EXHIBIT E-1

REGISTRATION & CLAIM FORM

Any person who wants to file a claim pursuant to the Dow Corning/Quebec Breast Implant Litigation Settlement Agreement must submit the attached form.

You must complete all pages of the attached Registration & Claim Form.
Attach additional pages if space is insufficient.
Please type or print legibly in ink.

THE INFORMATION PROVIDED IN THE REGISTRATION & CLAIM FORM WILL REMAIN CONFIDENTIAL EXCEPT AS PROVIDED IN THE DOW CORNING/QUEBEC BREAST IMPLANT LITIGATION SETTLEMENT AGREEMENT

Please mail this Registration & Claim Form to:

The Claims Administrator of the
Dow Corning/Quebec Breast Implant Litigation Settlement Agreement

P.O. Box _____
Montreal, Quebec

Refer to the Agreement and especially to the Claims Administration Procedures for information regarding the submission of required documentation.

To register and make an Expedited Settlement Claim, an Explantation Claim, a Rupture Claim or a Current Claim, a completed Registration & Claim Form and all required documentation must be submitted to the Claims Administrator by the Registration & Claim Deadline of _____.

To register to make an Ongoing Claim for compensation for a Designated Medical Condition that may arise before the Final Claim Deadline, you must complete and submit Sections 1 through 5 and 8 of the Registration & Claim Form and Product Identification Documentation to the Claims Administrator by the Registration and Claim Deadline of _____, and you must submit Sections 6 through 8 of the Registration & Claim Form and Supporting Medical Documentation to the Claims Administrator by the Final Claim Deadline of _____.

If you fail to complete, sign and send this Registration Form to the Claims Administrator postmarked by these dates, you will be barred completely and forever from receiving compensation pursuant to the Agreement.

1. IDENTIFICATION OF CLAIMANT

Last Name	First Name	Middle Initial
Maiden Name		

Current Address

Street

City Province Country Postal Code

Telephone No. (day)	Health Card Number (IRAMQ No.)
Date of Birth	Date of Death (if deceased)

Do you have a lawyer representing you in connection with a breast implant claim?

	No.
	Yes. If yes, please provide the lawyer's Name Address Telephone No.

If the information provided above changes, you must inform the Claims Administrator in writing.

Check the responses below that apply and provide additional information where requested. Attach additional pages if necessary.

2. INFORMATION REGARDING ELIGIBILITY

Did you reside in Quebec on August 1, 1998?	____No	____Yes

I declare (check **all** that apply):

	I have not accepted nor agreed to accept compensation from Dow Corning or any of the Released Parties with respect to Dow Corning Breast Implants (other than under this Agreement).
	I have not released, by settlement, judgment, court order or otherwise, Dow Corning or any of the Released Parties with respect to Dow Corning Breast Implants.
	My action or actions, if any, against Dow Corning and/or any of the Released Parties with respect to Dow Corning Breast Implants have not been dismissed.

3. INFORMATION REGARDING CLAIMS AGAINST DOW CORNING

If you filed a proof of claim in the U.S. Bankruptcy Court, what is the number assigned to your claim? _____

Are or were you a party in a breast implant lawsuit (other than a class action) against Dow Corning?

☐ No.

☐ Yes. If yes, please provide the following information regarding each claim you have filed and/or served, attaching additional pages if necessary:

Docket or Case Number assigned to your claim:

Date the claim was filed: Date the claim was served:

Name and address of the court in which the claim was filed:

4. INFORMATION REGARDING DOW CORNING BREAST IMPLANTS

Please provide below the date and place of implantation of your Dow Corning Breast Implant(s), and (if known) the name and/or model of your Dow Corning Breast Implant(s). Please list both silicone and saline implants.

Date	City, Province	Name/Model
Date	City, Province	Name/Model
Date	City, Province	Name/Model
Date	City, Province	Name/Model

5. INFORMATION REGARDING OTHER TYPES OF BREAST IMPLANTS

a. Please provide the date and place of implantation of silicone breast implant(s) other than Dow Corning Breast Implant(s) and (if known) the name, model and/or manufacturer of your implant(s).

Date	City, Province	Name/Model/Manufacturer of Implant
Date	City, Province	Name/Model/Manufacturer of Implant

b. Have you filed a claim against or registered for compensation from any other breast implant manufacturer (e.g., from Bristol-Myers Squibb Company, Baxter Healthcare Corporation and Baxter International, Inc., or from another manufacturer through the U.S. Settlement presided over by Judge Sam Pointer)?

☐ No.

☐ Yes.

- ☐ If yes, from which manufacturer?
- ☐ If yes, have you received or been approved to receive compensation?

6. INFORMATION REGARDING THE CLAIMS YOU ARE MAKING UNDER THE AGREEMENT

a. **EXPEDITED SETTLEMENT CLAIM:** Do you wish to make an Expedited Settlement Claim, as defined in the Agreement and Exhibit A-2 thereto, for payment of $CND 2,000, which will be paid before any other claims, instead of making a claim for compensation for a Designated Medical Condition or for Rupture?

- ☐ No.
- ☐ Yes.

b. **EXPLANTATION CLAIM:** Do you wish to make an Explantation Claim, as defined in the Agreement and Exhibit A-2 thereto, for payment of $CND 5,000? You may make such a claim in addition to an Expedited Settlement Claim, but you may not make such a claim if you are making a claim for compensation for a Designated Medical Condition or for Rupture.

- ☐ No.
- ☐ Yes.

If you checked the Explantation Claim option, please provide the date and place of each Explantation you have had. If your implant(s) was (were) replaced, provide (if known) the name, model and/or manufacturer of your replacement implant(s):

Date of Explantation:	City, Province:
Name, Model and/or Manufacturer of Replacement Implant:	
Date of Explantation:	City, Province:
Name, Model and/or Manufacturer of Replacement Implant:	

c. **RUPTURE CLAIM:** Do you wish to make a Rupture Claim as defined in the Agreement and Exhibit A-2 thereto for payment of $CND 12,000?

- ☐ No.
- ☐ Yes.

d. **CLAIM FOR A DESIGNATED MEDICAL CONDITION:** Do you wish to make a claim for compensation for compensation for one or more Designated Medical Conditions, as defined in the Agreement and Exhibit A-2 thereto? If so, what are the Designated Medical Conditions for which you are making a claim? (Check all that apply.)

- ☐ **Sclerosis/Scleroderma**
- ☐ **Systemic Lupus Erythematosus**
- ☐ **Atypical Neurological Disease Syndrome**
- ☐ **Mixed Connective Tissue Disease/Overlap Syndrome**
- ☐ **Polymyositis**
- ☐ **Dermatomyositis**
- ☐ **Primary Sjogren's Syndrome**
- ☐ **Atypical Connective Tissue Disease**
- ☐ **Atypical Rheumatic Syndrome**
- ☐ Nonspecific Autoimmune Condition

	If you checked one of the Designated Medical Conditions above, please specify:
	(i) the Severity/Disability Category (as defined in the Agreement) you are claiming (refer to your Statement of Disability):
	A | B | C | D (for Sclerosis/Scleroderma/Lupus only)
	(ii) the number of years between the insertion and the removal of your Dow Corning Breast Implant:

7. IDENTIFICATION OF PERSON SIGNING THIS FORM

I am the above-identified breast implant recipient or the guardian, custodian, executor, administrator or court-appointed representative of the above-identified registrant (or her estate). I am signing this Registration & Claim Form to make a claim for benefits under the Dow Corning/ Quebec Breast Implant Settlement Agreement. **With this Registration & Claim Form, as required under the Agreement, I am attaching** (check all that apply):

___ Supporting Medical Documentation
___ Product Identification Documentation
___ Solicitor's Certificate of Independent Advice (If you are represented by counsel, he or she must submit such a certificate regarding your claim.)
__ Affidavit of Unrepresented Settlement Class Member (Attach if you are not represented by counsel.)
___ Release of Dow Corning and the Released Parties

If you are the representative of a claimant and not the claimant herself, please provide the following:

Name: Title:

Mailing Address:

Telephone Number:

I declare under penalty of perjury that the information on this Form is true, correct and complete to the best of my knowledge, information and belief.

Date signed	Signature of claimant or representative

8. AUTHORIZATION OF RELEASE OF MEDICAL RECORDS		
	Pursuant to this direction, I hereby authorize and direct the release to the Claims Administrator of the Dow Corning/Quebec Breast Implant Settlement Agreement of any medical information or records held by any person concerning (1) the identity or identities of the manufacturer or manufacturers of any and all breast implants I have had, (2) any and all breast implant surgery or surgeries I have had, (3) any and all injuries, illnesses and other medical problems allegedly related to any and all breast implants I have had, and (4) any and all injuries, illnesses and other medical problems that predated any breast implantation I have had. For such release, this "Authorization of Release of Medical Records" shall be good and sufficient authority.	
	Date Signed	Claimant or Representative: