:
Settlement Facility-Dow Corning Trust
3100 Main Street, Suite 700
Houston, TX 77002
U.S.A.

Q12-3. Can I check the status of my claim on the Settlement Facility website?

No. As of the date of the publication of this Claimant Information Guide, the Settlement Facility's website did not permit the checking of individual claims. However, the Settlement Facility hopes to make that service available. Please check our website at www.dcsettlement.com.

Q12-4. Can I e-mail my completed Claim Forms to the Settlement Facility?

No.

Q12-5. Can I fax my Claim Forms and documents to the Settlement Facility?

No, unless you have received written permission from the Settlement Facility beforehand.

Q12-6. How can I contact the Tort Claimants' Committee?

The Tort Claimants' Committee ("TCC") has a website that you can visit at www.tortcomm.org. You can also send them an e-mail at info@tortcomm.org. If you do not have access to a computer or the Internet, you can write to the TCC at:

Tort Claimants' Committee
P.O. Box 61406
Houston, TX 77208-1406
U.S.A.

Q12-7. Can I contact the Tort Claimants' Committee for legal assistance on my claim?

No. The Tort Claimants' Committee cannot act as your attorney or advise you on your case or claim.

Q12-8. I moved since I sent my proof of claim to the Bankruptcy Court. Can I e-mail my new address to you or give it to you over the telephone?

No. Changes in address must be made in writing, signed by you or your attorney or representative. There is a place on your Claim Forms to indicate that your name, address or other personal information has changed since your last contact with the Bankruptcy Court or MDL Claims Office.

Q12-9. I sent my Proof of Claim form to the Bankruptcy Court in 1997. I have since married and changed my name. How can I update my file with my new married name?

Changes in name must be made in writing, signed by you or your attorney or representative. There is a place on your Claim Forms to indicate that your name, address or other personal information has changed since your last contact with the Bankruptcy Court or MDL Claims Office. If you have more than one (1) name change, please list all former names that are associated with your Claim Number on a separate piece of paper and return this with your Participation Form or Claim Form.

SECTION 13 – CLAIMS FILED ON BEHALF OF AN ESTATE OF A DECEASED CLAIMANT

Q13-1. My spouse/parent died several years ago. What do I need to do to file a claim on behalf of his/her estate?

Only the properly appointed executor or administrator of an estate can file a claim, so you will need to provide the Settlement Facility with evidence that you have been appointed to serve in one of those capacities.

Q13-2. How can I be appointed as executor or administrator of the estate?

This is a matter of law. The Settlement Facility cannot tell you what it will take to be appointed. Contact the Court for the area in which you live and ask for the information or speak with an attorney.

Q13-3. It may take some time to get the right papers appointing me as the executor or administrator. Can my spouse's (or parent's) claim be processed now without this appointment?

The Settlement Facility can accept and process the claim but we cannot pay the claim until we receive the proper papers showing that you have been appointed the executor or administrator of his/her estate.

Q13-4. Can the Claims Assistance Program help me with probate issues?

No. The Claims Assistance Program cannot advise you concerning probate or guardianship matters.

SECTION 14 – REIMBURSEMENT AND LIENS

Q14-1. What is the agreement that was reached with the health care providers, and how does it affect me?

An agreement was reached between the Plan Proponents (Dow Corning and the Tort Claimants' Committee) and certain domestic health insurers which provides a separate fund for insurers to recover. Settling health insurers are required to release any claims for reimbursement or subrogation against any personal injury claimant. To determine if your insurer is one of the settling health insurers, call the Settlement Facility Toll Free at 1-866-874-6099. If your health insurer is a settling insurer, you will not be required to reimburse or repay that insurer with any settlement benefits you recover in the Settlement Facility.

Q14-2. My insurance company paid for 80% of the cost of my implant removal surgery. Can I still receive a Settlement Payment?

Yes. If your insurance company settled its claims against Dow Corning, the insurance company cannot file a claim for reimbursement against any of your settlement benefits and/or require you to reimburse or repay the insurance company for any medical expenses paid on your behalf.

Q14-3. My insurance company is not on the list of settling insurers. What effect does that have on my claim?

If your insurance company did not settle its claims against Dow Corning, it may request that the Settlement Facility notify the insurance company when payment of your claim has been approved. Although this notice will not delay the payment of your claim, it will place your insurance company on notice of your settlement and they may attempt to recover any amount of your settlement payment directly from you in accordance with the insurance contract. For further information concerning this, consult your own attorney.

Q14-4. My former attorney indicated that he might file a lien claim for out-of-pocket expenses and fees. If he does file a claim, how will that be handled?

If your attorney files a lien claim, the Settlement Facility will notify you and advise you of the procedures to handle resolution of the issue and the processing of any settlement check.

Q14-5. If my former attorney filed a lien against me in the RSP, is it still valid in the Settlement Facility?

No.

SECTION 15 – ATTORNEY FEES AND EXPENSES

Q15-1. What attorney fees are allowed on my settlement benefits?

Fees charged by an attorney cannot exceed the sum of 10% of the first $10,000 (U.S).

Q15-2. Are attorneys fees allowed on the $600 (U.S.) Expedited Release Payment?

No, but certain expenses may be deducted as described in Q15-3.

Q15-3. What expenses can my attorney deduct from any payments I receive from the Settlement Facility?

Certain expenses — if allowable under applicable law and the individual arrangement between you and your attorney — can be charged against your payment if they are solely attributable to your claim or case. Chargeable expenses are limited to the following types of costs incurred on your behalf: medical evaluation expenses, expenses incurred in obtaining copies of your medical records, medical bills paid on your behalf, court costs, court reporter expenses, expert witness fees, expenses of medical witnesses, and travel costs incurred for depositions or court appearances in your case.

Q15-4. I had an attorney but now want to handle the claim myself. What do I need to do?

Write a letter to the Settlement Facility asking that your attorney be removed as the attorney of record. The Settlement Facility will notify the lawyer and (s)he may then assert a lien on any recovery you may receive. Be sure to put your 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 will be made jointly payable to you and your attorney.

Q15-5. If I choose to litigate against DCC Litigation Facility, Inc., how much can my attorney keep for fees?

Generally, the payment of your attorney's fees will be governed by the individual agreement between you and your attorney and any applicable law.

GLOSSARY OF TERMS

This Glossary of Terms defines some of the terms used in the Claimant Information Guide.

"Case Management Order:"

A written order that was issued by Judge Denise Page Hood of the United States District Court for the Eastern District of Michigan on November 13, 2000. The Case Management Order, also called the "CMO," describes some of the rights and duties of claimants against DCC Litigation Facility, Inc. who wish to litigate – rather than settle – their claims. It is available for review at www.dcsettlement.com.

"Class of claimants:"

A grouping of claimants created for purposes of the Amended Joint Plan. The groupings are specified in the Plan. The claimants are divided into Classes based on the types of implants received by claimants and the different countries in which the claimants live, are citizens, or received their implants.

"Deficiency:"

In the Settlement Facility-Dow Corning Trust, a "deficiency" means that the proof submitted does not meet the requirements for the Settlement Facility to approve the claim.

"Effective Date:"

Read Q11-4 of this Claimant Information Guide.

"Explant:"

To remove an implant by surgical procedure.

"Litigation" or "litigate:"

To resolve a dispute through the court system. Litigation involves the filing of a lawsuit in a court before a judge.

"Manifested injury:"

Under the Plan a "manifested injury" means that the claimant has an illness or symptoms of sufficient severity to support a disease payment under either Disease Option 1 or Disease Option 2.

"MDL Claims Office:"

The claims office that is administering the settlement of the claims against implant manufacturers other than Dow Corning. The MDL Claims Office is administering the Revised Settlement Program, also known as the "RSP."

"Operative report:"

A report issued by a doctor about a surgical operation on a person. An operative report may be kept in the records of a doctor or of the hospital or other medical facility at which the surgical operation was performed.

"Original global settlement:"

A class action settlement in 1994 of claims against a group of breast implant manufacturers and suppliers.

"Other Products:"

Certain Dow Corning implants other than breast implants.

"Settlement Facility:"

The entity that administers the settlement of personal injury claims involving Dow Corning products.

"TMJ:"

An abbreviation for "temporo-mandibular joint." The TMJ is the hinge at which a person's lower and upper jaws connect with each other.

TAB I

ACCEPTABLE PROOF OF MANUFACTURE

PART I
BREAST IMPLANT CLAIMANTS

TAB I, PART I

BREAST IMPLANT CLAIMANTS

Part I of this Schedule lists the company name, implant brands and manufacturer names that may be used in medical records to describe a Dow Corning Breast Implant. The brand/manufacturer names listed in Part A below identify a Dow Corning product if the Claimant submits acceptable Proof of Manufacturer, as defined in the instructions to the Proof of Manufacturer Form.

In determining the acceptability of manufacturer proof, the Claims Administrator shall apply the protocols and procedures developed in connection with the Revised Settlement Program for evaluating documentation of manufacturer proof, including procedures for evaluating Claims submitted with inconsistent, incomplete or contradictory manufacturer proof.

A. Brand and Implant Names for Dow Corning Breast Implants.

BRAND/MANUFACTURER NAME	**STATUS**
Cronin	Covered: 1963-1971
Dow Corning, Dow Corning Wright, DC, or DCW	Covered
Mueller, V. or V. Mueller	Covered for implants implanted after 1/1/68 and before 8/31/74
SILASTIC or Silastic	Covered
SILASTIC II or Silastic II	Covered
SILASTIC MSI or Silastic MSI	Covered
Varifil	Covered
If the medical or hospital records says only "silastic-type" (lower case) without any additional identifying information (e.g., lot or catalog number)	Not Covered
"silastic" — in all lower case letters — contained in the contemporaneous operative report for breast implantations occurring prior to 1969 provided there is no other information in the Claimant's records inconsistent with a Dow Corning product. This shall be used as a brand name only if the Claimant does not have explant records demonstrating a unique identifier.	Covered.
"silastic" — in all lower case letters — for implantations during or after 1969.	Not Covered.

TAB I

ACCEPTABLE PROOF OF MANUFACTURE

PART II
OTHER PRODUCTS CLAIMANTS

TAB I, PART II

OTHER PRODUCTS CLAIMANTS

Parts A and B of this Schedule I, Part II lists the implant brands and manufacturer names that may be used in medical records to describe a Dow Corning Other Product. The following brand/manufacturer names identify Dow Corning products if (i) the form of acceptable proof is as specified in the instructions to the Proof of Manufacturer Form; (ii) it is clear from the Claimant's records as a whole (including product descriptions and any lot or catalog references) that the brand/manufacturer name was used in those records to signify a Dow Corning product and not simply as a generic statement signifying the use of an other product implant (examples of generic references include the terms "silastic-type" and "silastic" (all lower case)); (iii) there is nothing in the records that is inconsistent with the conclusion that the brand/manufacturer name is a Dow Corning product; and (iv) the dimensions, design, shape, chemical make-up and unique identifiers are consistent with a Dow Corning product. Examples of inconsistent information include lot, size, catalog number, brand or style descriptions that do not describe any known Dow Corning product or that are consistent with another manufacturer's product.

A. Acceptable Brand/Manufacturer Names.

These are covered if they appear in the medical records together with an acceptable product name.

1. Dow Corning, Dow Corning Wright, DC or DCW
2. SILASTIC®

B. Acceptable Product Names.

PRODUCT NAMES	YEARS	DIMENSIONS
HIP OR KNEE JOINT		**Dimensions provided as necessary to the Claims Office.**
Aufranc Turner Total Hip Prosthesis		
Centralized Runner™ EMB Tibial Prosthesis		
Centralized Runner™ Metal Base Tibial Component		
CFS™ Total Patello-Pemoral Replacement		
Elliptical Neck/Eccentric Cup Total Hip Prosthesis		
EVOLUTION™ Hip		
EXSRP™ Hip		
Gustilo Total Knee		
INFINITY™ Hip		
Lacey Condylar Knee		

PRODUCT NAMES	YEARS	DIMENSIONS
HIP OR KNEE JOINT		**Dimensions provided as necessary to the Claims Office.**
Lacey P.F.C.®		
Lacey PFC™		
Lacey Posterior Stabilized Knee		
Lacey Primary Condylar Knee		
Lacey Primary Knee		
Lacey Primary Total Knee		
Lacey Rotating Hinge Knee		
Lacey Total Knee System		
McCutchen Hip		
NEXUS™ Hip		
Ortholoc® Advantim™ Total Knee System		
R.A.M. Total Knee		
SILASTIC® Bone Plug [hip or knee]		
SLR™ Bipolar Hip Endoprosthesis		
SLT McCutchen Hip		
S.O.S.™ Segmented Oncology System		
SSA™ Hip		
TF-II™ Total Hip System		
TITAN™ Hip Prosthesis		
U.C.I. Knee		
Whiteside Calcar Hip		
Whiteside EPS® Hip		
Whiteside Hip		
Whiteside Knee		
Whiteside Long Stem Revision Hip		
Whiteside Modular Revision Knee		
Whiteside Ortholoc® I Modular Knee		

PRODUCT NAMES	YEARS	DIMENSIONS
HIP OR KNEE JOINT		**Dimensions provided as necessary to the Claims Office.**
Whiteside Ortholoc® II Modular Knee		
Whiteside Ortholoc® II-C Modular Knee		
Whiteside Ortholoc® Modular Knee		
Whiteside Ortholoc® Modular Revision Knee		
Wright Choice Hip		

PRODUCT NAMES	YEARS	DIMENSIONS		
CHIN				
SILASTIC® brand Chin Implant	1968-1992	Size	Length mm	Width mm
SILASTIC® brand Chin Implant, Safian Technique	1968-1992	Small Medium Small Medium Large	30 34 38 48	5 7 8 8
Dow Corning SILASTIC® brand Chin Implant, Safian Technique	1968-1992			
Dow Corning SILASTIC® brand Gel Chin Implant	1978-1992	Size	Length mm	Width mm
Dow Corning SILASTIC® brand Chin Implant (Snyder Design)	1978-1992	3 mm 5 mm 7 mm 9 mm	21 27 33 42	3 5 7 9
Dow Corning SILASTIC® brand Chin Implant (Snyder Design) Q7-2307	1978-1992			

PRODUCT NAMES	YEARS	DIMENSIONS
NOSE – (SOLID ELASTOMER) IMPLANT		
SILASTIC® brand Rhinoplasty Implant, Safian Technique	1965-1992	Size: Small / Medium / Large; Length mm: 29 / 29 / 29; Depth mm: 4.8 / 6.0 / 8.0
Dow Corning SILASTIC® brand Rhinoplasty Implant, Safian Technique	1965-1992	
Dow Corning Wright SILASTIC® Brand Nasal Implant, S-Type (Shirakabe Design)	1982-1992	Size: I, II, III & Soft; Length (mm): 35; Length (mm): 60; Width (mm): 9.5

PRODUCT NAMES	YEARS	DIMENSIONS
TESTICULAR		
(Solid Elastomer) Type		
SILASTIC® brand Testicular Prosthesis	1963-1972	Size: Youth / Adult; Diameter: 2 cm / 2 1/2 cm; x; Height: 2 1/2 cm / 3 1/2 cm
Dow Corning SILASTIC® brand Testicular Prosthesis	1963-1972	
(Gel Filled) Type Initial Product Model		Size: Child / Youth / Adult (avg) / Adult (lge); Width (cm): 2.0 / 2.4 / 2.8 / 3.0; x; Heigth (cm): 2.5 / 3.4 / 4.2 / 4.7
SILASTIC® brand Gel-filled Testicular Implant (Lattimer Design)	1972-1979	
Dow Corning SILASTIC® brand Gel-Filled Testicular Implant, (Lattimer Design)	1972-1979	
Second Product Model		
Dow Corning SILASTIC® brand Gel-Filled Testicular Implant II, (Lattimer Design)	1979-1992	
Dow Corning SILASTIC® brand Q7-2461 Testicular Implant II, (Lattimer Design)	1979-1992	

PRODUCT NAMES	YEARS	DIMENSIONS
PENILE *No inflatable silicone penile prostheses are Dow Corning products*		
(Lash Design)		
Dow Corning SILASTIC® brand Penile Implant, (Lash Design)	1967-1973	Length: 12cm; Width: 10mm; Height: 12mm
Dow Corning Penile Implant (Lash-Loeffler Design)	1967-1973	
(Pearman Design)		
Dow Corning SILASTIC® brand Penile Implant (Pearman Design)	1968-1973	Length: 13.5cm; Width: 13mm
SILASTIC® Inter-Corpus Cavernosum, (Pearman Design)	1968-1973	
(Gerow Design)		
SILASTIC® Penile Implant (Gerow Design)	1978-1984	Size: Small, Medium, Large; Width Length (cm): 10.5, 11.7, 13.1; Width Distal (cm): 2.22, 2.22, 2.22; Proximal (cm): 1.71, 1.69, 1.68
SILASTIC® brand Penile Implant (Gerow Design)	1978-1984	
Dow Corning SILASTIC® brand Penile Implant (Gerow Design)	1978-1984	
Dow Corning SILASTIC® brand Penile Implant (Gerow Design, Patent Number 3,991,752)	1978-1984	
Penile Implant/Paired Set Design (Subrini Design) (U.S.A. labeling) Dow Corning SILASTIC® brand Penile Implant (Subrini Design)	1978-1991	Size: 10 mm, 11 mm; Length Distal (mm): 80, 90; Proximal (mm): 120, 110; Diameter (mm): 10, 11
Penile Implant/Paired Set Design (Subrini Design (European labeling) SILASTIC® Penile Penis Penieene Penien Peneal Implant H.P. (Subrini Design)	1979-1991	

PRODUCT NAMES	YEARS	DIMENSIONS
TEMPOROMANDIBULAR JOINT		
Wilkes Temporomandibular Joint Implant (A spacer constructed of paddle-shaped SILASTIC® silicone sheeting manufactured by Dow Corning)	1987-1992	(in mm) Size 1 — L 50, W 20, Th 0.8 Size 2 — L 55, W 22, Th 0.8 Size 3 — L 61, W 24, Th 0.8
SILASTIC® Temporomandibular Joint Implant H.P. (A spacer constructed of paddle-shaped SILASTIC® silicone sheeting manufactured by Dow Corning) of:	1987-1992	
Sheeting Used in TMJ:		
SILASTIC® Medical Grade Sheeting	1964-1992	8" x 6" x .005" Non-Reinforced .010" .020" .040" .062" .060" (1979)
SILASTIC® Brand Sheeting	1964-1992	8" x 6" x .007" Reinforced .020" .030" .040" 8" x 6" x .040" Non-Reinforced, Extra Firm .080" .120"
SILASTIC® Brand H.P. Sheeting	1984-1992	8" x 6" x .020" .030" .040" .080"
Block Used in TMJ:		
SILASTIC® Block also known as SILASTIC® Medical Grade Block (soft, medium, and firm) {Qualifies only if used in TMJ}	1964-1992	2 3/4" x 4 1/2" x 1/2" (66 mm x 109 mm x 130 mm)

PRODUCT NAMES	YEARS	DIMENSIONS
ANGLED GREAT TOE		
SILASTIC® ANGLED GREAT TOE IMPLANT, H.P. (SWANSON DESIGN) WEIL MODIFICATION	1978-1993	Oval Shape (3 sizes) Short Diameter: 13 - 16 mm Long Diameter: 15 - 18 mm Stem Length: 12 - 17 mm

PRODUCT NAMES	YEARS	DIMENSIONS
GREAT TOE		
SILASTIC® GREAT TOE IMPLANT (SWANSON DESIGN)	1970-1975	Oval Shape (5 sizes) Short Diameter: 12 - 18 mm Long Diameter: 14 - 21 mm Overall Length: 18 - 28 mm
SILASTIC® GREAT TOE IMPLANT H.P., (SWANSON DESIGN)	1975-1993	Oval Shape (5 sizes) Short Diameter: 11 - 17 mm Long Diameter: 13 - 20 mm Overall Length: 18 - 32 mm
SILASTIC® GREAT TOE IMPLANT H.P. (SWANSON DESIGN) Small Stem	1984-1993	Oval Shape (5 sizes) Short Diameter: 11 - 17 mm Long Diameter: 13 - 20 mm Overall Length: 18 - 32 mm
Dow Corning Wright Swanson Titanium Great Toe Implant	1987-1993	Oval Shape Head (5 sizes) Overall Height: 12 - 17 mm Head Length: 13 - 20 mm Head Width: 11 - 17 mm

PRODUCT NAMES	YEARS	DIMENSIONS
HAMMER TOE		
SILASTIC® H.P. HAMMERTOE IMPLANT (SWANSON TYPE) WEIL DESIGN	1982 - 1986	(7 sizes) Diameter: 6 - 8 mm Stem length: 8.4 - 9.1 mm Width: 2.0 - 5.3 mm
SILASTIC® H.P. 100 HAMMERTOE IMPLANT (SWANSON TYPE) WEIL DESIGN	1987 - 1992	(7 sizes) Diameter: 6 - 8 mm Stem length: 8.4 - 9.1 mm Width: 2.0 - 5.3 mm

PRODUCT NAMES	YEARS	DIMENSIONS
FLEXIBLE HINGE TOE		
SILASTIC® FLEXIBLE HINGE TOE IMPLANT H.P. (SWANSON DESIGN)	1978-1985	(14 sizes) Length: 28 - 73 mm Width: 8 - 21 mm Thickness: 5 - 12 mm
SILASTIC® H.P. 100 SWANSON FLEXIBLE HINGE TOE IMPLANT (Regular stems)	1986-1993	(14 sizes) Length: 28 - 73 mm Width: 8 - 21 mm Thickness: 5 - 12 mm
SILASTIC® H.P. 100 SWANSON FLEXIBLE HINGE TOE IMPLANT (Small Stem)	1986-1993	(6 sizes) Length: 37 - 51 mm Width: 16 - 20 mm Thickness: 8 - 11 mm

PRODUCT NAMES	YEARS	DIMENSIONS
WRIST		
SILASTIC® WRIST JOINT PROSTHESIS, SWANSON DESIGN	1971-1974	(5 sizes) Length: 75 - 137 mm Width: 16 - 28 mm Thickness: 7 - 10 mm
SILASTIC® WRIST JOINT HP (RADIOCARPAL), SWANSON DESIGN	1975-1985	(5 sizes) Length: 75 - 137 mm Width: 16 - 28 mm Thickness: 7 - 10 mm
SILASTIC® WRIST JOINT HP (RADIOCARPAL), SWANSON DESIGN, WIDE	1982-1985	(5 sizes) Length: 75 - 137 mm Width: 19 - 35 mm Thickness: 7 - 10 mm
SILASTIC® WRIST JOINT IMPLANT HP 100 SWANSON DESIGN (WIDE MID-SECTION WITH SHORT DISTAL STEM)	1986-1993	(5 sizes) Length: 63 - 109 mm Width: 19 - 35 mm Thickness: 7 - 10 mm
SILASTIC® WRIST JOINT IMPLANT HP 100 SWANSON DESIGN (WIDE MID-SECTION WITH SHORT DISTAL STEM WITH GROMMETS)	1991-1993	(5 sizes) Length: 63 - 109 mm Width: 19 - 35 mm Thickness: 7 - 10 mm

PRODUCT NAMES	YEARS	DIMENSIONS
STA-PEG		
Dow Corning Wright Smith Subtalar Peg	1981-1987	(2 sizes) Oval Shape Head Diameter: 11 - 12 mm Head Height: 5 - 7 mm Stem Length: 8 - 10 mm
Dow Corning Wright STA-Peg Subtalar Arthrorisis Implant (Smith Design)	1985-1993	(2 sizes) Oval Shape Head Diameter: 11 - 12 mm Head Height: 5 - 7 mm Stem Length: 8 - 10 mm
Dow Corning Wright STA-Peg (Angled) Subtalar Arthrorisis Implant (Smith Design)	1985-1993	(3 sizes) Angled Shape Head Diameter: 10 - 12 mm Head Height: 4 - 8 mm Stem Length: 8 mm

PRODUCT NAMES	YEARS	DIMENSIONS
CARPAL LUNATE		
SILASTIC® CARPAL LUNATE IMPLANT (SWANSON DESIGN)	1970-1976	(3 sizes) Length (Head): 15 - 18 mm Width (Head): 12 - 16 mm Length (Stem): 8 - 10 mm
SILASTIC® H.P. CARPAL LUNATE IMPLANT (SWANSON DESIGN)	1977-1990	(5 sizes) Length (Head): 15 - 20 mm Width (Head): 15 - 19 mm Length (Stem): 6 - 8 mm
SILASTIC® CARPAL LUNATE IMPLANT C.S.E., (SWANSON DESIGN)	1987-1993	(5 sizes) Length (Head): 15 - 20 mm Width (Head): 15 - 19 mm Length (Stem): 6 - 8 mm
Dow Corning Wright Swanson Titanium Carpal Lunate Implant	1990-1993	(5 sizes) Length (Head): 13 - 19 mm Width (Head): 15 - 20 mm Height (Head): 10 - 15 mm

PRODUCT NAMES	YEARS	DIMENSIONS
CARPAL SCAPHOID		
SILASTIC® CARPAL SCAPHOID PROSTHESIS (SWANSON DESIGN)	1970-1977	(3 sizes, right; 3 sizes, left) Width (Head): 13 - 16 mm Thickness: 10 - 12 mm
SILASTIC® SWANSON CARPAL SCAPHOID IMPLANT, CSE (ORIGINAL DESIGN)	1987-1993	(5 sizes, right; 5 sizes, left) Width: 11 - 18 mm Thickness (no Stem): 9 - 15 mm
SILASTIC® SWANSON CARPAL SCAPHOID IMPLANT, H.P.	1977-1989	(7 sizes, right; 7 sizes, left) Width (Head): 16 - 24 mm Thickness: 11 - 18 mm Length (Stem): 6 - 9 mm
Dow Corning Wright Swanson Titanium Carpal Scaphoid Implant	1988-1993	(5 sizes, right; 5 sizes, left) Length: 25 - 32 mm Width: 12 - 16 mm Thickness: 10 - 13 mm

PRODUCT NAMES	YEARS	DIMENSIONS
RADIAL HEAD		
SILASTIC® Radial Head Prosthesis (Swanson Design)	1970-1975	(3 sizes) Overall Length: 35-43 mm Diameter (Head): 19-24 mm Height (Head): 10-15 mm
SILASTIC® Radial Head Implant H.P., (Swanson Design)	1975-1986	(8 sizes, includes x-long) Overall Length: 32-55 mm Diameter (Head): 19-23 mm Height (Head): 10-22 mm
SILASTIC® H.P. 100 SWANSON RADIAL HEAD IMPLANT	1987-1993	(8 sizes, includes x-long) Overall Length: 32-55 mm Diameter (Head): 19-23 mm Height (Head): 10-22 mm

PRODUCT NAMES	YEARS	DIMENSIONS
SCAPHOLUNATE		
SILASTIC® SCAPHOLUNATE H.P. (Swanson Design)		(4 sizes, left; 4 sizes, right) Length: 34 - 42 mm Width: 16 - 19 mm Thickness: 15 - 19 mm

PRODUCT NAMES	YEARS	DIMENSIONS
TRAPEZIAL		
SILASTIC® TRAPEZIAL IMPLANT H. P. (ASHWORTH-BLATT DESIGN)	1979-1993	(2 sizes) Head Diameter: 16-19 mm Stem Diameter: 5-9 mm Stem Length: 5.3 mm

PRODUCT NAMES	YEARS	DIMENSIONS
TRAPEZIUM		
SILASTIC® TRAPEZIUM PROSTHESIS, SWANSON DESIGN	1970-1975	(5 sizes) Length: 29-46 mm Diameter (Head): 13-17 mm Thickness (Head): 9-14 mm
SILASTIC® TRAPEZIUM IMPLANT H.P., SWANSON DESIGN	1975-1986	(5 sizes) Length: 27-43 mm Diameter (Head): 12-16 mm Thickness (Head): 9-13 mm
SILASTIC® H.P. 100 SWANSON TRAPEZIUM IMPLANT	1988-1990	(5 sizes) Length: 27-43 mm Diameter (Head): 12-16 mm Thickness (Head): 9-13 mm
SILASTIC® SWANSON TRAPEZIUM IMPLANT CSE	1987-1993	(5 sizes) Length: 27-43 mm Diameter (Head): 12-16 mm Thickness (Head): 9-13 mm

PRODUCT NAMES	YEARS	DIMENSIONS
ULNAR HEAD		
SILASTIC® ULNAR HEAD PROSTHESIS (SWANSON DESIGN)	1970-1975	(4 sizes) Overall Length: 27-41 mm Height (Head): 13-19 mm
SILASTIC® H.P. ULNAR HEAD IMPLANT (SWANSON DESIGN)	1975-1986	(8 sizes) Overall Length: 32-50 mm Diameter (Head): 8-16 mm Height (Head): 14-25 mm
SILASTIC® H. P. 100 SWANSON ULNAR HEAD IMPLANT	1988-1992	(7 sizes) Overall Length: 30-43 mm Diameter (Head): 9-15 mm Height (Head): 12-18 mm

PRODUCT NAMES	YEARS	DIMENSIONS
CONDYLAR		
SILASTIC® CONDYLAR IMPLANT HP, (CONVEX) SWANSON DESIGN	1979-1993	(13 sizes) Oval Shape Overall Height: 8-26 mm Head Length: 6-18 mm Head Width: 4-16 mm

PRODUCT NAMES	YEARS	DIMENSIONS
TENDON PASSER		
SILASTIC® TENDON PASSER H.P. (CAPLIN-YOUNG DESIGN)	1982-1993	(1 size) Oval Shape Head Overall Length: 181 mm Head Length: 6.7 mm Head Width: 5.3 mm

PRODUCT NAMES	YEARS	DIMENSIONS
TENDON SPACER		
SILASTIC® TENDON SPACER H.P. (SWANSON-HUNTER DESIGN)	1978-1993	(4 sizes) Oval Cross Section Length: 240 mm Short Width: 1.5-3 mm Long Width: 3-6 mm

PRODUCT NAMES	YEARS	DIMENSIONS
FINGER JOINTS		
SILASTIC® FINGER JOINT PROSTHESIS (Swanson Design)	1968-1974	(8 sizes) Length: 30-74 mm Width: 11-17 mm Thickness: 5-9 mm
SILASTIC® FINGER JOINT IMPLANT H.P. (Swanson Design)	1975-1985	(11 sizes) Length: 25-81 mm Width: 8-18 mm Thickness: 3-10 mm
SILASTIC® H.P. 100 SWANSON FINGER JOINT IMPLANT	1986-1993	(11 sizes) Length: 25-81 mm Width: 8-18 mm Thickness: 3-10 mm
SILASTIC® H.P. 100 SWANSON FINGER JOINT IMPLANT (with Grommets)	1986-1993	(11 sizes) Length: 25-81 mm Width: 8-18 mm Thickness: 3-10 mm
Swanson Titanium Basal Thumb Implant	1988-1993	(5 sizes) Head Diameter: 9-14 mm Overall Length: 19-26 mm Stem Length: 13-17 mm

TAB I

ACCEPTABLE PROOF OF MANUFACTURE

PART III
SILICONE MATERIAL CLAIMANTS

TAB I, PART III

SILICONE MATERIAL CLAIMANTS

A. Brand/Manufacturer Names

For purposes solely of the Settlement Program for Silicone Material Claimants, the brand/manufacturer names listed at Exhibit G to the Revised Settlement Program (as reproduced at Section C. below) and Exhibit G2 to the Foreign Revised Settlement Program (as reproduced at Section D. below) as attributable to Baxter, Bristol, Cox-Uphoff, Mentor or Bioplasty shall identify a breast implant product covered under the Silicone Material Claimant Settlement Program if the Claimant submits acceptable Proof of Manufacturer as defined at Section B below.

B. Acceptable Proof

The types of proof defined as acceptable under the Revised Settlement Program along with the unique identifiers specified in the Revised Settlement Program for breast implants manufactured by Baxter and Bristol shall be acceptable Proof of Manufacturer for purposes of the Silicone Material Claimant Settlement Program. The types of proof identified as unacceptable proof under the Revised Settlement Program for such manufacturers shall be deemed as unacceptable proof for purposes of the Silicone Material Claimant Settlement Option.

C. EXHIBIT G – Implant Brands and Manufacturers

(Adjusted to include only those identified as Baxter, Bristol, Cox-Uphoff (CUI), Mentor, or Bioplasty. (3M is identified solely for purposes of Section 6.02(d)(v).))

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 the 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 that have a star (*) before Mentor will be treated as Baxter implants if a Baxter lot number can be supplied for that implant.

BRAND/MANUFACTURER NAME	**STATUS IN REVISED PROGRAM**
3M	3M
AHS	Baxter
Aesthetech	Bristol
American Heyer-Schulte	Baxter
American Hospital Supply	Baxter
Ashley Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Baxter	Baxter
Becker	Mentor
Biomanufacturing	Bioplasty
Bio-oncotic	Bioplasty
Bioplasty	Bioplasty
Birnbaum	Baxter
Capozzi Implanted before 9/1/71 Implanted after 8/31/71	 Bristol Baxter
Cavon	Bristol
CBI Medical	Bristol
Cooper Surgical	Bristol
Corbet	Bristol
Cox Uphoff	CUI
CZV/CRS (Croissant Versafil Low Profile)	CUI
Dahl	Bristol
Directa Span	Mentor
DRI	CUI
DRIE	CUI
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
Flat Span	Mentor

BRAND/MANUFACTURER NAME	STATUS IN REVISED PROGRAM
FZV/SFV (Round Versafil LP Tissue Expander)	CUI
Georgiade	Bristol
Gibney	CUI
Guthrie Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Hartley	Baxter
Heyer-Schulte Implanted before 3/31/84 Implanted after 3/30/84	 Baxter *Mentor
Heyer-Schulte Mentor	Mentor
Intrashiel Implanted before 8/3/84	 3M
Intravent	CUI
IOC (Cylindrical Intraoperative Tissue Expander)	CUI
IOM (Intravent Intraoperative Expander)	CUI
IOS (Spherical Intraoperative Tissue Expander)	CUI
Isle	Mentor
Jenny	Baxter
Jobe	Baxter
Klein	Bioplasty
Mammatech	Bioplasty
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
McGhan Implanted before 8/3/84	 3M
MEC	Bristol

BRAND/MANUFACTURER NAME	STATUS IN REVISED PROGRAM
Medical Engineering Corporation	Bristol
Meme	Bristol
Meme ME	Bristol
Meme MP	Bristol
Mentor	Mentor
MFE (Man Facelift Expander)	CUI
Microcell	CUI
Misty	Bioplasty
Misty Gold	Bioplasty
Mueller, V. Implanted 11/1/78 to 3/30/84	 Baxter
Munna	Bristol
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
Norman	Bristol
OHP (Oval High Profile)	CUI
OLP (Oval Low Profile)	CUI
Optimam	Bristol
Pangman	Baxter
Papillon	Bristol
Perras	Bristol
Perras-Papillon	Bristol
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
Quin-Seal	Bristol
Radovan	Mentor

BRAND/MANUFACTURER NAME	**STATUS IN REVISED PROGRAM**
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
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
RTV/RTT (Smooth/Textured)	CUI
Ruiz-Cohen	CUI
RZV/SRV (Rectangular Versafil Tissue Expander)	CUI
SCC (Cylindrical Tissue Expander)	CUI
SCL	Bristol
SCS (Crescent Tissue Expander)	CUI
SEE (Mini-crescent Tissue Expander)	CUI
Seropian	Baxter
SFS (Saline Fill Skin and Tissue Expander)	CUI
SGO (Saline Gel Oval)	CUI
SGR (Saline Gel Round)	CUI
Siltex	Mentor
Siltex Becker	Mentor
Siltex Spectrum	Mentor
SLP (Single Lumen Adjustable)	CUI
SLS (Longitudinally Curved Tissue Expander)	CUI
Snyder	Bristol
SOE (Small Oval Tissue Expander)	CUI
SOS (Ear Shaped Tissue Expander)	CUI

BRAND/MANUFACTURER NAME	**STATUS IN REVISED PROGRAM**
Spectrum	Mentor
SPS (Pear Shaped Tissue Expander)	CUI
SRS (Rectangular Tissue Expander)	CUI
SSS (Spherical Tissue Expander)	CUI
Sterling	Baxter
Summit Medical	Bristol
Surgical Specialties	Bristol
Surgitek	Bristol
SWS (Wedge Shaped Tissue Expander)	CUI
SZR (Round Low Profile Sizer)	CUI
Tabari	Baxter
Tecknar	Mentor
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
Uroplasty	Bioplasty
Versafil	CUI
V. Mueller Implanted 11/1/78 to 3/30/84	 Baxter
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
Williams	Baxter
Wood	Bristol

D. EXHIBIT G2 – Implant Brands and Manufacturers.

(Adjusted to include only those identified as Baxter, Bristol, Cox-Uphoff (CUI), Mentor, or Bioplasty. (3M is identified solely for purposes of Section 6.02(d)(v).))

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 the Foreign Settlement Program ("FSP"). If implantation date ranges are supplied for an implant, an appropriate notation is to the right of each date range.

BRAND/MANUFACTURER NAME	STATUS IN FOREIGN SETTLEMENT PROGRAM
3M	3M
AHS	Baxter
Aesthetech	Bristol
American Heyer-Schulte	Baxter
American Hospital Supply	Baxter
Ashley Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Baxter	Baxter
Birnbaum	Baxter
Capozzi Implanted before 9/1/71 Implanted after 8/31/71	 Bristol Baxter
Cavon	Bristol
CBI Medical	Bristol
Cooper Surgical	Bristol
Corbet	Bristol
Dahl	Bristol
Edward Laboratories	Baxter
Edward Weck & Co. Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol
Georgiade	Bristol
Guthrie Implanted before 9/1/71 Implanted 9/1/71 to 12/8/78 Implanted after 12/8/78	 Bristol Baxter Bristol

BRAND/MANUFACTURER NAME	**STATUS IN FOREIGN SETTLEMENT PROGRAM**
Hartley	Baxter
Heyer-Schulte Implanted before 3/31/84 Implanted after 3/30/84	 Baxter Generally not covered; may be Baxter on special proof – see explanation following table
Intrashiel Implanted before 8/3/84 Implanted after 8/2/84	 3M Generally not covered; may be 3M on special proof – see explanation following table
Jenny	Baxter
Jobe	Baxter
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
McGhan Implanted before 8/3/84 Implanted after 8/2/84	 3M Generally not covered; may be 3M on special proof – see explanation following table
MEC	Bristol
Medical Engineering Corporation	Bristol
Meme	Bristol
Meme ME	Bristol
Meme MP	Bristol
Mueller Implanted 9/1/74 to 10/31/78	 Baxter
Munna	Bristol
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

BRAND/MANUFACTURER NAME	STATUS IN FOREIGN SETTLEMENT PROGRAM
Norman	Bristol
Optimam	Bristol
Pangman	Baxter
Papillon	Bristol
Perras	Bristol
Perras-Papillon	Bristol
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
Quin-Seal	Bristol
Replicon	Bristol
SCL	Bristol
Seropian	Baxter
Snyder	Bristol
Sterling	Baxter
Summit Medical	Bristol
Surgical Specialities	Bristol
Surgitek	Bristol
Tabari	Baxter
Travenol	Baxter
V. Mueller Implanted 9/1/74 to 10/31/78	 Baxter
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
Williams	Baxter
Wood	Bristol

TAB II

CATEGORIZATION OF COUNTRIES FOR CALCULATION OF ALLOWED AMOUNT FOR ELIGIBLE FOREIGN CLAIMS

TAB II

CATEGORIZATION OF COUNTRIES FOR CALCULATION OF ALLOWED AMOUNT FOR ELIGIBLE FOREIGN CLAIMS

For purposes of determining the appropriate amount payable, Foreign Claimants with Allowed Personal Injury Claims will be categorized in one (1) of four (4) groups (as specified below in this Schedule III) based on their place of residence. Each "country group" is assigned a specific percentage (as specified below) – which percentage shall be multiplied against the Allowed amount applicable to the Allowed Claim in terms of U.S. dollars. The resulting dollar amount is the amount payable to the Foreign Claimant with an Allowed Claim. This calculation is reflected in the Forms, Instructions, and Claimant Information Guide for the applicable class.

CATEGORY 1 COUNTRIES

60% of Domestic Amount for Applicable Compensation Level

Australia	Canada	New Zealand	United Kingdom

CATEGORY 2 COUNTRIES

60% of Domestic Amount for Applicable Compensation Level

Austria	France including:	Ireland	Netherlands
Bahamas	French Polynesia	Italy	Norway
Belgium	New Caledonia	Japan	Portugal
Bermuda	Germany	Kuwait	Singapore
Cayman Islands	Greece	Liechtenstein	Spain
Denmark	Hong Kong	Luxembourg	Sweden
Finland	Iceland	Monaco	Switzerland
			United Arab Emirates

CATEGORY 3 COUNTRIES

35% of Domestic Amount for Applicable Compensation Level

Argentina	Cyprus	Korea	Qatar
Barbados	Czech Republic	Malaysia	Saudi Arabia
British Virgin Islands	Israel including:	Malta	Taiwan
Chile	Gaza Strip	Mauritius	
	West Bank		

CATEGORY 4 COUNTRIES

35% of Domestic Amount for Applicable Compensation Level

Algeria	Cuba	Jamaica	Paraguay
Belize	Dominican Republic	Jordan	Peru
Bolivia	Ecuador	Kenya	Philippines
Botswana	Egypt	Lebanon	Poland
Brazil	Estonia	Lithuania	Saint Kitts and Nevis
Bulgaria	Fiji	Mali	Senegal
Cambodia	Ghana	Mexico	South Africa
Central African Republic	Grenada	Morocco	Thailand
China	Guatemala	Namibia	Tonga
Colombia	Guyana	New Guinea	Turkey
Cook Islands	Haiti	Nicaragua	Uruguay
Costa Rica	Honduras	Nigeria	Venezuela
Cote d'Ivoire	Hungary	Oman	Vietnam
(Ivory Coast)	India	Pakistan	Zambia
Croatia	Indonesia	Panama	Zimbabwe

TAB III

CASE MANAGEMENT ORDER OUTLINE

OUTLINE OF CASE MANAGEMENT ORDER NO. 1

The Court has previously entered Case Management Order No. 1. If you are considering opting out — that is, rejecting the Settlement Facility benefits — to pursue litigation, it is important that you read the entire Order before making your decision. You may obtain a copy of the complete Order either through the Court via Docket No. 00-CV-00001 or from the Court's website: www.mied.uscourts.gov. The Order contains information about the following topics:

- The court in which your case may be tried
- Deadlines that you must meet, including:
  - Deadlines for filing your lawsuit, and
  - Deadlines for responding to certain court-ordered discovery
- Discovery that may be available to you from other litigation
- Case-specific discovery that you may be required to complete
- Common issue motions that may be filed
- Common issue hearings that may be conducted
- The process for and timing of setting cases for trial
- The types of damages you may seek to recover (no punitive damages allowed)
- The mechanics of filing papers with this court

TAB IV

EXCERPT FROM THE CONFIRMATION ORDER OF THE AMENDED JOINT PLAN OF REORGANIZATION

Excerpt from the Confirmation Order of the Amended Joint Plan of Reorganization November 30, 1999

B. By December 24, 1999 [Dates have been superceded], the Debtor shall mail to each Personal Injury Claimant a notice: (i) summarizing the provisions of this paragraph 5; (ii) informing them that beneficiaries of the United States Government who received medical care or reimbursement for medical care expenses from certain agencies or programs of the United States Government, such as the Veterans Administration, the Bureau of Indian Affairs, the Department of Defense, and Medicare, may have a duty to notify the Government upon settlement of any claim against the Debtor or the Reorganized Debtor and to share such settlement amount with the Government, and (iii) advising them that Claimants may wish to seek legal counsel or the assistance of the Claimants' Advisory Committee with respect to this issue.

C. Personal Injury Claimants obligated by law to inform the United States Government of a settlement with the Debtor shall notify the Government by letter addressed to: Glenn Gillett, Department of Justice, P.O. Box 875, Ben Franklin Station, Washington, D.C., 20044, within 24 hours of the time that the Claimant and the Settlement Facility agree to a settlement amount.

D. Personal Injury Claimants shall have until February 25, 2000 [Dates have been superceded] to withdraw their proofs of claim and to thereby preserve confidentiality as to them. By doing so, however, they forfeit their right to participate in any recovery from the estate or the Reorganized Debtor.

E. Commencing March 1, 2000 [Dates have been superceded], the United States of America may examine and copy at its own expense proofs of claim of all Personal Injury Claimants which have not been withdrawn, but subject to the following restrictions with respect to the claims of Personal Injury Claimants who elect to settle within the Settlement Facility: (i) the information contained on proofs of claim shall be available only to those persons within the Government having a need to know; and (ii) the Government may not release such information to any person outside of the Government (whether or not requested under the Freedom of Information Act or other provision of law) except other parties in this case who already have access to the same information. This order shall be deemed to be merely a modification of the existing confidentiality orders of this Court.