

# Instructions for Completing the C. E. Thurston & Sons Proof of Claim Form

This document has been designed to assist you with the completion and submission of your proof of claim (POC) form. The Claims Resolution Management Corporation (CRMC), our processing facility has the capability to accept POCs in electronic format. If you wish to be considered for electronic filing, please contact Customer Service at the 800 number listed below or e-mail them at [inquiry@claimsres.com](mailto:inquiry@claimsres.com) for further information and instructions.

Most important to the successful processing of your claim is to ensure that it is accurate and complete. We encourage you to review your claim more than once before you send it to us. We have provided detailed instructions for each section of the claim form, in exactly the same order as you will find them. We have also included some additional tips for filing. Please read through these carefully.

Despite the best of intentions, we know mistakes will occur. If a claim form is not complete it will be returned to you with a notice of the necessary corrections that need to be made. At least one medical report (not a death certificate) must be included or the claim form will be returned to you.

Please call upon our Customer Service staff using the 800 number listed below for assistance in filling out your form and determining what must be attached in order for your claim to be processed. If you are a first-time filer, we recommend that you contact our Customer Administrator to register your law firm prior to submitting your claim. This will help expedite the process.

When you are ready to submit your completed form, please send it to:

Claims Resolution Management Corporation  
P.O. Box 12003  
Falls Church, VA 22042-0683  
(703) 204-9300  
(800) 536-2722

## **COMPLETING THE C. E. THURSTON & SONS PROOF OF CLAIM FORM**

### **PART 1: INJURED PARTY INFORMATION**

Complete this section in full. If the claimant is deceased, you must provide the date of death and the personal representative information. If this information is not complete, the claim cannot be processed and will be returned to you.

### **PART 2: LAW FIRM/ATTORNEY INFORMATION**

Please enter the Law Firm and Attorney Codes if previously supplied to you by CRMC, OR, complete the law firm information in full. Fax numbers, firm website addresses and e-mail addresses are not required, but they can facilitate future communication with your firm.

### **PART 3: LITIGATION**

Please check Yes or No to the question about whether any asbestos-related lawsuit has been filed on behalf of the claimant. If yes, provide the date of the earliest filing and the State or Country (for a foreign claim) in which the litigation was filed.

### **PART 4: BANKRUPTCY BALLOT OR CLAIM**

Please check Yes or No to the question about the filing of a ballot or claim with C. E. Thurston & Sons, Inc. on behalf of the injured party during the bankruptcy. If yes, provide the Tracking Number and Tracking Date provided to you as part of this mailing.

### **PART 5: EXPOSURE HISTORY**

You must complete this section in full. To qualify for any Disease Level, the claimant must demonstrate exposure to asbestos-containing products installed, sold, supplied, distributed, marketed or removed by C. E. Thurston & Sons, Inc. (“Thurston Asbestos”) prior to January 1, 1982. All Disease Levels except mesothelioma require at least six months of exposure to Thurston Asbestos plus Significant Occupational Exposure (“SOE”). SOE requires employment in the following exposure categories (i), (ii), (iii) or (iv) for a cumulative period of at least five (5) years, with a minimum of two of the years before 1982.

Exposure categories for SOE:

- (i) Handled raw asbestos fibers on a regular basis
- (ii) Fabricated asbestos-containing products so that he / she was exposed on a regular basis to raw asbestos fibers
- (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers
- (iv) Was employed in an occupation such that the claimant worked on a regular basis in proximity of workers engaged in the activities described in (i), (ii) and/or (iii)

Thurston Asbestos sites are to be entered by code numbers. A list of previously qualified sites will be made available at the CRMC web site. Use the enclosed Site Verification Form for submitting site information to CRMC for additional sites, which will be checked against Thurston records. Please do not send in a claim form without a valid site code or the form will be returned to you.

A qualifying site code must be entered in order to qualify for exposure to Thurston Asbestos. You may use the site code "NT" (Non-Thurston) for entering sites to qualify for SOE which do not qualify for exposure to Thurston Asbestos. If your site has been rejected and you want to proceed to Alternative Dispute Resolution, you may use the site code "NA" for Not Approved, which will allow the claim to be entered into the system but cause it to be rejected.

The following question about whether the occupational exposure involved products sold by Thurston relates only to the funding source eligible to pay the claim. It will not affect whether the claim qualifies for payment.

*"Was all of the occupational exposure to Thurston Asbestos for this claim related solely to abatement or removal work by C. E. Thurston & Son's, Inc. of asbestos or asbestos-containing products which were not sold or sold and installed by C. E. Thurston & Son's, Inc.?"*

You need enter only enough exposure records to satisfy the SOE and Thurston Asbestos exposure requirements.

**Sufficiency of Evidence.** The claimant must demonstrate meaningful and credible exposure to Thurston Asbestos. That may be established by an affidavit of the claimant, by an affidavit of a co-worker or the affidavit of a family member in the case of a deceased claimant (providing the Trust finds such evidence reasonably reliable), by invoices, employment, construction or similar records, or by other credible evidence. (The Trust will accept a signed and witnessed claim form or combination Release and Affirmation as an affidavit.) The Trust can also require submission of other or additional evidence of exposure when it deems such to be necessary.

Exposure categories are used to indicate how exposure was obtained for each period of employment.

Describe all employment periods, including the occupation code, product code and site code for the exposure of the claimant or occupationally-exposed person.

Be certain you provide the earliest month and year of exposure to asbestos, as latency and length of exposure will be calculated based on this information.

Use the occupation codes listed on page 7. Descriptions for the various occupations are enclosed. If you have any question as to which occupation code should be used, please contact a Customer Service Representative and they will assist you.

Use the product codes listed on page 8 to identify the types of Thurston Asbestos to which the person was exposed.

Note that not all of the occupations and product types listed will qualify as proof of exposure to Thurston Asbestos.

## **PART 6: ASBESTOS – RELATED INJURY**

Claims for all Disease Levels shall be accompanied by either:

- 1) a statement by the physician providing the diagnosis that at least ten (10) years have elapsed between the date of first exposure to asbestos-containing products and the diagnosis, or
- 2) a history of the claimant's exposure sufficient to establish a 10 year latency period.

A finding by a physician that a claimant's disease is "consistent with" or "compatible with" asbestosis will not alone be treated by the Trust as a diagnosis.

You must select at least one of the Disease Levels that follow. The scheduled / liquidated value of each Disease Level is shown, followed by the medical proof required.

**\* The asterisk for levels I through IV indicates that the Disease Level requires Significant Occupational Exposure to asbestos ("SOE").**

General medical requirements for all non-malignant diseases:

All diagnoses of a non-malignant asbestos-related disease (Disease Levels I and II) shall be based upon:

A. In the case of a claimant who was living at the time the claim was filed,

1. A physical examination of the claimant by the physician providing the diagnosis,
2. An x-ray reading by a certified B-reader, and
3. A pulmonary function test in the case of Disabling Severe Asbestosis, Level II.

B. In the case of a claimant who was deceased at the time the claim was filed,

1. A physical examination of the claimant by the physician providing the diagnosis or
2. Pathological evidence of the non-malignant asbestos-related disease, or
3. An x-ray reading by a certified B-reader.

**\* Level I: Non-Malignant Disease – \$500**

1. Diagnosis of a Bilateral Asbestos-Related Non-Malignant Disease requires:
  - a. A report submitted by a qualified physician that is a certified B-reader stating that the claimant has or had an x-ray with a profusion rating of 1/0 or higher on the ILO scale or
  - b. a chest x-ray reading<sup>1</sup> or a CT scan read by a qualified physician showing bilateral interstitial fibrosis, bilateral interstitial markings, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification consistent with a diagnosis of an asbestos-related disease, and
2. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary condition in question.

**\* Level II: Disabling Severe Asbestosis – \$4,070**

1. Diagnosis of asbestosis with ILO of 2/1 or greater or asbestosis determined by pathological evidence of asbestos<sup>2</sup>, plus
2. TLC less than or equal to 65% or FVC less than or equal to 65% and FEV1/FVC ratio greater than 65%, and
3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

General medical requirements for all malignant diseases:

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<sup>1</sup> Results of a chest x-ray **on an ILO Form qualifies as a chest-x-ray report.**

<sup>2</sup> Proof of asbestosis may be based on the pathological grading system for asbestosis described in the Special Issue of the Archives of Pathology and Laboratory Medicine, "Asbestos-associated Diseases," Vol. 106, No. 11, App. 3 (October 8, 1982).

- A. All diagnoses of a malignant asbestos-related-disease (Levels III – V) shall be based upon either:
1. A physical examination of the claimant by the physician providing the diagnosis or
  2. A diagnosis of a malignant disease by a board-certified pathologist and
- B. Must include a pathological or post-operative report which identifies the primary location of the cancer or malignancy.

Claimants with claims for Disease Levels III - V who do not include such pathological or post-operative report are required to provide a statement explaining why no such report is provided.

**\* *Level III: Other Cancer – \$1,400***

1. Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus
2. Evidence of an underlying Bilateral Asbestos-Related Non-malignant Disease<sup>3</sup>, and
3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.

**\* *Level IV Lung Cancer – \$4,650***

1. Diagnosis of a primary lung cancer; and
2. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

***Level V: Mesothelioma – \$25,000***

1. Diagnosis of mesothelioma

Note that an acceptable ILO must include the date of x-ray, date of reading, doctor name, and claimant name and/or social security number. If only the physician's initials appear on the ILO, please write the physician's name on the form.

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<sup>3</sup> Evidence of "Bilateral Asbestos-Related Nonmalignant Disease" means a report submitted by a qualified physician that is a certified B-reader stating that the claimant has or had an X-ray reading of 1/0 or higher on the ILO scale or a chest x-ray reading or a CT scan read by a qualified physician showing bilateral interstitial fibrosis, bilateral interstitial markings, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification consistent with a diagnosis of asbestos-related disease. Results of a chest x-ray on an ILO form qualifies as a chest x-ray report.

An acceptable Pulmonary Function Test must include the Facility Name, Claimant Name or SSN, Date of the Test.

To qualify for Disease Levels I, II, III, or IV the claimant must meet the requirements for SOE. SOE is not required for Level V.

## **PART 7: SIGNATURE**

All claims must be signed by the injured party or the personal representative filing on his/her behalf. If the claimant is represented by counsel, counsel must also sign. Facsimile signatures are acceptable.

By signing the POC form you are certifying that all representations you have made are true and accurate to the best of your knowledge.

## **MISCELLANEOUS**

The submission of Death Certificates is not required by CRMC. Death Certificates are not considered to be medical reports and are not acceptable in place of a medical report. If a Death Certificate is your only form of documentation, you must obtain medical documentation.

The Trust will be ensuring that all claims meet the statute of limitations requirements following the C.E. Thurston & Sons, Inc. Asbestos Related Claims and Demands Trust Distribution Procedures (“TDP”).

## **OTHER HELPFUL TIPS**

Review your claim one last time before you submit it to CRMC. Missing sections or attachments, or conflicting information will result in your claim being returned to you.

Check to ensure that your supporting documentation is for the same person indicated on the claim. Frequently, we find medical reports mismatched with claim forms. **Please do not staple the claim form or medical documentation.** Once received by CRMC, all documents are immediately scanned and imaged, which will be slowed if documents are stapled.

Medical and other supporting documents must be readable. If poor photocopies are attached, we will consider the claim incomplete, and it will be returned to you.

Be sure we know whom to contact if we have a question about your claim. If a law firm is submitting the claim, complete the cover page indicating the person(s) in your firm responsible for answering filing questions and collecting the needed information. In most cases, this is not the attorney of record.

If you are new to claim filing or not sure of the accepted way to complete claim forms, call us or send us a copy to preview before you submit your claim. Likewise, if you have created your own automated version of our form (for paper filings), and have not yet submitted it to CRMC, we must review and approve it before you begin the submission process.

When in doubt, call us; we are happy to help. The more assistance we can provide before you file your claim, the less time and frustration we will both experience in the processing of your claim.

Please review the checklist below prior to submitting your claim. This will ensure that all required documentation is attached.

- An approved exposure Site Code was entered. (Use the Site Verification form to receive a Site Code PRIOR to claim submission. See Part IV, Exposure History, above.) (Required from all filers.)
- At least one medical report is attached. (A death certificate is not a medical.) (Required from all filers.)
- Claim form has been signed by the injured party or personal representative and counsel if any. (Required from only paper and pro se [without an attorney] filers.)
- Personal Representative Verification form is attached, if claimant is deceased and claim is not submitted through an attorney. (Required from only pro se personal representative filers.)
- Bystander Verification form is attached for all secondary exposure claims. (Required from all bystander filers.)
- Exposure information is complete. (Required from all filers.)
- A diagnosed injury has been checked off. (Required from all filers.)

