

# Instructions for Completing the MLC Asbestos Personal Injury Trust Proof of Claim Form and Declaration

The attached document has been designed to assist you with the completion and submission of your proof of claim form.

Most important to the successful processing of your claim is to ensure 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'll find them. We've also included some additional tips for filing. Please read through these carefully.

Despite the best of intentions, we know mistakes will occur. When they do, we will notify you as soon as possible of any deficiencies. Our goal is to process your claim as thoroughly and quickly as possible. The sooner you correct the deficiencies, the quicker your claim will move forward for evaluation.

Please call our Help line using the 800 number listed below for assistance in completing the form and determining what needs to be attached. If you are a first-time filer, we recommend you contact our Claims Supervisor to register your law firm prior to submitting your claim as this will help expedite the process.

When you are ready to submit your completed form, please send it to the address listed below or via email to [inquiry@claimsres.com](mailto:inquiry@claimsres.com).

Claims Resolution Management Corporation

3120 Fairview Park Drive, Suite 200

Falls Church, VA 22042

(703) 204-9300

(800) 536-2722

The **CLAIM FORM & DECLARATION – MLC Asbestos Personal Injury Trust** (the “Claim Form”), is required of all Injured Parties filing a claim with the MLC ASBESTOS Personal Injury TRUST (the “Trust”).

These instructions are intended to summarize certain significant issues related to filing a personal injury claim with the Trust. Nothing in these instructions is intended to replace or modify the requirements of the MLC Asbestos Personal Injury Trust Distribution Procedures (“TDP”). All claimants are encouraged to thoroughly read and understand the TDP before filing a claim with the Trust. Capitalized terms used but not defined in these Instructions shall have the meanings assigned in the TDP.

### **Submitting a Completed Claim to the Trust:**

Claimants must complete the Claim Form as thoroughly and accurately as possible. If the form is not complete, it will be returned to you which will delay the processing of your claim.

To submit a valid personal injury claim, a claimant must provide:

- A completed Claim Form; and
- A medical diagnosis of a compensable disease; and
- Evidence of exposure to an asbestos-containing Old GM<sup>1</sup> product with the dates of commencement and termination of such exposure.

If applicable, a claimant must also provide:

- A death certificate for the Injured Party;
- A Certificate of Official Capacity or other estate documentation if applicable per state law; and/or
- Documentation of Economic Loss

### **ELECTION PROCESS:**

Check the appropriate box. Pursuant to Sections 5.3(a) and 5.3(b) of the TDP, a claimant may elect to submit a claim for either Expedited Review (ER) or Individual Review (IR). The ER process is designed primarily to provide an expeditious, efficient and inexpensive method for liquidating all categories of PI

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<sup>1</sup> “**Old GM**” means Motors Liquidation Company (f/k/a General Motors Corporation; MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.); MLCS, LLC (f/k/a Saturn, LLC); MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation); Remediation and Liability Management Company, Inc.; and Environmental Corporate Remediation Company, Inc.

Trust claims (except those involving Lung Cancer 2 and all Foreign Claims). ER is a method of review intended for claims that can be easily verified by the Trust as meeting the presumptive Medical/Exposure criteria for the relevant disease level. ER will provide qualifying claimants fixed claims payment subject to the Payment Percentage. Accordingly, ER provides claimants with a substantially less burdensome process for pursuing PI Trust claims than the IR process described below and in Section 5.3(b) of the TDP.

Alternatively, a claimant may elect to have a claim undergo the IR process if the claim does not meet presumptive Medical/Exposure criteria for any of the Disease Levels in TDP Section 5.3 or to determine whether the liquidated claims value exceeds the Scheduled Value. The IR Process provides the claimant with an opportunity for individual consideration and evaluation of the Medical/Exposure information submitted as well as the liquidated value of the claim. The IR process is intended to result in payments equal to the liquidated value for each claim multiplied by the Payment Percentage; however, the liquidated value of any PI Trust claim that undergoes IR may be determined to be less than the claimant would have received under ER. Because the detailed examination and valuation process related to IR requires substantial time and effort, claimants electing to undergo the IR process will ordinarily have a longer waiting period for payment than would have been the case had the claimants elected the ER process.

### **CLAIM TYPE:**

Review the definitions of both claim types before checking the appropriate box as to whether the claim is asserted to be an “Auto Mechanic Claim” or an “Other Claim.” Section 5.3(i) of the TDP defines these claims types as follows:

**Auto Mechanic Claim-** In order for a claimant to qualify as an “auto mechanic” under this TDP, said claimant must have worked professionally as a mechanic in the automotive servicing and repair industry performing work on General Motors marine engines, brakes and/or clutches on cars, trucks, buses, or other vehicles. This work typically would have involved changing brakes and brake pads as well as clutches and clutch facings or other similar General Motors friction<sup>2</sup> products such as Electro-Motive railroad friction products. Also included under this definition of “auto mechanic” are individuals who worked alongside such brake mechanics, but in another capacity, including but not limited to those individuals working in said industry as body repairmen, parts department employees, or persons who cleaned up the facilities where such brake and clutch work was done.

**Other Claim-** Claims held by persons other than auto mechanics, including but not limited to “shade tree” mechanics, automobile hobbyists, individuals who occasionally performed brake and/or clutch work on their own vehicles and/or the vehicles of friends and neighbors, or any other individuals who were

not regularly employed as professional auto mechanic.

### **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. If you are filing a claim without representation and you are not the injured party you must provide legal documents as evidence that you have the proper authority to file on the claimant's behalf. Additionally, provide one of the following if required by state law;

- Certificate of Official Capacity
- Other applicable document authorizing a person to act on behalf of the Injured Party

### **Claim Form—Part 2: LAWFIRM/ATTORNEY INFORMATION**

Please complete the law firm information in full.

### **Claim Form—Part 3: DIAGNOSED DISEASES**

Check *only* the box identifying the highest Disease Level for which the injured party has been diagnosed and provide the first date of diagnosis for the Disease Level claimed.

Section 5.3 of the TDP states:

*The proof of claim form shall require the claimant to assert his or her claim for the highest Disease Level for which the claim qualifies at the time of filing. Irrespective of the Disease Level alleged on the proof of claim form, all claims shall be deemed to be a claim for the highest Disease Level for which the claim qualifies at the time of filing, and all lower Disease Levels for which the claim may also qualify at the time of filing or in the future shall be treated as subsumed into the higher Disease Level for both processing and payment purposes.*

### **Medical Evidence**

All diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least ten (10) years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the claimant's exposure sufficient to establish a 10- year latency period. A finding by a physician after the Effective Date (March 31, 2011) that a claimant's disease is "consistent with" or "compatible with" asbestosis shall not alone

be treated by the Trust as a diagnosis.

### **Medical/Exposure Criteria**

**Level I: Asbestosis/Pleural Disease:** (1) Diagnosis of a <sup>3</sup>Bilateral Asbestos-Related Nonmalignant Disease<sup>2</sup>, and (2) six months Debtor Exposure (as defined in Section 5.7(b)(3) of the TDP) prior to December 31, 1982, and (3) five years cumulative occupational exposure to asbestos.

**Level II: Asbestosis/Pleural Disease:** (1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months Debtor Exposure prior to December 31, 1982, (3) <sup>4</sup>Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

**Level III: Severe Asbestosis:** (1) Diagnosis of asbestosis with 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% and FEV1/FVC ratio greater than 65%, (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure<sup>3</sup> to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

**Level IV: Other Cancer:** (1) Diagnosis of a primary colo-rectal, laryngeal,

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<sup>3</sup>Evidence of “Bilateral Asbestos-Related Nonmalignant Disease,” for purposes of meeting the criteria for establishing Disease Levels I, II, IV, and VI, means either (i) a chest X-ray read by a qualified B reader of 1/0 or higher on the ILO scale or (ii)(x) a chest X-ray read by a qualified B reader or other Qualified Physician, (y) a CT scan read by a Qualified Physician, or (z) pathology, in each case showing either bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification. Evidence submitted to demonstrate (i) or (ii) above must be in the form of a written report stating the results (e.g., an ILO report, a written radiology report or a pathology report). Solely for asbestos claims filed against a Debtor or another defendant in the tort system prior to the Commencement Date (as defined herein in footnote 4), if an ILO reading is not available, either (i) a chest X-ray or a CT scan read by a Qualified Physician, or (ii) pathology, in each case showing bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification consistent with or compatible with a diagnosis of asbestos-related disease, shall be evidence of a Bilateral Asbestos-Related Nonmalignant Disease for purposes of meeting the presumptive medical requirements of Disease Levels I, II, IV and VI. Pathological 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). For all purposes of the TDP, a “Qualified Physician” is a physician who is board-certified (or in the case of Canadian Claims or Foreign Claims, a physician who is certified or qualified under comparable medical standards or criteria of the jurisdiction in question)

<sup>4</sup> The term “Significant Occupational Exposure” is defined in Section 5.7(b)(2) of the TDP.

esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.

**Level V: Lung Cancer 2:** (1) Diagnosis of a primary lung cancer; (2) Debtor Exposure prior to December 31, 1982, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Lung Cancer 2 (Level V) claims are claims that do not meet the more stringent medical and/or exposure requirements of Lung Cancer 1 (Level VI) claims. All claims in this Disease Level shall be individually evaluated. The estimated likely average of the individual evaluation awards for this category is \$16,000 for Auto Mechanic Claims and \$2,500 for Other Claims, with such awards capped at \$40,000 for Auto Mechanic Claims and \$15,000 for Other Claims unless the claim qualifies for Extraordinary Claim treatment.

Level V claims that show no evidence of either an underlying Bilateral Asbestos-Related Nonmalignant Disease or Significant Occupational Exposure may be individually evaluated, although it is not expected that such claims shall be treated as having any significant value, especially if the claimant is also a Smoker. In any event, no presumption of validity shall be available for any claims in this category.

**Level VI: Lung Cancer 1** (1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Debtor Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

**Level VII: Mesothelioma** (1) Diagnosis of mesothelioma; and (2) Debtor Exposure

### **Claim Form—Part 3A: ORDERING, PROCESSING AND PAYMENT OF CLAIMS**

The Trust shall order claims that are sufficiently complete to be reviewed for processing purposes on a first-in-first-out ("FIFO") basis except as otherwise provided herein (the "FIFO Processing Queue"). For all claims filed on or before 10/30/2012, a claimant's position in the FIFO Processing Queue shall be determined as of the earliest of (i) the date prior to the Commencement Date<sup>4</sup> that the specific claim was either filed against a Debtor in the tort system or was actually submitted to a Debtor pursuant to an administrative settlement agreement; (ii) the date before the Commencement Date that the

asbestos claim was filed against another defendant in the tort system if at the time the claim was subject to a tolling agreement with a Debtor; (iii) the date after the Commencement Date but before the date that the Trust first makes available the proof of claim forms and other claims materials required to file a claim with the Trust that the asbestos claim was filed against another defendant in the tort system; (iv) the date after the Commencement Date but before the Effective Date that a proof of claim was filed by the claimant against a Debtor in the Chapter 11 proceeding; or (v) the date a ballot was submitted on behalf of the claimant for purposes of voting to accept or reject the Plan pursuant to the voting procedures approved by the Bankruptcy Court.

### **Claim Form—Part 3B: Old GM Litigation**

**"Old GM" means Motors Liquidation Company (f/k/a General Motors Corporation; MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.); MLCS, LLC (f/k/a Saturn, LLC); MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation); Remediation and Liability Management Company, Inc.; and Environmental Corporate Remediation Company, Inc. and any entity for which one or more of these entities had liability.**

Complete this section **only** if an asbestos-related personal injury lawsuit has been filed against an Old GM company on behalf of the Injured Party.

1. Provide the State and court where the lawsuit was filed along with the case or docket number and original date of filing for the lawsuit. If the lawsuit resulted in a settlement, judgment, verdict, or dismissal, please provide the applicable information
2. If no lawsuit was filed against Old GM on behalf of the injured party, select one of the following as the Claimant's Jurisdiction and identify the jurisdiction selected: (1) a state in which the injured party was exposed to asbestos-containing Old GM products, (2) if living, the injured party's current state of residence, (3) if the injured party is deceased, the injured party's state of residence at the time of death, or (4) the injured party's state of residence at the time of diagnosis.
3. If the injured party's claim was subject to a tolling agreement with Old GM, please complete this question and submit a copy of the tolling agreement with your Claim Form. If this question is not answered, the Trust will assume that no tolling agreement applies to the claim
4. If the injured party's claim was subject to a tolling agreement with Old GM, please complete this question and submit a copy of the tolling agreement with your Claim Form. If this question is not answered, the Trust will assume that no tolling agreement applies to the claim.
5. If the injured party's claim was subject to a tolling agreement with Old GM, please complete this question and submit a copy of the tolling agreement with your Claim Form. If this question is not answered,

the Trust will assume that no tolling agreement applies to the claim.

6. If a claim was filed with Old GM pursuant to an administrative settlement agreement, please provide a copy of the agreement and provide the date the claim was filed with Old GM. You must also indicate whether the injured party or claimant received money from Old GM for the claim.

### **<sup>5</sup>Claim Form—Part 3C: New GM Litigation**

**"New GM" means General Motors Company (formerly known as General Motors Holding Company), a Delaware corporation formed as part of that certain holding company reorganization that occurred on October 19, 2009, pursuant to which all of the outstanding shares of common stock and preferred stock of the prior General Motors Company (now known as "General Motors LLC") were exchanged on a one-for-one basis for shares of common stock and preferred stock of the newly organized holding company that now bears the name General Motors Company. General Motors Company has a 100% ownership interest in General Motors Holdings LLC, a Delaware limited liability company, and General Motors LLC is a direct wholly-owned subsidiary of General Motors Holdings LLC.**

1. Has the claimant received payment from New GM in satisfaction of a judgment entered in the tort system with respect to the Injured Party's asbestos personal injury claim?
2. Has the claimant filed suit against New GM with respect to the Injured Party's asbestos personal injury claim?

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<sup>5</sup> Commencement Date is June 1, 2009 except with respect to Remediation and Liability Management Company, Inc. and Environmental Corporate Remediation Company, Inc. In the case of those entities, the Commencement Date is October 9, 2009.



## **Claim Form—Part 4: Occupational Exposure**

**Part 4 must be completed** if you are claiming the injured party's asbestos-related disease is a direct result of his/her occupational asbestos exposure.

### **Exposure Evidence**

Pursuant to TDP Section 5.7(b)(3), claimants must demonstrate 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 Old GM and/or any entity, including an Old GM contracting unit, for which Old GM has legal responsibility (“**Old GM Exposure**”). Meaningful and credible exposure evidence may be established by an affidavit or sworn statement of the claimant, by an affidavit or sworn statement of a co-worker or the affidavit or sworn statement 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. Claimants alleging Disease Levels VI (Lung Cancer I), IV (Other Cancer), III (Severe Asbestosis), II (Asbestosis/Pleural Disease), or I (Asbestosis/Pleural Disease I) must demonstrate at least six (6) months of Old GM exposure prior to December 31, 1982.

#### **4.1 OLD GM Asbestos Exposure. Every claimant must submit evidence of exposure to Old GM asbestos products or activities.**

There is currently **NO** approved Jobsite List for the Trust. For each employment site, product, and occupation upon which you rely to meet the exposure requirements of the TDP, provide the following:

- Provide the name of the Injured Party's employer, site location, dates of employment, and dates of exposure along with a description of the Injured Party's occupation and exposure to Old GM asbestos-containing products. Please include the identity of the products in your description.
- **Attach all documents necessary to meet the meaningful and credible evidence of exposure requirements of the TDP.**

#### **4.2 Significant Occupational Exposure**

Section 5.7(b) (2) of the TDP states:

**Significant Occupational Exposure.** “**Significant Occupational Exposure**” means employment for a cumulative period of at least five (5) years with a minimum of two (2) years prior to December 31, 1982, in an industry and an occupation in which the claimant (a) handled raw asbestos fibers on a regular basis; (b) fabricated asbestos-containing products so that the

claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers; (c) altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers; or (d) was employed in an industry and occupation such that the claimant worked on a regular basis in close proximity to workers engaged in the activities described in (a), (b) and/or (c).

If exposure information provided in 4.1 above is not sufficient to meet the Significant Occupational Exposure requirements, please provide additional occupational exposure information (i.e., employer, site location, dates of employment, and dates of exposure along with a description of the injured party's occupation and exposure to asbestos).

### **Claim Form – Part 5: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON (OEP)**

Section 5.5 of the TDP states:

***Secondary Exposure Claims.** If a claimant alleges an asbestos-related disease resulting solely 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 Section 5.3(b) above. In such a case, the claimant must establish that the occupationally exposed person would have met the exposure requirements under this TDP that would have been applicable had that person filed a direct claim against the PI Trust. In addition, the claimant with secondary exposure must establish that he or she is suffering from one of the seven Disease Levels described in Section 5.3(a)(3) above or an asbestos-related disease otherwise compensable under this TDP, that his or her own exposure to the occupationally exposed person occurred within the same time frame as the occupationally exposed person was exposed to asbestos or asbestos-containing products manufactured, produced or distributed by a Debtor or to conduct for which a Debtor has legal responsibility, and that such secondary exposure was a cause of the claimed disease. All other liquidation and payment rights and limitations under this TDP shall be applicable to such claims.*

*If the injured party claims direct occupational exposure in addition to secondary exposure, the claimant must complete Part 4 and Part 5.*

### **In Part 5, complete the following:**

#### **5.1 Injured Party's Exposure Through OEP:**

- Provide the total number of years that the Injured Party was regularly exposed to asbestos through the OEP identified in 5.2.
- Describe the Injured Party's asbestos exposure through the OEP that is alleged to be the cause of the Injured Party's asbestos-related disease.

February 15, 2023

**5.2 OEP's Debtor Asbestos Exposure:** [For each additional exposure period, copy and attach the additional completed information in 5.2. Attach work history for the OEP to establish meaningful and credible Old GM Exposure, plus Significant Occupational Exposure to asbestos, as applicable.

**5.3 OEP's Significant Occupational Exposure:** for Claims other than Mesothelioma (Level VII) Claims, Lung Cancer 2 (Level V) Claims and Asbestosis/Pleural Disease (Level I) Claims.

**Check the box(es) for all applicable statements demonstrating the OEP's Five (5) Year Cumulative Occupational Exposure** that meets the definition of Significant Occupational Exposure above.

If none of the boxes apply, provide a narrative description of how the claimant was occupationally exposed to asbestos at each site.

**Claim Form – Part 6: Financial Dependents and Beneficiaries**

**This must be completed for IR claims only**

List any other persons who may have rights associated with this claim. Be sure to include the injured party's spouse and/or any other 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.

**Claim Form—Part 7: Smoking History**

**This must be completed for Lung Cancer 2 (LC2) and IR levels I through IV only**

For each item, indicate whether the injured party ever 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.

**Claim Form—Part 8: Employment Information for Economic Loss**

**This is be completed for IR claims only**

1. Indicate current employment status.
2. Provide amount of last annual wage.
3. Indicate date last wage was received (enter current date if currently earning work-related compensation).

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

**supporting documentation.**

**Claim Form – Part 9: Proof of Exposure**

Proof of exposure may be demonstrated by one or more of the following:

The injured party, Attorney, or Official Representative may demonstrate proof of exposure by completing **Part 10: Certification of this claim form**, allowing the claim to serve as the declaration

**OR**

One or more of the following documents may be submitted to supplement credibility as to proof of exposure. The documents should be submitted as an attachment to the Claim Form and **Part 10: CERTIFICATION** section of the Claim Form must be signed.

- Affidavit or sworn statement of the claimant
- Affidavit or sworn statement of a co-worker or family member in the case of a deceased claimant (provided the Trust finds such evidence reasonably reliable)
- Invoices, employment, construction or similar records
- Other Evidence
  - Verified Listing of employer/jobsites
  - Verified Work History
  - Answers to Claimant Interrogatories with verification page.
  - Deposition Transcript with cover page(s)

**Claim Form – Part 10: Certification**

- Check the box identifying the person who is certifying the Claim Form
- Sign and print name

**Filing Deadlines:**

PI Trust Claims may be filed with the Trust at any time irrespective of the application of any relevant federal, state or foreign statute of limitation or repose; provided, however, that claims first diagnosed prior to the Petition Date may not be filed with the Trust if they would have been barred by the applicable federal, state or foreign statute of limitation or repose at the time of the Petition Date unless legislation subsequently revives such claims.

February 15, 2023

**Scheduled, Average and Maximum Values:**

The Scheduled, Average and Maximum Values for claims involving Disease Levels I-VII shall be as follows:

<b>Auto Mechanic Claims:</b>			
<b>Scheduled Disease</b>	<b>Scheduled Value</b>	<b>Average Value</b>	<b>Maximum Value</b>
Mesothelioma (Level VII)	\$175,000	\$220,000	\$525,000
Lung Cancer 1 (Level VI)	\$50,000	\$80,000	\$140,000
Lung Cancer 2 (Level V)	None	\$16,000	\$40,000
Other Cancer (Level IV)	\$10,000	\$16,000	\$40,000
Severe Asbestosis (Level III)	\$50,000	\$80,000	\$140,000
Asbestosis/Pleural Disease (Level II)	\$4,000	None	None
Asbestosis/Pleural Disease (Level I)	\$1,600	None	None

<b>Other Claims:</b>			
<b>Scheduled Disease</b>	<b>Scheduled Value</b>	<b>Average Value</b>	<b>Maximum Value</b>
Mesothelioma (Level VII)	\$20,000	\$35,000	\$200,000
Lung Cancer 1 (Level VI)	\$6,000	\$9,000	\$45,000
Lung Cancer 2 (Level V)	None	\$2,500	\$15,000
Other Cancer (Level IV)	\$1,600	\$2,500	\$15,000
Severe Asbestosis (Level III)	\$6,000	\$9,000	\$45,000
Asbestosis/Pleural Disease (Level II)	\$1,100	None	None
Asbestosis/Pleural Disease (Level I)	\$350	None	None

**Payments:**

All payments made by the Trust on account of PI Trust Claims shall be subject to the applicable Payment Percentage.

**Releases:**

A Release will be generated and sent when an offer is made. The Trust requires return of the individual executed Release, either by mail or by electronic submission. For electronic filers, generate the release on the offer status page after accepting the offer. Upload the executed release to eClaims.