



Western Asbestos Settlement Trust
Claim Filing Instructions

Version: 1.3
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1 Overview

These instructions cover the information necessary to file a claim with the Trust. The first part of these instructions provides a description of the format and requirements for the claim package that must be filed. The second part of the instructions provides detailed help on what is expected in each section of the claim form. Finally, the last section provides information on how to file a claim and contact the Trust.

2 Claim Package

Each claim will be submitted to the Trust in the form of a Claim Package. The Claim Package consists of a completed claim form and all the supporting documentation. In order to expedite processing and to minimize costs to the Trust, the format and content of the Claim Package must exactly follow the enclosed guidelines. Any deviations from these guidelines will result in a deficiency notification being sent back to the claimant.

The Claim Package may be submitted either electronically or on paper. Electronic submissions are encouraged since they will reduce the time and cost necessary to process claims. If claims are submitted on paper, the Trust will enter the data from the Claim Form into a database and scan the supporting documents to create a PDF file. A Processing FIFO Number will only be assigned once this intake process is completed. Once a Processing FIFO Number is assigned, all claims will be processed in FIFO order.

Why Does the Trust Required Strict Adherence to the Filing Procedures?

In order to facilitate the review, valuation and payment of claims, the Trust has developed procedures that enable claimants to greatly speed the review of their claims while still ensuring only valid claims are paid. These procedures clearly put the responsibility on the claimant to file complete and correctly formatted claims per the Trust's requirements; however, the benefit to the claimants is the expeditious and accurate processing of claims.

The center of this process is the claim form itself. This form has been carefully designed to provide all the information necessary to value matrix claims without requiring laborious re-entry of data otherwise available in the supporting documentation. However, the Trust must verify that the claim form data is consistent with the supporting documentation. Accordingly, the review process is centered on validating information that has been pulled out and put on the claim form.

Rather than requiring the reviewer to read through many pages of interrogatories, medical reports, economic reports, and social security records, among other things, the process developed by the Trust requires the claimant to point out where in those documents the relevant information exists. All documents are required to be submitted with the claim in case the review is not straightforward and further research must be conducted to fully understand the situation, but in uncomplicated claims, the review can be very fast as long as the claim packet is properly prepared.

2.1 Claim Form

The first part of the Claim Package is the Claim Form. The Trust has two versions of its Claim Form, the “bulk template” and the “manual form.” The “manual” claim form is provided as an Adobe PDF file on the Trust website that can be downloaded and either printed out and completed by hand, or filled out on a computer. The bulk claim template facilitates the submission of many claims at one time and is the fastest and most efficient way to submit claims to the Trust. The manual form, even when submitted as a completed PDF form, must be processed manually, one at a time, by the Trust.

The Trust strongly encourages the submission of claims using the bulk template whenever possible. This will both expedite the process for the claimant and minimize the cost to the Trust needed to review and pay claims. Reducing Trust expenses increases the funds available to pay valid claims.

2.1.1 Manual Form

Basic instructions to complete the claim form are included on the form itself and detailed instructions are included in section 3.

The claim form is provided on the Trust website as a PDF file that can be accessed using a free program called Adobe Acrobat *Reader*, available on the web at www.adobe.com. A plaintiff can open the claim form file using Acrobat Reader, fill in the necessary fields on the computer, print the result and mail the paper to the Trust. The claimant is advised to keep a copy of the claim form and all attached documents that they send to the Trust.

The free version of Acrobat does not allow saving or emailing the completed form. All data will be lost when the program is closed. In order to save your work, you must purchase the upgraded version of Acrobat called “Acrobat Standard.”

If the claim form is filled out using an upgraded version of Acrobat, the resulting file can be saved and emailed to the Trust.

When a manual claim form is received by the Trust, it will have to be processed by hand and the data typed into the Trust’s database.

The claim will not be considered complete and a Processing FIFO number will not be assigned until the claim is in a format that the Trust Reviewers can process the claim, i.e., claim data entered into the database and supporting documents compiled into a single PDF, bookmarked and highlighted. Accordingly, claims submitted electronically will receive their FIFO numbers and be processed sooner than those submitted on paper.

2.1.2 Bulk Template

The bulk template version of the Trust claim form is available on the Trust website as a Microsoft Access template. There are several tables in the template, with associated forms available to enter, view and edit the data.

The data fields in the bulk template version of the claim form are identical to the fields on the manual claim form. The template is only a tool that lends itself to being used by a law firm that has all its data available in its own computer system.

A law firm with claim data in its own systems will be able to export data from their system and load it into the Access template provided by the Trust. The resulting database can then be emailed to the Trust where the records will be loaded into the Trust claims processing system very quickly and easily. This is the fastest and most efficient way to file large numbers of claims with the Trust.

In the interest of maximizing speed and minimizing cost, the Trust developed a template that is relatively simple, providing only the minimum amount of functionality necessary for law firms to load their data into it and transmit it to the Trust. However, as a result, the data must be carefully cleansed to ensure the template is loaded with accurate and correctly formatted data. The Trust will attempt to import the data, and if the file is incorrectly formatted, the Trust will return the data file to the law firm to be corrected.

For more detailed assistance filing claims using the bulk template, please contact the Trust directly.

2.2 Supporting Documentation

The supporting documents are an integral part of the claim packet. By tying the supporting documents to the claim through the use of bookmarks and highlighting, the Trust was able to reduce the amount of detailed information that a claimant had to copy from the documents onto the claim form.

However, in order for this process to work, the supporting documents must be compiled in a specific way that makes it efficient for the Trust Reviewer to find the information in the supporting documents quickly.

What follows are detailed instructions for how to prepare the supporting document portion of the claim package.

The list of possible required documents includes, but is not necessarily limited to the following:

- Exhibit 1: Completed and signed Claim Form (if filing on paper) or scanned image of signature page (if filing electronically).
- Exhibit 2: Answers to the San Francisco Superior Court General Order 129 Form Interrogatories, Set 1 and Set 2, or Minnesota Plaintiff's Set 1 Answers to Defendant's Interrogatories, or the attested to Answers to the Claim Form Interrogatories. As a matter of process, the Trust will accept Interrogatories from Alameda County and Los Angeles County.
- Exhibit 3: Medical Records
 - 3a. Physical exams
 - 3b. X-ray Reports
 - 3c. CT scan Reports
 - 3d. Pulmonary Function Test Reports
 - 3e. Pathology Reports
- Exhibit 4: Official death certificate, if appropriate
- Exhibit 5: Economic report evidencing wage/pension/home service losses
- Exhibit 6: Affidavit and/or medical invoices evidencing medical expenses
- Exhibit 7: Litigation documentation
 - Endorsed/filed copy of the face page of the complaint or equivalent proof of commencement of litigation
 - If a lawsuit has not been filed, a declaration of jurisdiction that claimant had personam jurisdiction as of July 1, 2002

- 7c. If more than one lawsuit has been filed on behalf of the claimant, a statement electing the governing jurisdiction for purposes of processing the claim

Exhibit 8: Social security records supporting stated work history

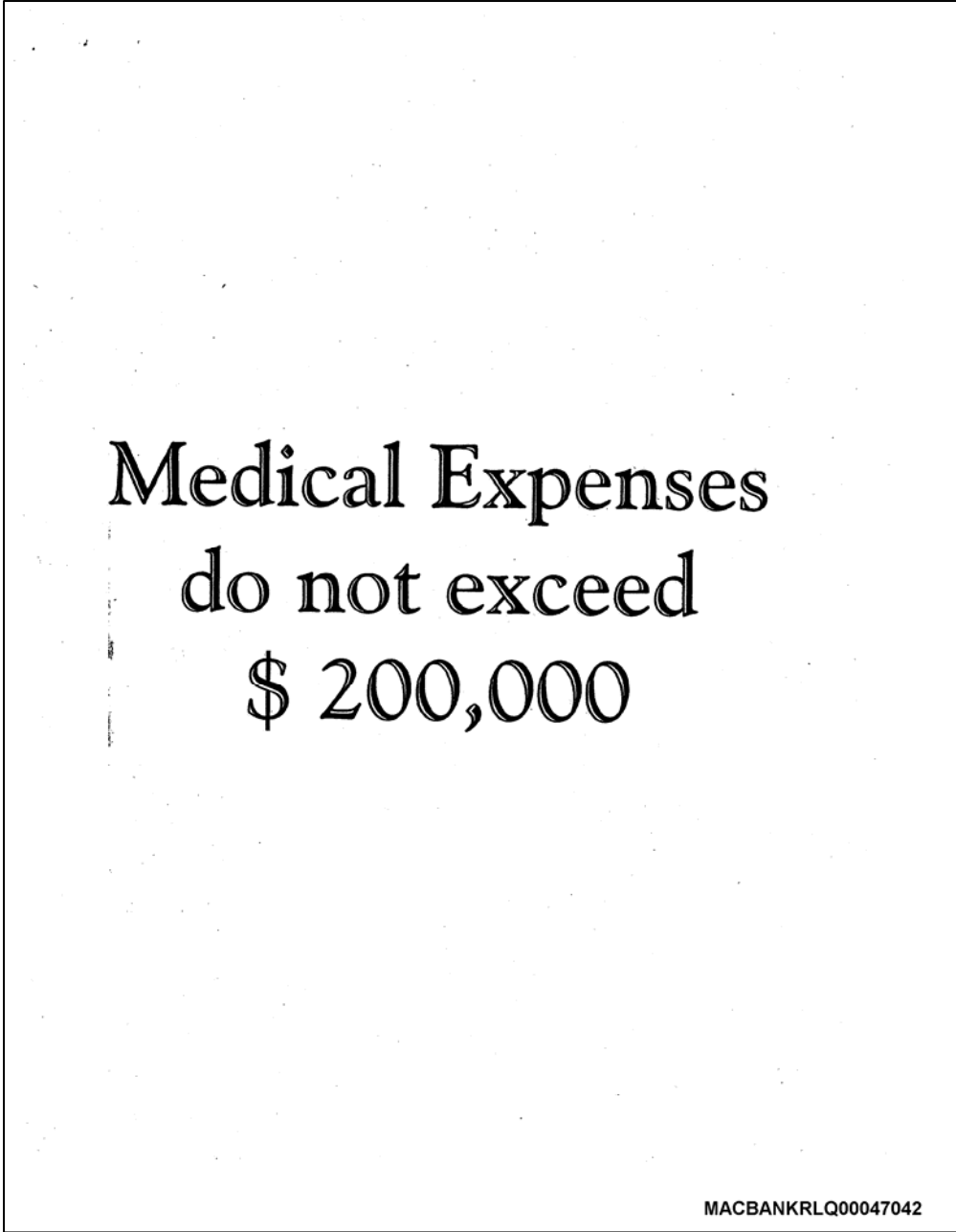
Exhibit 9: Other Information

Each exhibit listed above *must* have an associated tab in the supporting documentation. A tab should be simply a sheet of paper inserted at the beginning of each document identifying the exhibit, such as follows:

Exhibit 1

Interrogatories

If no information is being submitted under a given Exhibit, that tab must still be included in the claim package, and a sheet such as the following should be inserted to avoid the perception that something had been left out.



In addition to the Exhibit dividers, the important pieces of information must be bookmarked and highlighted to facilitate the review process.

The claim form has a small bookmark icon, with a label underneath it, identifying each place supporting documentation is required. The required information must be bookmarked and highlighted so the Reviewer can go straight to the part of the documentation that supports the given section of the claim form.

The Trust will look at the bookmarked and highlighted information and will expect to find clear support for the information on the claim form. If the bookmark is missing, or the associated information does not support the information on the claim form, the claim will be deemed deficient and returned to the claimant.

The Trust prefers to receive the supporting documentation electronically, in Adobe PDF files with the bookmarks and highlights already applied electronically. This will be the fastest and most efficient way for a claim to be reviewed. However, if necessary, the Trust will accept supporting documents on paper, but the same bookmarks and highlights must be applied to the paper documents.

The following shorthand should be used to identify each piece of verifying information on the supporting documents. The bookmarks/highlights are listed in the order they appear on the claim form.

Bookmark Table

Section	Highlight/Bookmark	Description
2: Injured Party Information	Name	Name of Injured Party
	SSN	Social Security Number of Injured Party
	DOB	Date of Birth of Injured Party
	DOD	Date of death. Must show date on death certificate
	AsbRel	Asbestos-Related Death. Proof that death was asbestos-related
	PRName	Name of Personal Representative
	PRCap	Personal Representative capacity. Should point to

		appropriate document showing personal representation capacity such as Power of Attorney or Letter of Attestation.
	MarStat	Current marital status or status at time of death.
3: Injury	Inj	Injury (can have multiple in which case number them Inj1, Inj2, etc.)
4: Diagnosis	Diag	Diagnosis. Should point to the physical exam or death certificate showing a certified physician provided a diagnosis of the alleged disease. Reviewer will confirm diagnosis date, board certification of physician, and physician's signature. (Can have multiple in which case number them Diag1, Diag2, etc.)
5: X-Ray	Xray	X-ray. Must reference all X-Ray information, including physician name, report date and results. (Can have multiple in which case number them XRay1, XRay2, etc.)
6: CT Scan	CTScan	CT Scan. Must reference all Scan information, including physician name, report date and results. (Can have multiple in which case number them CTScan1, CTScan2, etc.)
7: Pulmonary Function Test	PFT	PFT Results. Must reference all PFT information, including physician name, report date

		and results. (Can have multiple in which case number them PFT1, PFT2, etc.)
8: Pathology Report	Path	Pathology Results. Must reference all Pathology information, including physician name, report date and results. (Can have multiple in which case number them Path1, Path2, etc.)
9: Dependent/Beneficiary	Dep	Must reference all Dependent information, including name, social security number, relationship and date of birth. (Can have multiple in which case number them Dep1, Dep2, etc.)
	DepNat	For dependents who are not a spouse or child of the Injured Party, show proof of the nature of their dependence on the Injured Party
10: Land Exposure	LExp	Must reference all Land Exposure information, including employer, job title/occupation, site name and dates. (Can have multiple in which case number them LExp1, LExp2, etc.)
11: Shipboard Exposure	SExp	Must reference all Shipboard Exposure information, including employer, job title/occupation, ship name, site name and dates. (Can have multiple in which case number them SExp1,

		SExp2, etc.)
12: Secondary Exposure	SEOEP	Must reference all Occupationally Exposed Person information including name, social security number and relationship to the Injured Party.
	SEDates	Must reference the dates the Injured Party was exposed to asbestos through the Occupationally Exposed Person.
	SEReason	If the reason for asbestos exposure was other than "living with the Occupationally Exposed Person", show how the exposure occurred.
13: Smoking History	Smoking	The reviewer will look for evidence that supports the smoking history data.
14: Economic Loss/Medical Expense	Econ	This bookmark should point to the conclusions section of the economic report.
	MedExp	This bookmark should point to the conclusions section of the medical expense affidavit.
15: Asbestos Litigation	Lit	This bookmark should point to the cover page of the suit or claim filed. If no suit has been filed, it should point to the declaration that a suit could have been filed. (Can have multiple in which case number them Lit1, Lit2, etc.)
16: Signature	Sig	This bookmark should point

		to the signature page of the claim form.
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2.2.1 Paper

Careful attention to the format and content of paper claim packages will facilitate the preparation and review of claims, and will help minimize the number of deficient claims submitted to the Trust.

For supporting documents filed on paper, there should be a blue cover page for each of the exhibits with the number and name of the exhibit on the cover page. Sub-exhibits (such as 3a, 3b, 7a) should have their own cover page.

Within each exhibit, the information listed in the Bookmark Table must be outlined and identified. The following is an example of a diagnosis page with the conclusion outlined and identified in the margin.

D. **Keratin 5/6** Malignant mesotheliomas are almost all positive and pseudomesotheliomatous adenocarcinomas are almost all negative for keratin 5/6 staining. This malignancy is reported to be positive for keratin 5/6 and typical for malignant mesothelioma.

E. **Calretinin** This antibody stains mesotheliomas with a cytoplasmic/nuclear pattern and is negative in non-mesothelial pseudomesotheliomatous carcinomas, although occasional weak focal cytoplasmic staining may occur. This malignancy is reported to be positive for calretinin.

References:

- 1) McCaughey, WTE, Colby, TV, Battifora, H, Churg, A, Corson, JM, Greenberg, SD, Grimes, MM, Hammar, S, Roggli, VL, and Unni, KK, Diagnosis of Diffuse Malignant Mesothelioma: Experience of a US/Canadian Mesothelioma Panel, Mod Pathol 1991;4:342-353.
- 2) JA Robb, personal observations.

V. FINAL DIAGNOSTIC SUMMARY TABLE SUPPORTING DIAGNOSIS OF MESOTHELIOMA IN THE RIGHT PLEURA

FINDING/RESULT	EXPECTED		NIXON
	PSEUDOMESO ADCA	MESOTHELIOMA	
1. CLINICAL FINDINGS	NODULAR/DIFFUSE	NODULAR/DIFFUSE	DIFFUSE
2. INCIDENCE	APPROX. 1/YR **	1000/YR **	
3. MORPHOLOGY	EPITHELIAL	EPITH/BIPHAS/SA	EPITHELIAL
4. DPAS	>96% POSITIVE	NEGATIVE<1.0%+	NEGATIVE
5. CEA	91%+ (21/23)	NEGATIVE	FOCAL+POLY
6. CD15/Leu M1	76%+ (16/21)	NEGATIVE/FOCAL	NEGATIVE
7. BerEP4	>90% POSITIVE	NEGATIVE/FOCAL	NEGATIVE
8. KERATIN 5/6	NEGATIVE	POSITIVE	POSITIVE
9. CALRETININ	NEGATIVE	POSITIVE	POSITIVE
10. One+: 4,5,6,7	100% (23/23)	<5%	0%
11. Two+: 4,5,6,7	91% (20/22)	0%	0%

** 1/1000 = < 0.10% chance of being a pseudomesotheliomatous carcinoma/sarcoma

CONCLUSION: THE ABOVE TOTAL PROFILE SUPPORTS THE DIAGNOSIS OF MALIGNANT MESOTHELIOMA. THE PROBABILITY OF A PSEUDOMESOTHELIOMATOUS ADENOCARCINOMA HAVING THIS PROFILE IS LESS THAN 1% **. Diag

Date Completed: 9/12/01

James A. Robb, M.D.



When paper claim packages are sent to the Trust, all pages in the package will be scanned into a single PDF, and the associated exhibits and identified information will be bookmarked in the file using Acrobat. This process will be performed by Intake Specialists, not Reviewers. As a result, the information must be neatly compiled, tabbed and highlighted. If the Intake Specialist cannot find the necessary pieces of information in the package, the claim will be returned to the claimant as deficient.

The claim will not be considered complete and a Processing FIFO number will not be assigned until the claim is in a format that the Trust Reviewers can process the claim, i.e., claim data entered into the database and supporting documents compiled into a single PDF, bookmarked and highlighted. Accordingly, claims submitted electronically will receive their FIFO numbers and be processed sooner.

2.2.2 Electronic

The Trust prefers that supporting documents be submitted electronically since all reviews are performed from electronic images. These guidelines help expedite the review process while ensuring a complete and thorough review.

All exhibits should be scanned and compiled into a single PDF file. Images should be scanned in black and white at resolutions between 200 and 300 dpi to ensure sufficient clarity while minimizing file sizes.

All instructions assume the use of Adobe Acrobat *Standard* v6 which can be purchased from the Adobe website (www.adobe.com) for \$299. The required functionality to format claim packages is not available in the free software called Acrobat *Reader* v6.

Cover pages should be created for each exhibit and then scanned with the rest of the document. This makes it easier to see what exhibits are included.

Each applicable piece of information listed in the Bookmark Table should have its own bookmark. If there are multiple instances of an exhibit (diagnoses, x-rays, pathology reports, etc.), each should have its own bookmark numbered sequentially.

The Reviewer will follow a checklist that guides him/her through the process of checking all the information on the claim for completeness, and validating it against the supporting documentation. Careful formatting and book marking are critical to expediting this process while still ensuring the required level of accuracy.

Below is a picture of a claim package PDF that has been properly bookmarked. The reviewer is on the PFT bookmark which shows the important information highlighted.

PACIFIC PRESBYTERIAN MEDICAL CENTER - PULMONARY FUNCTION LABORATORY 1986
 2333 BUCHANAN SAN FRANCISCO, CA. 94115

NAME: [REDACTED] ID: 500019 DATE: 11/14/86
 DR: HINSHAW ROOM: PUL
 AGE: 70 yr SEX: M HEIGHT: 68.50 in WEIGHT: 147.06 lb

Pack Years: 25 yr Years quit: 0 yr Packs/Day: 0.50
 Dyspnea History: After any exertion (talking, dressing)
 Cough: Productive
 Post Test Comments: PATIENT EFFORT ERRATIC, STORED ON FLOPPY

Diagnosis: ASBESTOS EXPOSURE

		Pred.	PRE-BRONCH Obs	% Pred	POST-BRONCH Obs	% Pred
LUNG MECHANICS						
FVC	(L)	4.09	1.95	48	2.46	60
FEV1	(L)	3.12	1.72	55	1.93	62
FEV1/FVC	(%)	76	88		79	
FEF 25-75%	(L/sec)	3.05	1.71	56	1.43	47
FEF 75%	(L/sec)	0.98	0.60	61	0.74	76
Raw	(cmH2O/L/s)		2.27		2.17	
LUNG VOLUMES						
SVC	(L)	4.09	3.26	80	2.78	68
FRC	(Pleth)	3.75	4.49	120	5.53	147
TLC	(Pleth)	6.61	6.84	103	6.94	105
RV/TLC	(Pleth)	38	52		60	
DIFFUSING CAPACITY						
DLCO-cor	(ml/min/mmHg)	28.49	20.05	70		
Alveolar Volume	(L)	6.61	5.43	82		
Hgb		12-18	14.20			

INTERPRETATION: Although the FEV1 and FEF25-75% are reduced, the FEV1/FVC ratio is increased. The FVC is reduced relative to the SVC indicating air trapping. The airway resistance is normal. The vital capacity is low, the residual volume and RV/TLC are high. Following the administration of bronchodilators, there is a slight response. The reduced diffusing capacity indicates a mild loss of functional alveolar capillary surface.

3 Detailed Claim Form Instructions

All information on the claim form is required unless specifically identified as being optional. If incomplete claim forms are received by the Trust, they will be returned unprocessed and the filing fee will not be refunded. Detailed instructions for completing the form by section are as follows:

Section 1: Representation

The Firm Name and address should be the same for all claims submitted by the same firm. If a firm has multiple offices, either submit all claims using one address, or distinguish the offices in the Firm Name, e.g., “Sam’s Law Firm, Oakland Office.” In general, the Trust encourages law firms to use one address unless they have multiple Federal Tax ID codes, in which case, there should be one Law Firm Name per Tax ID.

Attorney information must be completed.

Claim Contact information is optional. However, if Contact information is provided, initial communication to resolve claim issues will be made with the Contact.

Check how the filing fee has been paid, either by check or by setting up a pre-paid account with the Trust.

Section 2: Injured Party/Decedent Information

Firm File # is optional. If provided, the firm can track claims by their internal tracking number.

Items 2-6 are required in all situations. Provide other names by which party has been know, especially maiden names.

Contact information for IP is only required if he is living and not represented by counsel.

If IP is deceased, items 9a-9c are required.

If the IP has a Personal Representative, complete all of item 10 and include proof of the person’s representative capacity as a supporting document.

Item 11 is required, and 11a-11d must be filled in if “Married” is checked.

Items 12-14 are required.

Section 3: Injuries

The claimant may check as many items in Section 3 as apply and there are valid diagnoses for each. For each disease checked, a diagnosis date is required, and a

copy of Section 4 must be completed. The appropriate places in the supporting documents should be bookmarked for each alleged injury.

Section 4: Diagnosis

A copy of Section 4 must be completed for each disease checked in Section 3 unless the IP is deceased and no diagnosis was made for the alleged disease while he was alive. This should be the primary diagnosis used to justify the disease alleged in Section 3. Typically, this section will refer to a physical exam where the physician personally examined the IP and the alleged disease was the concluding diagnosis. There are other ways a diagnosis can be confirmed, e.g., pathologists report, X-Ray, etc., but the physician listed on Section 4 must have attested to the fact that the IP suffered from the alleged disease.

Section 5: Chest X-Ray

All chest x-rays must be read by a certified B-Reader as listed on the NIOSH website (<http://www.cdc.gov/niosh/topics/chestradiography/breader-list.html>). Complete contact information for the physician is required. The ILO Grade is required. The actual X-Ray report must be attached as a supporting document. If more than one chest x-ray is available, multiple Section 5's should be completed, and the associated supporting documents should be included, bookmarked and highlighted.

Section 6: CT Scan

All CT Scans must be read by a board certified radiologist. The actual CT Scan report must be attached as a supporting document. If more than one CT Scan is available, multiple Section 6's should be completed, and the associated supporting documents should be included, bookmarked and highlighted.

Section 7: Pulmonary Function Test

All PFTs must be evaluated by a board certified Internist, Pulmonologist or Internal Medicine Physician. The actual PFT report must be attached as a supporting document with relevant information bookmarked and highlighted. If more than one regimen of PFTs is available, multiple Section 7's should be completed, and the associated supporting documents should be attached.

Section 8: Pathology Report

All Pathology reports must be prepared by a board certified Pathologists. The actual Pathology report must be attached as a supporting document. If more than one Pathology report is available, multiple Section 9's should be completed, and the associated supporting documents should be attached, bookmarked and highlighted. Mark all resulting diagnoses. In particular, if either Asbestosis or Occupational Levels of Asbestos Bodies has been diagnosed, be certain to mark those and include bookmarks/highlights supporting them since these can have a significant impact on claim value.

Section 9: Dependent & Beneficiary

One copy of Section 9 should be completed for each individual who may have rights associated with this claim. Social Security Number is requested but not required. The financial dependence at diagnosis date is required.

Section 10: Land Exposure

One copy of Section 10 must be completed for each land exposure site. Insufficient exposure information is the most common reason that a claim is found deficient. *All fields are required.*

Employer – This is the actual company the IP worked for. It should be supported by Social Security records.

Job Title/Occupation – This should be an industry standard title or occupation name that accurately describes the IP's job from the Occupations List.

Name of Site – This should be the place that the IP worked while being exposed to asbestos. It should be from the Site List. If not, sufficient detail must be provided to support the alleged exposure.

First Date at Site – This is when the IP first was exposed to asbestos at the site. If the exact date is unknown, provide an estimate.

Last Date at Site – This is when the IP last was exposed to asbestos at the site. If the exact date is unknown, provide an estimate.

Item 7 (Secondary Exposure) – If the IP is claiming exposure to asbestos through contact with an occupationally exposed person (Section 12), copies of Section 10 must be filled out for the occupationally exposed person.

Section 11: Shipboard Exposure

One copy of Section 11 must be completed for each land exposure site. Insufficient exposure information is the most common reason that a claim is found deficient. *All fields are required.*

Employer – This is the actual company the IP worked for. It should be supported by Social Security records.

Job Title/Occupation – This should be an industry standard title or occupation name that accurately describes the IP's job from the Occupations List.

Name of Ship – This should be the place that the IP worked while being exposed to asbestos. It should be from the Ship List. If not, sufficient detail must be provided to support the alleged exposure.

Name of Shipyard – This must be the shipyard that corresponds to the shipyard on the Ship List.

First Date on-board Ship – This is when the IP first was exposed to asbestos on-board ship. If the exact date is unknown, provide an estimate that is supported by the documentation. Navy records should be included for claimants asserting exposure while serving in the U.S. Navy.

Last Date on-board Ship – This is when the IP last was exposed to asbestos on-board. If the exact date is unknown, provide an estimate that is supported by the documentation. Navy records should be included for claimants asserting exposure while serving in the U.S. Navy.

Item 8 (Secondary Exposure) – If the IP is claiming exposure to asbestos through contact with an occupationally exposed person (Section 12), copies of Section 11 must be filled out for the occupationally exposed person.

Section 12: Secondary Exposure

If the IP was exposed to asbestos through contact with a person who, himself, was exposed to asbestos on the job (e.g., a child being exposed to asbestos brought home on his father's clothes), the IP can claim exposure to that person. The only exposure that will be considered is exposure that occurred during the time the occupationally exposed person was being exposed. So if the child lived with the parent for 18 years, but the parent only worked around asbestos for one year, only one year of asbestos exposure will be considered. Copies of Sections 10 or 11 must be included for all sites where the occupationally exposed person had exposure. The IP can also complete copies of Sections 10 or 11 if he was also exposed to asbestos on the job. The total amount of asbestos exposure will be accumulated.

Section 13: Smoking History

The total number of years smoked must be entered. Decimals should be used for partial years. The average number of packs per day must be entered. Decimals should be used for partial packs, and estimates are sufficient for packs per day over the smoking history. The year that the IP last smoked should be entered as "Year Quit."

Section 14: Economic Loss/Medical Expense

If the IP incurred economic losses or medical expenses in excess of \$200,000, enter the total loss here and attach the associated Economic Report or Affidavit of Medical Expenses as a supporting document. For living IP's, the assumed future medical expenses are \$75,000, so in those cases, you may add \$75,000 to historical medical expenses in order to calculate total medical expense.

Section 15: Asbestos Litigation

One copy of Section 15 should be completed for each case filed on behalf of the IP. All information is required. If no litigation was filed against Western, the IP must sign a declaration stating that litigation could have been filed against Western and the appropriate jurisdiction must be included. The declaration is available on the Trust website at www.wastrust.com.

Section 16: Signature

In addition to the signature itself, the name, date and relationship to Injured Party fields must be completed. A signed copy of Section 16 must be included and bookmarked with the scanned supporting documents if the claim is submitted electronically.

4 Submit Claim to the Trust

Once the claim package is complete, it may be submitted to the Trust either on paper or electronically. The Trust prefers for claims to be submitted electronically.

The Trust will begin accepting claims on August 16, 2004. The following contact information will not be effective until that date.

To submit a claim electronically, email it to:

claims@WASTrust.com

To submit a claim on paper, mail it to:

Western Asbestos Settlement Trust
Attn: Claims
PO Box 3397
Reno, NV 89505

Trust contact information:

Email: questions@WASTrust.com

Phone: (775) 324-5511

Web: www.WASTrust.com