

**CLAIMS ADMINISTRATOR'S OFFICE
Breast Implant Settlement
P.O. Box 56666
Houston, Texas 77256**

**CLAIMANT INFORMATION UPDATE REQUEST IN THE
REVISED SETTLEMENT PROGRAM**

If you have any updates or corrections to make, please print or type the new information below. **Name, Social Security No. (if U.S. Citizen), and Date of Birth fields must be completed for all changes. In addition, for a change of social security number or name, you must submit a copy of the appropriate legal document with this form which documents the corrected information.**

Name: _____	Name Change: _____
Date of Birth: _____	Corrected Date of Birth: _____
Social Security No. (SSN): _____	Corrected SSN: _____
Old Address: _____ _____	New Address: _____ _____
Telephone Number: _____	

If you wish to make attorney changes, please indicate the type of change below:

I wish to change or add my Attorney of Record:

(New) Attorney Name: _____
Law Firm Name: _____
Law Firm Address: _____

Telephone Number: _____

I wish to remove my Attorney of Record and not be represented by counsel in the Revised Settlement Program.

Date

Type or Print Claimant Name

Signature of Claimant or Court-Appointed Representative