

REQUEST FOR REVIEW OF ADDITIONAL PROOF OF MANUFACTURER MATERIAL

You must complete this form and return if you have additional information that you want the Settlement Facility – Dow Corning Trust to consider for your Proof of Manufacturer review.

1. Complete and update claimant information.	
PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION <u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u>	<u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u>
1. SID #: _____	1. SID #: _____
2. Date of Birth: _____	2. Date of Birth: _____
3. Claimant's Name: _____	3. New Last Name: _____
4. Claimant's Address: _____ _____	4. New Address: _____ _____
5. Daytime Phone: (____) ____-_____	5. New Daytime Phone: (____) ____-_____
6. Evening Phone: (____) ____-_____	6. New Evening Phone: (____) ____-_____
7. Attorney's Name/Address/Phone/Fax: _____ _____	7. New Attorney's Name/Address/Phone/Fax: _____ _____

2. Sign below and return this form with any additional information.	
I have additional <u>medical</u> information that I want the Facility to consider and I have attached it to this form.	
I am submitting information for the following class: <input type="checkbox"/> Class 5/6.1/6.2 <input type="checkbox"/> Class 9/10.1/10.2 <input type="checkbox"/> Class 7	
<u>Please keep a copy of all records for your file and write your name and ID on all medical records in red ink.</u>	

*Signature of Claimant, Executor/Administrator/Guardian or Attorney (Please circle one)	Date Signed
*Forms with invalid signatures will be returned unprocessed.	