

# CLAIM FORM

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

### SILICONE MATERIAL CLAIMANTS AND PARTICIPATING FOREIGN GEL CLAIMANTS (CLASS 7)

Use this form to apply for payment from the Silicone Material Claimants' Fund (Class 7). Please read these Instructions and the Claimant Information Guide for more information.

#### 1. WHAT IS THE SILICONE GEL MATERIAL CLAIMANTS' FUND (CLASS 7)?

The Silicone Material Claimants' Fund is a fund of \$57.5 million (Net Present Value) set aside to make Expedited Release or Disease Payments to women who were implanted with certain types of *silicone gel* breast implants from 1976-1991. To be eligible, you must have been implanted with a *silicone gel* breast implant made by one (1) of the manufacturers listed in Question 2. You are not eligible if you were ever implanted with a Dow Corning implant. If you were ever implanted with a Dow Corning implant, do not complete this form. Call the Settlement Facility Toll Free at 1-866-874-6099 to obtain the correct claim forms.

#### 2. WHAT SILICONE GEL BREAST IMPLANTS QUALIFY FOR SETTLEMENT BENEFITS?

Review the chart below to see if you received a silicone gel breast implant from one (1) of the following manufacturers. (*Read Section 5 in the Claimant Information Guide for more information.*)

A. If you have a silicone gel breast implant implanted from 1976-1991 from one (1) of the following, you are a Silicone Material Claimant	B. If you have a silicone gel breast implant implanted from 1976-1991 from any of the following, you are a Participating Foreign Gel Claimant
Bioplasty	Koken
Baxter	Medasil
Bristol	Silimed
Cox Uphoff or CUI	Societe Prometel
Mentor	-----

#### 3. WHAT DO I NEED TO SUBMIT TO SHOW WHO MADE MY SILICONE GEL BREAST IMPLANT?

The criteria to show who made your breast implant are the same criteria used in the Revised Settlement Program (RSP). If your implant proof in the RSP was acceptable for a silicone gel breast implant, then you will not need to submit any additional documents (as long as your records show your eligible silicone gel breast implant was implanted from 1976-1991). (*The criteria to establish your implant manufacturer are set out in Section 5 of the Claimant Information Guide.*)

#### 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](http://www.dcsettlement.com) on the internet

#### 4. **WHAT ARE THE SETTLEMENT OPTIONS FOR SILICONE MATERIAL CLAIMANTS?**

Silicone Material Claimants can receive payment for:

**A.** Expedited Release Payment. You can receive payment simply by showing that you were implanted from 1976 - 1991 with one (1) of the silicone gel breast implants in column A in Question 2 above.

**or**

**B.** Disease Payment. You can receive payment for one (1) of the nine (9) eligible diseases and conditions if you submit medical records and documents that show that you have one (1) of the diseases or conditions listed in Question 6 below and you have a related disability or meet the severity criteria for that disease or condition.

#### 5. **HOW MUCH IS THE EXPEDITED RELEASE PAYMENT? (NOTE: THIS PAYMENT IS AVAILABLE ONLY TO SILICONE MATERIAL CLAIMANTS.)**

There is no set payment amount for the Expedited Release Payment. After all claims have been submitted to the Silicone Material Claimants' Fund, the Claims Administrator will determine the amount of the Expedited Release Payment.

#### 6. **WHAT IS THE DISEASE PAYMENT? (NOTE: THIS PAYMENT IS AVAILABLE ONLY TO SILICONE MATERIAL CLAIMANTS.)**

The Disease Payment provides payment if you 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.

There are nine (9) eligible diseases and conditions in Disease Options 1 and 2. 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)  
General Connective Tissue Symptoms (GCTS)

*(Read Section 7 in the Claimant Information Guide for more information about the Disease Payment.)*

#### 7. **HOW MUCH IS THE DISEASE PAYMENT?**

The payment grid is listed at Question Q2-4 in the Claimant Information Guide. The amount of the Disease Payment depends on several things:

1. The number of approved disease and expedited release claims; and
2. Whether you have received or are eligible to receive payment from your implant manufacturer (i.e., this is called "marshaling"). *(Read Section 12 in the Claimant Information Guide for more information on marshaling.)*

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## 8. WHAT DO I NEED TO DO TO RECEIVE PAYMENT AS A SILICONE MATERIAL CLAIMANT?

Follow steps 1-4 below:

1. Complete and return the claim form by the deadline in Question 14; and
2. Send in medical records or documents that show that you were implanted with a silicone gel breast implant from Baxter, Bioplasty, Bristol, Cox-Uphoff (CUI), or Mentor. *(Read Section 5 in the Claimant Information Guide for a list of implant specific brand names, "Unique Identifiers" and other information associated with these breast implants.); and*
3. Send in medical records or documents that show that your eligible silicone gel breast implant was implanted after January 1, 1976 and before January 1, 1992; and
4. If you are applying for an Expedited Release Payment, check Box 7A and sign and return the claim form. If you are applying for a Disease Payment, check Box 7B and complete the rest of the claim form. Send in the necessary medical records to support the disease and disability or severity you claim.

## 9. WHAT ARE THE SETTLEMENT OPTIONS FOR PARTICIPATING FOREIGN GEL CLAIMANTS?

You are eligible to receive a payment if there is excess money in the Silicone Material Claimants' Fund after all approved Silicone Material Claimants have been paid. You are not eligible for the Expedited Release or Disease Payment.

## 10. WHAT DO I NEED TO DO TO QUALIFY AS A PARTICIPATING FOREIGN GEL CLAIMANT?

Follow steps 1-4 below:

1. Complete and return the claim form by the deadline in Question 14; and
2. Send in medical records or documents that show that you were implanted with a silicone gel breast implant from Koken, Medasil, Silimed, or Societe Promotel. *(Read the Claimant Information Guide for more information.); and*
3. Send in medical records or documents that show that your eligible silicone gel breast implant was implanted after January 1, 1976 and before January 1, 1992; and
4. Check Box 2B on the claim form stating that you are a Participating Foreign Gel Claimant. Sign and return the claim form. Do not answer any other questions on the form.

## 11. ARE EXPLANT AND RUPTURE PAYMENTS AVAILABLE TO SILICONE MATERIAL CLAIMANTS OR PARTICIPATING FOREIGN GEL CLAIMANTS?

No.

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**12. CAN I USE THE MEDICAL RECORDS THAT I HAVE ALREADY SENT TO THE MDL CLAIMS OFFICE TO SUPPORT MY CLAIM?**

Yes. You do not have to resubmit the same medical records or documents. You must, however, complete and return this form.

**13. QUESTION 6 ON THE CLAIM FORM ASKS WHETHER I HAVE RECEIVED OR AM ELIGIBLE TO RECEIVE PAYMENT FROM CERTAIN IMPLANT MANUFACTURERS. WHY IS THIS INFORMATION NECESSARY?**

If you received any payment(s) from Baxter, Bristol, 3M, Koken, Medasil, Silimed or Societe Prometel for your silicone gel breast implant(s), then your Expedited Release or Disease Payment will be reduced by the amount of that prior payment. If you received a substantial payment from your implant manufacturer, it is possible that you will not recover any payment from the Silicone Material Claimants' Fund. *(Read Section 12 in the Claimant Information Guide for more information.)*

**14. WHAT IS THE DEADLINE TO SUBMIT A CLAIM FORM AND SUPPORTING DOCUMENTS?**

You must return this claim form with supporting documents on or before two (2) years after the Effective Date.

**15. CAN I SUBMIT MY CLAIM FORM AND DOCUMENTS IN A LANGUAGE OTHER THAN ENGLISH?**

If your medical records are in one (1) of the languages listed below, then you may submit your claim form and documents in that language. You do not have to translate your documents to English. However, if your documents are in a language other than one listed below, then you must translate your documents to English. *(Read Question Q2-10 in the Claimant Information Guide.)*

You may submit documents in any of the following languages:

Dutch	Portuguese
French	Spanish
German	Swedish
Korean	Vietnamese

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

The Claims Assistance Program is available to answer questions about the Silicone Material Claimants' Fund. There is no charge to you for this service.

Call **Toll Free at 1-866-874-6099** or go to **[www.dcsettlement.com](http://www.dcsettlement.com)** on the internet.

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