

Instructions for Completing the 2002 TDP Manville Trust Proof of Claim Form

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 upon 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 Document Administrator 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:

Claims Resolution Management Corporation
3120 Fairview Park Drive, Suite 200
Falls Church, VA 22042
(703) 204-9300
(800) 536-2722

COMPLETING THE MANVILLE TRUST PROOF OF CLAIM FORM

PART 1: INJURED PARTY INFORMATION

Complete this section in full. If the injured party 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 injured party's behalf.

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 and Internet addresses are not required, but they can facilitate future communication with your firm.

PART 3: LITIGATION

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

PART 4: EXPOSURE HISTORY

You must complete this section in full. Please refer to attachment (A), SOE instruction booklet for further instructions.

To qualify for any Disease Level, the injured party must demonstrate a minimum exposure to an asbestos-containing Manville product prior to December 31, 1982 together with additional asbestos exposure requirements where applicable.

To qualify for Disease Levels III, IV, V, and VII the injured party must meet the requirements for Significant Occupational Exposure (SOE.) SOE is not required for Levels I, II, VI, and VIII. If you are requesting a disease level that requires SOE and the industry and occupation doesn't automatically give you SOE, contact the CRMC Help line and they will direct you further.

As used here, "regular basis" means every workday for a substantial part of the workday. SOE means employment for a cumulative period of at least five years, in an industry and an occupation in which the injured party:

- (i) handled raw asbestos fibers on a regular basis;
 - (ii) 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

- (iii) was employed in an industry and occupation such that the injured party worked on a regular basis within 10- 20 feet of workers engaged in the activities described in (i), (ii), and/or (iii)
- (iv) Exposed other than by (i), (ii), (iii) or (iv)

If the injured party was exposed while working in an industry and occupation where he/she worked within 10-20 feet of workers engaged in the activities described in (i), (ii) or (iii);

1. The injured party must identify which of the three categories, (i-iii) best describes the co-workers exposure.

2. The injured party must give the occupation code of the co-worker.

Describe all employment periods, name the plant or site at which the injured party was exposed. To state “various jobs and sites” is insufficient. 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 and industry codes listed on pages 9-13.

If the injured party’s exposure took place outside of the US or Canada there is an additional question that must be answered.

If the injured party does not meet the exposure requirements for SOE, check box V (was exposed to asbestos but did not have SOE).

Photocopy and attach additional pages if necessary

PART 5: 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 10 years have elapsed between the date of first exposure to asbestos containing products and the diagnosis, 2) or a history of the injured party’s exposure sufficient to establish a 10-year latency period.

All diagnoses of a nonmalignant asbestos-related disease (Disease Levels I – IV) shall be based upon:

1. In the case of an injured party who was living at the time the claim was filed,
 - (1) a physical examination of the injured party 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 Asbestosis/Pleural Disease (Level III) and Severe Asbestosis (Level IV)

B. In the case of an injured party who was deceased at the time the claim was filed,

1. a physical examination of the n 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.

Diagnoses of a malignant asbestos-related-disease (Levels V – VIII) shall be based upon either:

1. a physical examination of the injured party by the physician providing the diagnosis or
2. a diagnosis of a malignant disease by a board-certified pathologist

You must select at least one of the Disease Levels that follow. The proof required for each Disease Level also follows.

Note that an acceptable ILO must include the date of x-ray, date of reading, doctor name, and injured party name and/or social security number. If only the physician's initials appear on the ILO please write the physicians name on the form. An acceptable Pulmonary Function Test must include the Facility Name, Injured party Name or SSN, Date of the Test, good or fair effort. Please remember there are certain facilities from which we will not accept tests. These facilities were identified in a newsletter dated October 18, 1996. This newsletter can be found at www.mantrust.org.

*An asterisk indicates that the Disease Level requires SOE.

Level I: Other Asbestos Disease (Cash Discount Payment)
(Scheduled Value: \$600)

1. Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy (except mesothelioma), and
2. Exposure to Manville asbestos products prior to December 31, 1982.

Level II: Asbestosis /Pleural Disease (Scheduled Value: \$12,000)

1. Diagnosis of a Bilateral Asbestos Related Nonmalignant Disease, and
2. Six months occupational exposure to Manville asbestos products prior to December 31, 1982, plus five years cumulative occupational exposure to asbestos.

**** Level III: Asbestosis/Pleural Disease (Scheduled Value: \$25,000)***

1. Diagnosis of asbestosis with ILO of 1/0 or greater or asbestosis determined by pathology, or bilateral pleural disease of B2 or greater, plus (a) TLC less than 80%, or (b) FVC less than 80% plus FEV1 /FVC ratio greater than or equal to 65%.
2. Six months occupational exposure to Manville asbestos products prior to

December 31, 1982 plus Significant Occupational Exposure to asbestos, and

3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary condition in question.

*** *Level IV: Severe Asbestosis (Scheduled Value: \$95,000)***

1. Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathology, plus (a) TLC less than 65% or (b) FVC less than 65% plus FEV1 /FVC ratio greater than or equal to 65%,
2. Six months occupational exposure to Manville asbestos products prior to December 31, 1982, plus Significant Occupational Exposure, and
3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary condition in question.

*** *Level V: Other Cancer (Scheduled Value: \$45,000)***

1. Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or Stomach cancer, plus evidence of an underlying Bilateral Asbestos Related Nonmalignant Disease,
2. Six months occupational exposure to Manville asbestos products prior to December 31, 1982, plus Significant Occupational Exposure, and
3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.

Level VI: Lung Cancer (One) (Scheduled Value: None)

Lung Cancer (one) (Level VI) claims are claims that do not meet the more stringent medical and /or exposure requirements of Lung Cancer (Two) (Level VII) claims. All claims in this Disease Level will be individually evaluated. The estimated anticipated average of the individual evaluation awards for this category is \$40,000, with such awards capped at \$50,000.

Level VI 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 will be treated as having any significant value, especially if the injured party is also a smoker.

1. Diagnosis of a primary lung cancer,
2. Occupational exposure to Manville asbestos products prior to December 31, 1982, and

3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

*** *Level VII: Lung Cancer (Two) (Scheduled Value: \$95,000)***

1. Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease,
2. Six months occupational exposure to Manville asbestos products prior to December 31, 1982, plus Significant Occupational Exposure to asbestos, and
3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Level VIII: Mesothelioma (Scheduled Value: \$350,000)

1. Diagnosis of Mesothelioma and
2. Credible evidence of exposure to Manville asbestos products prior to December 31, 1982.

Before submitting a claim for Disease Levels III, IV, V, or VII, make certain that the injured party meets SOE requirements. If you are seeking SOE approval for a claim that does not automatically meet SOE based on the table, please contact upload the supporting documentation and contact Donita Snow prior to submitting your claim(s).

PART 6: SMOKING HISTORY

This section applies to cigarette smoking of injured party's alleging Levels VI and VII only. Please answer Yes, No or Unknown to the smoking question. Do not leave this section blank. It is helpful if you review the attached medical documentation for discussion of the injured party's smoking background. Often, we find discrepancies between the information on the claim form and the smoking summary provided on the medical reports. If you indicate your client was a smoker, you must also indicate whether they are a current smoker. If the injured party has ceased smoking, you must indicate the year that the injured party stopped.

PART 7: INTENT TO FILE PACOR CLAIM

To meet the Statute of Limitations for a PACOR Trust claim you must do the following:

- ☐ By checking this box, I intend to file a Pacor/Manville claim following settlement of my Manville claim. I understand that if this box is checked but, as of the date of filing of this proof of claim the statute of limitations for any claim against Pacor has already expired, the statute of limitations for any Pacor/Manville claim will not be extended or waived by reason of this box having been checked. I also understand that, if this box is not checked, the statute of limitations for any Pacor/Manville claim will not be tolled. I also understand that, if the statute of limitations for a Pacor/Manville claim has not expired as of the date of filing of this proof of claim, such statute of limitations will be tolled as of the date of filing of this proof of

claim and will remain tolled until (a) if this proof of claim is Deactivated, the date of such Deactivation, and (b) if this proof of claim is settled, for a period of six months from the date of such settlement and that, if a Pacor/Manville claim is not filed within such six month period, the statute of limitations will begin to run again on the first day following the last day of such six month period.

PART 8: SIGNATURE

All claims must be signed by the injured party or the person filing on the injured party's behalf. If the injured party 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.

OTHER HELPFUL TIPS

Death Certificates are no longer 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.

Review your claim one last time before you submit it to CRMC. Missing sections or attachments, or conflicting information will delay the processing of your claim.

Check to ensure your supporting documentation is for the same person indicated on the claim. Frequently, we find medical reports mismatched with forms.

Medical and other supporting documents must be readable. If poor photocopies are attached, we will consider the claim incomplete, and it may 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 filing on paper), and have not yet submitted it to CRMC, we must review it and approve before you begin the submission process.