

THE FLINTKOTE ASBESTOS TRUST
PROOF OF CLAIM FORM

Submit completed claims to: The Flintkote Asbestos Trust P.O. Box 1033 _____ Wilmington, Delaware 19899-1033 _____
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Instructions for the Claim Form

File your claim more efficiently: submit and manage your claim electronically through the website of The Flintkote Asbestos Trust (the “Trust”). Visit www.FlintkoteAsbestosTrust.com for more information.

Note: It is possible that claim data previously submitted to the Delaware Claims Processing Facility for another trust can be used to expedite the preparation and review of claims for the Trust. Doing so will reduce the work necessary to file a claim and minimize the time it takes to review the claim. Please visit the Trust’s website at www.FlintkoteAsbestosTrust.com for information on the use of this data.

Please complete this claim form as thoroughly and accurately as possible.¹ Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Medical records as required by the Trust Distribution Procedures (“TDP”) and as requested in the Trust’s claim filing instructions
- Proof of Flintkote Exposure as required by the TDP and as set out in the instructions
- Documentation of Economic Loss (if applicable – see Part 8 below)

Choice of Claim Process

Please choose the applicable claim process (**check only one**):

- Expedited Review (“ER”) (not available for Level V (Lung Cancer 2) Claims, Secondary Exposure Claims, Foreign Claims, Extraordinary Claims, or Exigent Hardship Claims)
- Individual Review (“IR”)

Representation

If counsel represents claimant, please print or type the following information:

1. Attorney Name: _____
(Last) (First) (MI)
2. Name of Law Firm: _____
3. Firm Address: _____
4. Attorney Phone: () _____ Fax: () _____ Email: _____
5. Paralegal or Contact Name: _____
(Last) (First) (MI)
6. Contact Phone: () _____ Fax: () _____ Email: _____

¹ To the extent this form conflicts with the Trust Distribution Procedures, the Trust Distribution Procedures control. All capitalized terms not defined herein (including “Flintkote”) shall have the respective meanings ascribed to them in the Trust Distribution Procedures.

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Part 1: Injured Party Information

1. Name: _____
(Last) (First) (MI)
2. Social Security Number: _____ - _____ - _____
3. Gender: Male _____ Female _____
4. Date of Birth: _____ / _____ / _____
(month) (day) (year)
5. Is injured party living? Yes _____ No _____
6. If injured party is deceased, please complete the following (**Death Certificate must be enclosed**):
- a. Date of death: _____ / _____ / _____
(month) (day) (year)
- b. Was death asbestos-related? Yes _____ No _____
7. If injured party is living and not represented by counsel, please complete the following:
- a. Mailing address: _____
(street/P.O. Box)

(city/state/zip)
- b. Daytime Phone: () _____ - _____
- c. Email Address: _____
8. If injured party is deceased or has a personal representative or heir other than, or in addition to, his/her attorney, please indicate the following for the representative (**Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law**):
- a. Name: _____
(Last) (First) (MI)
- b. Social Security Number: _____ - _____ - _____ or Tax ID Number: _____
- c. Mailing Address: _____
(street/P.O. Box)

(city/state/zip)
- d. Daytime Phone: () _____ - _____
- e. Email Address: _____
- f. Relationship to injured party: _____
(e.g., spouse, child)
9. Please provide the following information for Medicare-reporting purposes:
- Check this box if the injured party's Flintkote Exposure ended before December 5, 1980.

Please note that if a claimant is unable or chooses not to answer question 9, the Trust will presume exposure on or after December 5, 1980 for Medicare-reporting purposes only. This presumption will not affect the calculation of an injured party's exposure for purposes of meeting the TDP's exposure requirements.

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Part 2: Diagnosed Asbestos-Related Injury

1. Check the box next to the highest asbestos-related Disease Level that has been diagnosed for the injured party and for which medical documentation is attached to this claim form. See the Trust's claim filing instructions for a list of specific medical criteria and records that must be enclosed for each Disease Level **(check only the most serious)**:

<u>Level</u>	<u>Scheduled Disease</u>
<input type="checkbox"/> VII	Mesothelioma
<input type="checkbox"/> VI	Lung Cancer 1
<input type="checkbox"/> V	Lung Cancer 2 (Individual Review Only)
<input type="checkbox"/> IV	Other Cancer (Please specify: _____)
<input type="checkbox"/> III	Severe Asbestosis (ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos plus (a) TLC less than 65% or (b) FVC less than 65% plus FEV1/FVC ratio greater than 65%)
<input type="checkbox"/> II	Asbestosis/Pleural Disease (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
<input type="checkbox"/> I	Asbestosis/Pleural Disease (Bilateral Asbestos-Related Non-Malignant Disease)

2. Date of Diagnosis: _____ / _____ / _____
(month) (day) (year)

The claim must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The presumptive medical criteria for the Disease Levels set forth above are included in the claim filing instructions.

- For claims filed against The Flintkote Company, Flintkote Mines Limited, or any other asbestos defendant in the tort system prior to the Petition Date (May 1, 2004), please check this box if you have a report of a diagnosing physician who conducted the physical examination of the injured party or if you have filed such a report with another defendant in the tort system or another asbestos personal injury settlement trust (see TDP §§ 5.7(a)(1)(A) and 5.7(a)(1)(C)).

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Part 3: Flintkote Exposure or Other Asbestos Exposure and Significant Occupational Exposure

Proof of Flintkote Exposure and proof of Significant Occupational Exposure (“SOE”) to asbestos-related products are addressed below and must be supplied as required by TDP §§ 5.3 and 5.7(b) (see claim filing instructions for more information). **Please photocopy this section of the claim form and list separately each site, industry, and occupation combination upon which you rely to meet the exposure requirements of the TDP.**

“Flintkote Exposure” means meaningful and credible exposure, which occurred prior to December 31, 1982, to asbestos or asbestos-containing products supplied, specified, manufactured, installed, maintained, or repaired by Flintkote and/or any entity, including a Flintkote contracting unit, for which Flintkote has legal responsibility.

Please include detail concerning asbestos exposure (not just Flintkote Exposure) necessary to meet the exposure criteria for approval of the claimed disease level. List each site, industry and occupation combination separately.

For Flintkote Exposure, a list of approved Flintkote sites is available on the Trust website at www.FlintkoteAsbestosTrust.com. Please reference that list and enter the Approved Site Code below.

If the site at which you are alleging exposure to Flintkote asbestos-containing products is not on the approved Flintkote site list, provide independent documentation of meaningful and credible evidence of exposure to such products. This may be established by documentation including, but not limited to, the following:

- *An affidavit of the injured party*
- *An affidavit of a co-worker*
- *An affidavit of a family member in the case of a deceased claimant*
- *Invoices*
- *Employment, construction or similar records*
- *Sworn statement, interrogatory answers, sworn work history, or deposition*

1. Site Where Exposure Occurred

If the site is on the approved Flintkote site list, enter the Approved Site Code (available on the Trust’s website) and proceed directly to question 2 below: _____

Otherwise, please provide the following information:

Name of Ship/Plant/Site of Exposure: _____

City: _____

State/Province: _____

Country: _____

If this exposure involved asbestos-containing products supplied, specified, manufactured, installed, maintained, or repaired by Flintkote and/or any entity, including a Flintkote contracting unit, for which Flintkote has legal responsibility, identify the products and provide the evidentiary basis for the claim that those products were at the site of exposure:

2. Date Exposure Began: ____/____/____ Date Exposure Ended: ____/____/____
(month) (year) (month) (year)

3. Occupation at Time of Exposure (e.g., Boilermaker, Laborer): _____

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4. Industry in Which Exposure Occurred: _____ (**Industry Codes listed below**)

If Industry Code 37 – Other, please describe: _____

Industry Codes

- | | |
|---|------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 11. Aerospace/aviation | 25. Insulation |
| 12. Asbestos abatement | 27. Railroad |
| 13. Automobile/mechanical friction | 30. Shipyard-construction/repair |
| 16. Chemical | 31. Textile |
| 17. Construction trades | 32. Tire/rubber |
| 18. Iron/steel | 33. Utilities |
| 19. Longshore | 34. Asbestos products manufacturer |
| 20. Maritime | 36. Building occupant |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

5. **Significant Occupational Exposure.** If your occupation does not appear on the list of Presumptive SOE Occupations Ratings (available at www.FlintkoteAsbestosTrust.com), please skip to question 6. If it does appear on the list, indicate the circumstances of your exposure to asbestos products (check all applicable boxes):

- The injured party handled raw asbestos fibers on a regular basis
- The injured party fabricated asbestos-containing products such that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers
- The injured party altered, repaired or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers
- The injured party was employed in an industry or occupation such that the injured party worked on a regular basis in close proximity to workers who did one or more of the above three activities
- None of the above

6. If the injured party's occupation **does not** appear on the list of Presumptive SOE Occupations Ratings, or "None of the above" was checked in question 5 above, provide a description of how the injured party was exposed to asbestos at each identified site:

7. **Flintkote Exposure.** Every claimant must submit evidence of exposure to Flintkote asbestos products or activities.

- a. To demonstrate exposure to Flintkote products or activities, check the applicable box below. If you check box 5, answer question 7(b). If any of the first four boxes are checked, proceed to question 8. Provided, however if box 1 is checked and there is no date on the site list, question 7(b) must be answered. (check one box only)
 - 1. The site in question 1 is on the Flintkote approved site list, and the injured party worked there during the appropriate time period (if there is no date on the site list, please answer the question 7(b) below); or
 - 2. Claimant's answer to question 1 is the injured party's personal identification of exposure to Flintkote's asbestos products/activities; or

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- 3. Claimant’s answer to question 1 otherwise identifies Flintkote’s asbestos products/activities at this site (e.g. co-worker affidavit), and also identifies the injured party by name; or
- 4. The answer to question 1 provides evidence that Flintkote’s asbestos products or activities were at this site and further sets forth that the injured party worked at this site within a year of having demonstrated that the asbestos products or activities were present at the site; or
- 5. None of the above apply.

b. If the box 5 was checked, or if box 1 was checked and there is no date on the site list, provide a description of the injured party’s exposure to the type of asbestos products or activities that you have attributed to Flintkote at this site:

8. If this exposure is in support of *Exposure to an Occupationally Exposed Person* from Part 4 below, please provide the name of the occupationally exposed individual:

(Last) (First) (MI)

9. If the claimant is filing an Extraordinary Claim, provide a clear and concise declaration as to how the claim satisfies Section 5.4(a) of the TDP.

10. Does the claimant allege that the Injured Party’s exposure to an asbestos-containing product or conduct for which the Debtors have legal responsibility occurred outside of the United States and its Territories and Possessions and outside the Provinces and Territories of Canada?

Yes ___ No ___

11. If the response to the previous questions was yes, provide the following information about the foreign jurisdiction(s) in which the exposure allegedly occurred (attach additional copies as necessary):

a. Name of the Country:

b. Name of the County, Province, and/or City:

c. Describe how the alleged exposure occurred within the foreign jurisdiction:

The Trust may require additional information regarding your Foreign Claim and shall take into account all relevant procedural and substantive legal rules to which the claim would be subject in the Claimant’s Jurisdiction, as defined in Section 5.3(b)(2) of the TDP.

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Part 4: Exposure to an Occupationally Exposed Person

Note: If a claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person (such as a family member), the claimant must seek Individual Review of his or her claim pursuant to TDP § 5.5.

1. Is the claimant alleging an asbestos-related disease resulting in whole or in part from another person's occupational exposure?

Yes _____ No _____

If yes, Part 3 of this claim must be completed for each occupationally exposed person.

2. Date injured party's exposure to other person began: _____ / _____
(month) (year)

3. Date injured party's exposure to other person ended: _____ / _____
(month) (year)

4. Injured party's relationship to occupationally exposed person during the exposure period:

(e.g., spouse, father, brother)

5. Occupationally exposed person information:

a. Name: _____
(Last) (First) (MI)

b. Social Security Number: _____ - _____ - _____

6. Describe how the injured party was exposed through the occupationally exposed person to a Flintkote asbestos-containing product:

Reminder: Part 3 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Part 3 must also be completed for that exposure.

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Part 5: Litigation/Claims History

1. Has an asbestos-related lawsuit ever been filed on behalf of the injured party? Yes ___ No ___
 - a. Was Flintkote named as a defendant? Yes ___ No ___
 - b. State in which the suit was originally filed: _____
 - c. Name of court in which the suit was originally filed: _____
 - d. Case number: _____
 - e. Date the suit was originally filed: _____ / _____ / _____
(month) (day) (year)
 - f. Have you received money from Flintkote regarding this suit? Yes ___ No ___
 - g. Did you sign a release releasing Flintkote regarding this suit? Yes ___ No ___

2. If the answer to question 1a above is Yes, was a final non-appealable judgment entered? Yes ___ No ___
(If Yes, please provide a copy of the judgment.)

3. If the answer to question 1a above is No, in which jurisdiction would the claimant qualify to be evaluated pursuant to TDP § 5.3(b)(2)? _____
 - a. Is this the jurisdiction in which the claimant resided at the time of diagnosis? Yes ___ No ___
 - b. Is this the jurisdiction in which the claimant experienced Flintkote Exposure? Yes ___ No ___
 - c. Is this the jurisdiction in which the claimant currently resides? Yes ___ No ___

4. Was a tolling agreement for the injured party ever in effect with respect to the claim(s) against Flintkote? Yes ___ No ___ **(If Yes, please provide a copy of the tolling agreement.)**
 - a. Date the tolling agreement began: _____ / _____ / _____
(month) (day) (year)
 - b. Date the tolling agreement ended: _____ / _____ / _____
(month) (day) (year)

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Part 6: Financial Dependents and Beneficiaries

List any other persons who may have rights associated with this claim. Be sure to include the injured party's spouse and/or any financial dependents who derive (or who derived at the time of diagnosis of the asbestos-related disease claimed) at least one-half of their financial support from the injured party. ***This should be completed for IR claims only.***

If additional space is required, please photocopy this page and insert after current page.

<p>1. Name: _____ (Last) (First) (MI)</p> <p>3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other</p>	<p>2. Date of Birth: _____/_____/_____ (month) (day) (year)</p> <p>4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Name: _____ (Last) (First) (MI)</p> <p>3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other</p>	<p>2. Date of Birth: _____/_____/_____ (month) (day) (year)</p> <p>4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Name: _____ (Last) (First) (MI)</p> <p>3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other</p>	<p>2. Date of Birth: _____/_____/_____ (month) (day) (year)</p> <p>4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Name: _____ (Last) (First) (MI)</p> <p>3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other</p>	<p>2. Date of Birth: _____/_____/_____ (month) (day) (year)</p> <p>4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Part 7: Smoking History

For each item, indicate whether the injured party has smoked. Please indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate (e.g., three and one-half packs would be entered as 3.5). ***This is to be completed for Lung Cancer 2 (LC2) and IR Levels I through VI only.***

<p>1. Has the injured party ever Smoked Cigarettes?</p> <p>From: _____ / _____ (month) (year)</p> <p>Packs per day: _____ (use decimal)</p>	<p>Yes _____ No _____</p> <p>To: _____ / _____ (month) (year)</p>
<p>1. Has the injured party ever Smoked Cigars?</p> <p>From: _____ / _____ (month) (year)</p> <p>Cigars per day: _____ (use decimal)</p>	<p>Yes _____ No _____</p> <p>To: _____ / _____ (month) (year)</p>

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Part 8: Employment Information for Economic Loss

This is to be completed for IR claims only.

1. Current Employment Status of the injured party:

- Full-time, outside the home
- Full-time, within the home
- Part-time, outside the home
- Part-time, within the home
- Retired
- Disabled
- Deceased

2. Amount of last annual wages: \$ _____

3. Date of last wage received: _____ / _____
(month) (year)

(Enter current date if currently earning work-related compensation.)

If economic losses are being claimed, you must enclose an economic loss report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.

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Part 9: Signature Page

All claims must be signed by the injured party or the person filing on his/her behalf (such as the injured party's personal representative or counsel).

If signed by the injured party or his/her personal representative, I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

If signed by the injured party's counsel, I certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Signature of injured party, personal representative, or counsel

Please print the name and relationship to the injured party of the signatory above.

Date: ____ / ____ / ____
(month) (day) (year)

Please review your submission to ensure it is complete and includes the following documents as applicable:

- Death Certificate
- Certificate of Official Capacity or other estate documentation
- Medical records supporting the diagnosis of the claimed Disease Level
- Proof of Flintkote Exposure
- Proof of Significant Occupational Exposure
- Copy of judgment and/or tolling agreement (see Part 5)
- Documentation of economic loss (see Part 8)
- Any additional information you wish to provide

If you are filing an IR claim and have additional information (see TDP § 5.3(b)(2)) that you would like the Trust to consider in evaluating your claim, please include those documents with this form.