

Manville Personal Injury Settlement Trust (MV) Filing Overview -December 2021

ADR:

- 1) AD1: Arbitration following categorization. This form of arbitration is for claims where there is a disagreement as to the proper level a claim should be placed into.
- 2) AD2: Arbitration following individual evaluation. This form of arbitration is for claims where there is a disagreement as to the value of a claim. Claims must proceed through IE before they may elect AD2.

Batch Filing:

- 1) Batch filing is available for MV using CRMC's e-Tool, Webservices and simple batch.
- 2) If your firm is interested in using the e-Tool or Webservices, please contact CRMC's IT department at IT@claimsres.com. The specifications for simple batch are on the documents tab.

CDT:

- 1) Level 1, Non-Malignancy, Lung Cancer or Other Cancer
 - a. Bilateral Pleural or Bilateral Interstitial (A CT scan may be used for the diagnoses.)
 - b. Lung Cancer, Colo-Rectal, Laryngeal, Pharyngeal, Esophageal, or Stomach – Must have a pathology report or a description of pathological findings embedded in a report. If no pathology report is available, the diagnosis of cancer must state it is a **primary lung cancer**.
- 2) Level 2, Asbestosis/Pleural Disease (A CT scan may be relied on for the diagnosis)
- 3) Level 3, Asbestosis/Pleural Disease (ILO rating of at least 1/0 or pathological findings. A CT scan may not be relied on for this level.)
- 4) Level 4, Severe Asbestosis (ILO rating of at least 2/1 or pathological findings. A CT scan may not be relied on for this level.)
- 5) Level 5, Other Cancer
- 6) Level 6, Lung Cancer
 - a. Pathology report or description of pathological findings imbedded in a report. If no pathology report is available, the diagnosis of cancer must state it is a **primary lung cancer**.
- 7) Level 7, Lung Cancer
 - a. Pathology report or description of pathological findings imbedded in a report. If no pathology report is available, the diagnosis of cancer must state it is a **primary lung cancer**.
- 8) Level 8, Mesothelioma

Claim Deferral: A claim may be deferred for up to three (3) years at any point after the demographics are complete and the required documents have been uploaded. Once the claim is assigned a ClaimID, the Statute of Limitations is tolled (stopped running) and the

claim can remain in that status indefinitely as it has a claim type of FLN which is still the firms work in progress. E- filers may defer and undefer a claim using the proper option on the claims tab.

Claim Types:

- 1) FLN – Filing
- 2) FIC – First Injury Claim
- 3) ZVC – Zero Value Claim (L0)
- 4) REF – Claim re-filed under the 2002 TDP
- 5) SIC – Second Injury Claim

Delete a Claim: Only filings may be deleted. A filing is not yet a claim and has a claim type of FLN.

Exposure:

- 1) MV does not have an approved exposure site list.
- 2) The exposure deadline is December 31, 1982.
- 3) SOE: Required for levels 3,4,5,7.
 - a. All industry and occupation pairings on the SOE exposure pairings list with a value of 1 for the specific pairing qualify for SOE.
 - b. The injured party must have a total of 5 years of exposure to qualify.
- 4) For secondary exposure claims, if the occupationally exposed person listed on the claim form meets all of the SOE provisions then the injured party qualifies as well. However, a MV-Bystander Affidavit is required.
- 5) For claimants who worked at a JM plant for 51% or more of their total exposure to asbestos will have their liquidated value doubled as long as:
 - 1) The exposure is confirmed via an affidavit from the claimant, MV-Exposure Affidavit which contains ALL periods of exposure to
 - 2) Each period of asbestos exposure entered into e-Claims appears on that affidavit and it the claimant states that **all** of their exposure has been provided.
- 6) A MV-Exposure affidavit is required when the injured party was exposed in the US but does not have an SSN.

ILO: For an ILO to be considered complete it must contain:

- 1) Claimant name or SSN (Last 4 only is acceptable)
- 2) Date of x-ray
- 3) Physician Name
- 4) Date of Reading
- 5) Read by a certified B-Reader (Must have been certified the date the x-ray was read)

Litigation: Enter the litigation information only if MV was named in the lawsuit.

Payment:

- 1) At the beginning of each year, the Trust sets its Maximum Annual Payment (MAP) amount. When 85% of the MAP is reached, no additional payments are made until October 1 of that year should the MAP be reached prior to that date. If the entire MAP value is reached prior to year-end, all claims go to a status of Awaiting Offer Funding until the start of the next calendar year.
- 2) Payments are normally made every other week. E-filers are paid one week and Paper and Pro-Se filers the next.

Reactivation: A claim may be reactivated from a deactivated claim status using that option off of the claims tab. The two options are:

- 1) Accept last offer
- 2) Recategorization – If this option is selected the claim will be reviewed and valued under the current guidelines in place at the time of reactivation. See the two re-categorization options discussed below.

Re-Categorization:

A claimant may elect to have their claim re-evaluated. There are two options on the Offer Status Page:

- 1) Recategorization – POC needs to be amended, claim status will move to PRERCT so firm may edit the claim.
- 2) Recategorization – Ready for CRMC Review.

Re-Filing a Claim: The 2002 Trust Distribution Process provides for a claim settled under the 1995 TDP with a pro rata payment percentage of 5% the ability to re-file under the 2002 TDP should the claimant meet the more stringent requirements of the 2002 TDP. The original settlement amount will be set-off from the liquidated value of the re-file.

Releases: The Trust requires a release be provided to CRMC before payment is made. Once the firm accepts the offer on the Offer Status Page you can generate the release. Only this release may be signed by the Claimant. Once complete it should be uploaded to the claim for review by CRMC.

Second Disease (Malignancy Claims):

Claim Group	Allowed SIC	Set Off Taken
Claim paid a pro rata percentage of 100%	Non-Malignancy to Malignancy	A full set-off will be taken for the amount of the liquidated value of the first claim.
Claims paid a pro rata percentage of 10% or higher but less than 100%	Non-Malignancy to Malignancy	None
Claim paid a pro rata percentage less than 10%	Non-Malignancy to Malignancy	None

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Statute of Limitations (SOL):

- 1) The TDP as amended in January of 2010 requires that a claim be filed before the expiration of the applicable SOL period. All claims arising from exposure to asbestos in the US must meet the applicable statute in place at the time of filing with the Trust. Any claim may be filed within three years of the date of diagnosis or asbestos-related death whichever is later. Claims where the exposure took place *outside of the US* must be filed within three years of the date of diagnosis or date of asbestos-related death, if later.
- 2) To protect the Statute of Limitations a ClaimID must be assigned to the injured party. This means the complete injured party information and selected an attorney. Once the claim has been saved a ClaimID is assigned.
- 3) The SOL calculation is performed after the medical evaluation as the date of diagnosis is needed to make the determination.

Withdrawing a Claim: Only claims may be withdrawn (FIC, SIC, REF, ZVC). Filings may not be withdrawn (FLN). All claims may be withdrawn up to the point where the claim as either been selected into payment by the Trust or Settled.