

EXHIBIT A-1

COMPENSATION SCHEDULE

TYPE OF CLAIM*		CLAIM RATIOS OR AMOUNTS			
EXPEDITED SETTLEMENT CLAIM		\$CND 2,000			
EXPLANTATION CLAIM		\$CND 5,000			
RUPTURE CLAIM		\$CND 12,000			
CLAIM FOR COMPENSATION FOR A DESIGNATED MEDICAL CONDITION	Severity/ Disability Category	Number of Years Dow Corning Breast Implants Were Implanted			
		0 to 5 Years	5 years + 1 day to 10 years	10 years + 1 day to 15 years	15 yrs + 1 day or more
Systemic Sclerosis or Scleroderma. Systemic Lupus Erythematosus	A	0.85	0.90	0.95	1
	B	0.60	0.65	0.70	0.75
	C	0.35	0.40	0.45	0.50
Localized Scleroderma, Mild Lupus	D	0.09	0.09	0.10	0.10
Atypical Neurological Disease Syndrome, Mixed Connective Tissue Disease, Overlap Syndromes, Polymyositis, Dermatomyositis	A	0.60	0.65	0.70	0.75
	B	0.35	0.40	0.45	0.50
	C	0.18	0.20	0.23	0.25
Atypical Connective Tissue Disease, Atypical Rheumatic Syndrome, Non-Specific Autoimmune Condition, Primary Sjogren's Syndrome	A	0.43	0.45	0.48	0.50
	B	0.25	0.28	0.30	0.33
	C	0.12	0.13	0.14	0.15

*See Section 1 of the Agreement and Exhibit A-2 to the Agreement for the definitions of the types of claims listed here. You may make any one of these claims alone, or you may make both an Expedited Settlement Claim and an Explantation Claim, or you may make both a Rupture Claim and a claim for compensation for a Designated Medical Condition. If you are making an Expedited Settlement Claim or an Explantation Claim, you may not, however, make either a Rupture Claim or a claim for compensation for a Designated Medical Condition or visa versa.