

MDL 926 (Breast Implant Litigation)

Do Not Write In These Boxes

ELECTION FORM

1	2	3	4	5
6	7	8		

<i>Implant Recipient</i>	<i>Attorney (if any)</i>										
Name _____	Name _____										
Address _____ _____	Firm _____										
City _____	Address _____ _____										
State _____ Zip _____	City _____										
Date of birth: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr></table>				Month	Day	Year	State _____ Zip _____				
Month	Day	Year									
Social Security #: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											

***Read explanatory materials before completing this form!***  
 Although currently there is no deadline for returning this form, you should return the form by April 1, 1996, if you have not previously registered with the Claims Office.

1. Mark one of the following three boxes. (See Notice ¶ 10 for definition of eligibility, ¶ 18 for definition of foreign claimant, and ¶ 9 and Exhibit G for definitions and list of implant manufacturers and brand names.)

- A. I am eligible to participate in the revised settlement program. (If you mark this box, answer question 2.)
- B. I am not eligible to participate in the revised settlement program. (If you mark this box, skip to question 3.)
- C. I don't have enough information about the manufacturers of my breast implants to know now whether or not I am eligible to participate in the revised settlement program. (If you mark this box, answer question 2; you may prefer to wait to complete this form until you obtain this information.)

2. If you are or may be eligible to participate under the revised settlement program, mark one of the following 3 boxes:

- A. I will wait to decide whether to accept or reject the revised settlement offer until the Claims Office sends me a Notification of Status letter regarding my eligibility and potential benefits under the settlement. Statutes of limitation and repose will continue to be suspended until 6 months after any such later decision to opt out. *(You should also complete and return the separate Proof of Manufacturer Form when that information is available and, if seeking benefits for rupture or explantation expenses, also return the separate forms for those benefits. The earlier this information is provided, the earlier your claim can be processed.)*
- B. I know now that I want to accept the revised settlement offer and, in order to obtain benefits at the earliest possible time, I hereby waive my opt-out rights under Notice ¶ 7. *(You should also complete and return the separate Proof of Manufacturer Form when that information is available and, if seeking benefits for rupture or explantation expenses, also return the separate forms for those benefits. The earlier this information is provided, the earlier your claim can be processed.)*
- C. I reject the revised settlement offer and want to opt out now from the class. **Caution: since statutes of limitation and repose will resume running 30 days after the Claims Office receives notice of this election, you should be sure that you are ready to proceed with any litigation involving a breast implant claim.**

3. If you are not eligible to participate under the revised settlement program, mark one of the following 2 boxes:

- A. I do not want to remain a member of the Lindsey class and elect to opt out now. **Caution: since statutes of limitation and repose will resume running 30 days after the Claims Office receives notice of this election, you should be sure that you are ready to proceed with any litigation involving a breast implant claim.**
- B. I am a member of the Lindsey class and, although I am not eligible for benefits under the revised settlement, I want to remain for the time being as a member of the Lindsey class. I understand I can opt out later after the Claims Office sends me a Notification of Status letter. Statutes of limitation and repose will continue to be suspended until 30 days after such a later opt-out election.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (in ink)  
(If signed on behalf of recipient by court-appointed representative or attorney, print name below)

If you have any questions about using or completing this form, read the enclosed information booklet, contact your attorney, or call 1-800-600-0311 (toll free in U.S.) or 713-951-9106.

When completed, mail to:  
Claims Administrator  
P.O. Box 56666  
Houston, Texas 77256 USA