

MLC Asbestos Personal Injury Trust

CLAIM FORM & DECLARATION

Submit Completed Claims to:

MLC Asbestos Personal Injury Trust
c/o Claims Resolution Management Corporation
3120 Fairview Park Drive, Suite 200
Falls Church, VA 22042
(703) 204-9300
(800) 536-2722

Law Firm Administrative Contact
for this Claim:

Name: _____
Telephone Number: _____
Title: _____
E-mail address: _____
Law Firm: _____

For additional information, please refer to the Instructions for Filing a Claim with the MLC Asbestos Personal Injury Trust and the MLC Asbestos Personal Injury Trust Distribution Procedures (the "TDP").

ELECTION PROCESS:

The election process is important. Incorrect selections may impact the processing of your claim which could result in processing delays or the return of your claim form. Please review the Instructions booklet. If questions remain, please call the CRMC Help Line at 1-800-536-2722 for assistance.

- Expedited Review** (NOT available for Lung Cancer 2, Foreign, Extraordinary or Secondary Exposure Claims)
- Individual Review** (Complete and Submit Both General and Individual Review Sections of this Claim Form)

CLAIM TYPE:

Claim Type: CHECK ONLY ONE BOX BELOW

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 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 mechanics

PART 1: INJURED PARTY INFORMATION - MANDATORY

Injured Party information

Name: _____
 First Middle Last Jr. / Sr.

Social Security Number: _____ - _____ - _____ OR International Id: _____

Gender: (check box) Male Female

Date of Birth: _____
 (MM/DD/YYYY)

If Injured Party is LIVING and not represented by Counsel

Mailing Address _____
 Street Address

City, State (Province), Zip Code (Postal Code), Country

Daytime Telephone: _____ - _____
 Area Code

E-mail Address: _____

If injured party is DECEASED

Date of Death: _____ Was the Death Asbestos related? Yes No
 (MM/DD/YYYY)

Personal Representative Name (if injured party is deceased or is living and has a person, other than filing attorney, filing on his/her behalf):

Name: _____
 First Middle Last Jr. / Sr.

Mailing Address _____
 Street Address

City, State (Province), Zip Code (Postal Code), Country

Daytime Telephone: _____ - _____
 Area Code

E-mail Address: _____

Relationship to Injured Party: _____ Administrator _____ Relative Other _____

PART 2: LAW FIRM/ATTORNEY INFORMATION

IF AN ATTORNEY IS REPRESENTING THIS INJURED PARTY, COMPLETE THIS SECTION:

Law Firm Name: _____

Attorney Assigned: _____

Telephone: _____ - _____ Fax: _____ - _____
 Area Code Area Code

E-mail Address: _____

**Mailing Address
For Claim-Related
Correspondence:**

_____ Street Address

_____ City, State (Province), Zip Code (Postal Code), Country



PART 3: DIAGNOSED DISEASES

Disease claimed:

Check the box indicating the highest disease level for which the Injured Party has been diagnosed. Attach medical evidence to support the claim. Provide the date of first diagnosis for the disease claimed. See **Instructions for Filing a Claim with the MLC Asbestos Personal Injury Trust for the applicable medical evidence required for each disease.**

- Asbestosis/Pleural Disease I (Level I)**
- Asbestosis/Pleural Disease II (Level I)**
- Severe Asbestosis (Level III)**
- Other Cancer (Level IV)**
 - Colorectal Cancer**
 - Esophageal Cancer**
 - Laryngeal Cancer**
 - Pharyngeal Cancer**
 - Stomach Cancer**
- Lung Cancer 2 (Level V, IR Only)**
- Lung Cancer 1 (Level VI)**
- Mesothelioma (Level VII)**

First Diagnosis Date

 / / /
MM DD YYYY

PART 3A: Ordering, Processing and Payment of Claims

Provide the date for the applicable category or categories. From Section 5, Page 18 of the TDP.

(i) the date prior to the Commencement Date 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.

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

(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.

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

(iii) the date after the Commencement Date but before April 30, 2012 that the asbestos claim was filed against another defendant in the tort system.

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

(iv) the date after the Commencement Date but before March 31, 2011 that a proof of claim was filed by the claimant against a Debtor in the Chapter 11 proceeding.

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

(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.

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

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.

1. Has an asbestos-related lawsuit ever been filed against Old GM on behalf of the injured party?

Yes _____ No _____

a. State in which the suit was filed: _____

b. Name of court in which the suit was originally filed: _____

c. Case number: _____

d. Date the suit was originally filed: ____ / ____ / ____
(month) (day) (year)

e. If the suit resulted in any of the following, please check all that apply and provide the requested information.

- Settlement with Old GM:
Date _____ Amt\$ _____ Amt received to date: _____
- Judgment against Old GM:
Date _____ Amt\$ _____ Amt received to date: _____
- Jury verdict against Old GM:
Date _____ Amt\$ _____ Status: _____
- Dismissal of Old GM with prejudice: Date _____

2. If no suit was ever filed against Old GM, please identify the jurisdiction and the basis for jurisdiction:

Jurisdiction state election: _____

Country election: _____

Identify the basis of the claimant's jurisdiction election:

- State/Country of exposure to Old GM products
- State/Country of residence at time of filing (if Injured Party is living)
- State/Country of residence at time of death (if Injured Party is deceased)
- State/Country of residence at time of diagnosis

3. Was a tolling agreement for the Injured Party ever in effect with respect to the claim(s) against Old GM?

Yes _____ No _____ **If "Yes", please submit copy of tolling agreement.**

a. Date the tolling agreement began: _____ / _____ / _____
(month) (day) (year)

b. Date the tolling agreement ended: _____ / _____ / _____
(month) (day) (year)

4. Has a claim been filed with Old GM pursuant to an administrative settlement agreement?

Yes _____ No _____ **If "Yes", please provide a copy of the administrative settlement agreement.**

a. Date the claim was originally filed: _____ / _____ / _____
(month) (day) (year)

b. Has the claimant received money from Old GM for this claim? Yes _____ No _____

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.

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? Yes ____ No ____

2. Has the claimant filed suit against New GM with respect to the Injured Party's asbestos personal injury claim? Yes ____ No ____

PART 4: OCCUPATIONAL EXPOSURE

If claim is for Secondary Exposure, DO NOT complete Part 4, proceed to Part 5.

See the TDP for exposure evidence necessary to meet the requirements for a valid and compensable claim.

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 an Old GM and/or any entity¹, 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 PI 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.

Please photocopy this section and list separately each employer, employment site, product and occupation combination upon which you rely to meet the exposure requirements of the TDP.

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

Employer: _____ City: _____

State/Province: _____ Country: _____

Site/Location of Alleged Exposure: _____ City: _____

¹ "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 Environmental Corporate Remediation Company, Inc.

State/Province: _____ Country: _____

Date employment began: ____ / ____ / ____ Date employment ended: ____ / ____ / ____

Date exposure began: ____ / ____ / ____ Date exposure ended: ____ / ____ / ____

Occupation Code: _____ If Other, explain: _____

Describe exposure to Old GM asbestos- containing product(s) including the identity of the product(s):

Attach all documents necessary to meet the meaningful and credible evidence of exposure requirements of the TDP.

4.2 Significant Occupational Exposure (SOE) for Claims other than Mesothelioma (Level VII) Claims, Lung Cancer 2 (Level V) Claims and Asbestos/Pleural Disease (Level I) Claims. [Please check all applicable statements.]

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 occupation in which the Injured Party:

- Handled raw asbestos fibers on a regular basis;
- Fabricated asbestos-containing products so that the Injured Party in the fabrication process was exposed on a regular basis to raw asbestos fibers;
- Altered, repaired or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers; or
- Was employed in an industry and occupation such that the Injured Party worked on a regular basis in close proximity to workers engaged in the activities described in the preceding categories; or
- None of the above.

If exposure information provided in 4.1 above is not sufficient to meet the SOE requirements, please provide additional occupational exposure information below.

Employer: _____ City: _____

State/Province: _____ Country: _____

Site/Location of Alleged Exposure: _____ City: _____

State/Province: _____ Country: _____

Date employment began: ____ / ____ / ____ Date employment ended: ____ / ____ / ____

Date exposure began: ____ / ____ / ____ Date exposure ended: ____ / ____ / ____

Occupation Code: _____ If Other, explain: _____

Describe exposure to asbestos- containing product(s) including the identity of the product(s) _____

PART 5: EXPOSURE THROUGH OCCUPATIONALLY EXPOSED PERSON

Complete this part **only** if the Injured Party’s asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person (“OEP”)²

Provide the following for each OEP claimed. Copy this page if more than one OEP is claimed.

5.1 Injured Party’s Exposure Through OEP:

The Injured Party had asbestos exposure on a regular basis through the OEP identified in 5.2 below

From: ____ / ____ / ____ To: ____ / ____ / ____

Injured Party’s Relationship to OEP: _____

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:

Attach work history for the occupationally exposed person to establish meaningful and credible Debtor Exposure, prior to December 31, 1982, and Significant Occupational Exposure to asbestos, as applicable.

5.2 OEP’s Debtor Asbestos Exposure: [For each additional exposure period, please copy this page and attach the additional completed information in this section.]

Name of OEP: _____

First Middle Last
Social Security Number: _____ - _____ - _____ OR International ID _____

Employer: _____ City: _____

² If the Injured Party claims direct occupational exposure to asbestos as well as exposure to an OEP, complete Part 4: OCCUPATIONAL EXPOSURE and Part 5: EXPOSURE THROUGH OCCUPATIONALLY EXPOSED PERSON.
Feb 15, 2023 Claim Form & Declaration

State/Province: _____ Country: _____

Occupation Code: _____ If Other, explain: _____

Attach work history for the occupationally exposed person to establish meaningful and credible Old GM Exposure, prior to December 31, 1982, and 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 Asbestos/Pleural Disease (Level I) Claims.

[Please check all applicable statements.]

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 OEP: [Please check all applicable statements.]

- Handled raw asbestos fibers on a regular basis;
- Fabricated asbestos-containing products so that the OEP in the fabrication process was exposed on a regular basis to raw asbestos fibers;
- Altered, repaired or otherwise worked with an asbestos-containing product such that the OEP was exposed on a regular basis to asbestos fibers; or
- Was employed in an industry and occupation such that the OEP worked on a regular basis in close proximity to workers engaged in the activities described in the preceding categories.
- None of the above.

Employer: _____ City: _____

State/Province: _____ Country: _____

Site/Location of Alleged Exposure: _____ City: _____

State/Province: _____ Country: _____

Date employment began: ____ / ____ / ____ Date employment ended: ____ / ____ / ____

Date exposure began: ____ / ____ / ____ Date exposure ended: ____ / ____ / ____

Occupation Code: _____ If Other, explain: _____

Describe exposure to asbestos- containing product(s) including the identity of the product(s)

Occupation Codes

198	2nd Helper	14	Burner operator
77	Abatement Worker	51	Bystander (Including Family Members)
78	Acoustical Worker	235	Cable Puller
1	Air Cond & heat install/maintenance	236	Cable Splicer
79	Air Conditioning Installer/ Repairer	237	Car Loader
404	Aircraft Mechanic	98	Carpenter
201	Asbestos Floor Supervisor	15	Carpenter/woodworker/cabinetman
3	Asbestos miner/plant worker	99	Caulker
4	Asbestos Removal Worker	100	Ceiling Tile Installer
80	Asbestos Worker	101	Cement Finisher
202	Ash Handler	240	Cement Mason
204	Assembler	102	Cement Worker
205	Assembler and Installer of Brakes	241	Chemical Operator
207	Assembly Line Worker	242	Chemical Worker
208	Auto mechanic/bodywork	243	Chemist
391	Automotive Employee	55	Chipper
385	Aviation worker	397	Clean Up Worker
210	Bagger	17	Clerical/office worker
60	Baker	191	Coke Worker
403	Banbury Worker	104	Concrete Laborer
214	Beaterman	105	Concrete Worker
215	Bldg. maintenance, bldg. engineer	67	Construction Laborer
216	Bldg. occupant, office worker, clerical, professional	106	Construction Mechanic
83	Boiler Inspector	107	Construction Superintendent
84	Boiler Insulator	108	Construction Worker
226	Boiler Manufacturing Plant Worker	109	Contractor
218	Boiler Mechanic Helper	110	Coppersmith
85	Boiler Operator	247	Core Room Operator
86	Boiler Repairer	248	Core Setter
219	Boiler Supervisor	111	Crane Operator
220	Boiler Technician	252	Crusher Operator
87	Boiler Tender	69	Custodian
88	Boiler Worker	18	Custodian/janitor
9	Boiler Worker, Repair	253	Cutter
89	Boilermaker	112	Demolition Worker
224	Boilermaker Helper	254	Design Engineer
90	Boilerman	255	Die Cast Operator
227	Brake and Clutch Repairman	256	Doff Crew
229	Brake Line, Shoe Installer, Repairman	258	Drill Repairman
12	Brake Maker	259	Driller
230	Brake Mechanic	393	Driver
231	Brake Worker	260	Dry Cleaner
228	Brick Layer	113	Drywall Applicator
92	Brick Mason	262	Drywall Installer-Commercial Building Trades
94	Bricklayer	114	Drywall Taper
197	Bricklayer Helper	264	Electrical Engineer
96	Building Remodeler	265	Electrical Inspector
97	Burner	115	Electrical Technician

70	Electrician	288	Hopper Loader
116	Electrician Helper	63	Hostler
19	Electrician/electrical worker	292	Hull Maintenance Technician
117	Elevator Construction Worker	131	HVAC Installer/Repairer
266	Engine Fitter	132	Industrial Electrician
267	Engine Maintenance Man	293	Inspector
269	Engine Room Mechanic	294	Installer
271	Engine Room Wiper	396	Instructor
272	Engine Room Worker	295	Instrument Fitter
71	Engineer (non-railroad)	296	Instrument Technician
20	Engineer (chemical, mech. etc.)	133	Insulation Apprentice/Helper
268	Engineman	135	Insulation Worker
76	Environmental Bystander	2	Insulator
273	Fabricator	195	Insulator Helper
5	Factory Worker (Assembly line - nonasb)	297	Insulator Helper/Apprentice
59	Factory Worker (Not Assembly-Line)	298	Iron Pourer
277	Field Construction Inspector	299	Iron Worker
274	Field Engineer	136	Ironworker
275	Field Operator Supervisor	24	Joiner
276	Field Worker	300	Laboratory Technician
119	Final Construction Inspector	25	Laborer
21	Firefighter	301	Laborer (const, demolition, shipyard)
120	Fireman	138	Lagger
278	Floor Tile and Linoleum Layer	302	Lathe Operator
122	Floor Tile Installer	137	Lather
121	Floor Tile/Linoleum Layer	386	Law Enforcement
388	Food Service Worker	305	Leadman
279	Foreman	306	Loader
280	Forger	53	Longshoreman
281	Forklift Operator	64	Machine Operator
282	Foundry Worker	26	Machinist
381	Furnace Helper	307	Maintenance
123	Furnace Installer/Repairer	308	Maintenance Electrician
192	Furnace Operator	309	Maintenance Foreman
283	Furnace Repairman	310	Maintenance Man
124	Furnace Worker	140	Maintenance Mechanic
22	Furnace worker/repair/install	311	Maintenance Supervisor
389	Gas Station Worker	10	Maintenance Worker
285	Gauger	141	Mason
286	General Foreman	142	Mason Tender
52	Glass worker	6	Mechanic
125	Glazier	313	Mechanic Repairman
56	Grinder	398	Medical worker
126	Hammer Driver	315	Metal Cleaner
401	Handyman	316	Metal Lather
194	Heat Treater	384	Military worker
62	Heat Treating Equipment Operator	317	Mill Operator
129	Heating Worker	27	Millwright
23	Heavy Equipment Operator	318	Mixer
130	Hod Carrier	319	Molder
392	Home Remodeler/Renovator	320	Nuclear Inspector

50	Office Worker	361	Roustabout/Utility Man
321	Oil Field Worker	362	Runner
322	Oiler	363	Salesman
323	Operating Engineer	35	Sandblaster
326	Operator	364	Saw Operator
324	Operator of High Temp Machines	72	Seaman - Engine Room or Submarine
41	Other	73	Seaman - Other
327	Oven Operator	36	Seaman - other than engine room
329	Packer	382	Shade Tree Mechanic
28	Painter	37	Sheet metal worker
330	Palletizer	164	Sheetmetal Mechanic
405	Parts Store Worker	165	Sheetmetal Worker
145	Pile Driver	166	Sheetrock Hanger
146	Pipe Carrier	39	Shipfitter
147	Pipe Coverer	74	Shipfitter / Shipwright
148	Pipe Cutter	38	Shipwright
149	Pipe Foreman	65	Shipyards Laborer
151	Pipe Hanger	75	Shipyards worker
152	Pipe Insulator	366	Spinner of Asbestos Cloths
153	Pipe Layer	367	Stationary Engineer
333	Pipe Layer of Water and Sewer Lines	171	Steamfitter
155	Pipe Repairer	54	Steel Worker/foundry/alum.
157	Pipe Welder	368	Stevedore
158	Pipefitter	370	Stock Preparation
159	Pipefitter Helper	399	Store Employee
30	Pipefitter, Steamfitter, Plumber, Helper	394	Student/Apprentice
334	Pipefitter's Helper	387	Supervisor/Manager
335	Plant Operator	395	Technician
336	Plant Worker	173	Telephone Cable Insulator and Installer
160	Plasterer	176	Tile Installer
32	Plumber	177	Tile Layer
338	Poolman	180	Tile Worker
189	Potroom Worker	390	Tire Worker
344	Powerhouse Employee	371	Tow Motor Driver
340	Production Engineer	372	Trouble Shooter
341	Production Worker	373	Truck Driver
400	Radar/Radio Man	383	Unknown
11	Railroad /brake/car/conductor/laborer	402	Utilities Worker
68	Railroad mechanic	181	Vinyl Asbestos Floor Tile Worker
353	Refinery Lab Tech	40	Warehouse worker
354	Refinery Laborer	374	Warehouseman
356	Refractory Insulator	8	Welder
161	Refrigeration/HVAC Equipment Installer/Repairer	377	Welder's Helper
406	Repairman	187	Welding Foreman
34	Rigger	184	Welding Helper
358	Rip out Worker	185	Welding Inspector
163	Riveter	186	Welding Instructor
42	Roofer	66	Well Puller
359	Roughneck	376	Wiper
360	Roundhouse Worker	378	Wireman
		379	Yard Laborer

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.

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

1. Name: _____ First Middle Last	
2. Date of Birth: _____ (MM/DD/YYYY)	
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ First Middle Last	
2. Date of Birth: _____ (MM/DD/YYYY)	
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____			
First	Middle	Last	
2. Date of Birth: _____ (MM/DD/YYYY)			
3. Relationship:		4. Financially Dependent:	
<input type="checkbox"/> Spouse		<input type="checkbox"/> Yes	
<input type="checkbox"/> Child		<input type="checkbox"/> No	
<input type="checkbox"/> Heir			
<input type="checkbox"/> Other _____			

1. Name: _____			
First	Middle	Last	
2. Date of Birth: _____ (MM/DD/YYYY)			
3. Relationship:		4. Financially Dependent:	
<input type="checkbox"/> Spouse		<input type="checkbox"/> Yes	
<input type="checkbox"/> Child		<input type="checkbox"/> No	
<input type="checkbox"/> Heir			
<input type="checkbox"/> Other _____			

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 has 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.

Has the injured party ever Smoked Cigarettes? Yes _____ No _____

From: _____ / _____
 Month / Year

To: _____ / _____
 Month / Year

Packs per day: _____ (use decimal)

Has the injured party ever Smoked Cigars? Yes _____ No _____

From: _____ / _____
 Month / Year

To: _____ / _____
 Month / Year

Packs per day: _____ (use decimal)

PART 8: EMPLOYMENT INFORMATION FOR ECONOMIC LOSS

THIS IS TO BE COMPLETED FOR IR CLAIMS ONLY

Are you claiming Economic Loss? Yes _____ No _____

If yes please answer the following questions:

1. Current Employment Status of the injured party:

- Full-time
- Part-time
- Retired
- Partially Disabled
- Totally Disabled
- Deceased

2. Amount of last annual wages: \$ _____

3. Date last wages received: _____
(MM/DD/YYYY)

(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.

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 form 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 this 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)

PART 10: CERTIFICATION

CERTIFICATION must be completed. This claim is certified by (check one)

- Attorney
- Injured Party
- 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, under penalty of perjury, the information submitted is accurate and complete in all material respects.

Signature of the Injured Party, Attorney or Personal Representative

Printed name

Date