

**Manville Personal Injury Settlement Trust
Exigent Health Status Request Form**

Law Firm: _____

Firm Contact: _____

Claimant Name: _____

ClaimID if known: _____

SSN: _____ - _____ - _____

Request Date: ____/____/_____

Date of Affidavit: ____/____/_____

Physician Name on Affidavit: _____

Alleged Disease: _____

Please note:

To qualify for Regular Exigent Health Status (non -mesothelioma and lung cancer claims) the claimant must be living at the time of the request. The physician must document in the affidavit the claimant is expected to live less than 6 months from an asbestos-related disease. The same physician must have seen the claimant within 6 months of the date of the affidavit and the medical report from that visit must be submitted along with the 6-month affidavit.