

**\$750 (U.S.) EXPEDITED RELEASE PAYMENT OR
LIMITED DISEASE PAYMENT CLAIM FORM, OPTION 4**

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

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 6.2)

Use this form to apply for payment for either 1) a \$750 (U.S.) Expedited Release Payment or 2) a Limited Disease Payment ranging from \$3,600 (U.S.) to \$18,000 (U.S.) (including a Premium Payment). Please read these Instructions and the Option 4 Claimant Information Guide carefully.

1. WHAT IS OPTION 4 -- THE \$750 (U.S.) EXPEDITED RELEASE PAYMENT OR A LIMITED DISEASE PAYMENT?

Option 4 allows you to receive payment – at a reduced amount – if you do not meet the proof of manufacturer requirements in other Options (Options 1, 2 and 3). If your medical records of your breast implant surgery were destroyed because of a war or natural disaster that can be verified, you can apply for either a \$750 Expedited Release Payment or a Limited Disease Payment. To receive payment, the name of your physician, hospital or clinic and the date of the implant surgery must match information from the sales records provided by Dow Corning.

2. WHAT ARE THE BRAND NAMES FOR DOW CORNING BREAST IMPLANTS?

Any of the following is an acceptable brand name for Dow Corning breast implants:

BRAND NAME	STATUS
Cronin	Acceptable if your breast implants were implanted in or from 1963 - 1971
Dow Corning	Acceptable
Dow Corning Wright	Acceptable
DC or DCW	Acceptable
Mueller, V. or V. Mueller	Acceptable if your breast implants were implanted after January 1, 1968 and before August 31, 1974
SILASTIC or Silastic	Acceptable
SILASTIC II or Silastic II	Acceptable
SILASTIC MSI or Silastic MSI	Acceptable
"silastic" - in all lower case letters	Acceptable if it is contained in a contemporaneous operative report for a breast implantation prior to 1969, provided that there is no other information in your records that is inconsistent with a Dow Corning product. This type of proof shall be used only if you do not have any explant records demonstrating a "Unique Identifier."
Varifil	Acceptable

DO NOT RETURN INSTRUCTIONS WITH FORM

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

3. WHAT IS THE \$750 (U.S.) EXPEDITED RELEASE PAYMENT, OPTION 4?

You will receive the \$750 (U.S.) Expedited Release Payment simply by completing Questions 2-4 on the claim form and supplying enough information for the Settlement Facility to determine that you meet the requirements in Question 1 above.

4. IF I RECEIVE THE \$750 (U.S.) EXPEDITED RELEASE PAYMENT, CAN I ALSO APPLY FOR OTHER SETTLEMENT PAYMENTS?

No.

5. WHAT IS THE LIMITED DISEASE PAYMENT, OPTION 4?

The Limited Disease Payment provides payment ranging from \$3,600 - \$18,000 (U.S.) (including a Premium Payment). You must submit medical records and documents that show that you have one (1) of the diseases or conditions listed below and you have a related disability or meet the severity criteria for that disease or condition. You must also meet the requirements in Question 1 above.

There are eight (8) eligible diseases and conditions. The eligible diseases and conditions are:

- Atypical Connective Tissue Disease (ACTD)
- Atypical Neurological Disease Syndrome (ANDS)
- Primary Sjogren’s Syndrome (PSS)
- Mixed Connective Tissue Disease (MCTD)/ Overlap Syndrome
- Systemic Sclerosis / Scleroderma (SS)
- Systemic Lupus Erythematosus (SLE)
- Polymyositis (PM)
- Dermatomyositis (DM)

6. HOW MUCH IS THE LIMITED DISEASE PAYMENT?

The Limited Disease Payment is determined by the approved severity or disability level for your disease or condition. As long as you have at least one (1) of the diseases or conditions listed in Question 5 above, then use the chart below to find your severity or disability level to determine the payment.

Settlement Payment Option	Base Payment (U.S.)	Premium Payment (U.S.)
Limited Disease Payment		
Level One C or D	\$ 3,000	\$ 600
Level One B	\$ 6,000	\$ 1,200
Level One A	\$ 15,000	\$ 3,000

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7. WHAT IS THE DEADLINE TO APPLY FOR THE \$750 (U.S.) EXPEDITED RELEASE PAYMENT AND THE LIMITED DISEASE PAYMENT?

Complete and return your claim form and supporting records on or before fifteen (15) years after the Effective Date. *(Read Question Q9-5 in the Option 4 Claimant Information Guide for more information on the Effective Date.)*

8. IF I RECEIVE A LIMITED DISEASE PAYMENT, CAN I APPLY FOR OTHER SETTLEMENT BENEFITS?

No.

9. CAN I COMPLETE THIS CLAIM FORM AND SEND MY MEDICAL RECORDS AND DOCUMENTS IN MY NATIVE LANGUAGE OR DO THEY HAVE TO BE IN ENGLISH?

You may submit this claim form, medical records and documents in your own language. We will be able to process your claim faster though if you complete the claim form and have your medical records translated to English. *(Read Question Q2-6 in the Option 4 Claimant Information Guide for more information.)*

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

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

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