

Western Asbestos Settlement Trust

Claim Form


Submit completed claim forms to:

Via Email:
Claims@WAStrust.com

Via US Mail:
Western Asbestos Settlement Trust
P.O. Box 3413
Reno, NV 89505

Instructions:

(See www.WAStrust.com for complete information)

- A. Please complete **ALL** sections of the claim form and include a filing fee check payable to the Western Asbestos Settlement Trust in the amount of \$250. **Incomplete claim forms will be returned and the filing fee will not be refunded unless the claim is subsequently accepted.**
- B. The Trust encourages the electronic submission of claims. Please see www.WAStrust.com for instructions on how to submit claims and supporting documentation electronically. Submitting claims electronically will expedite the processing of your claims.
- C. This claim form can be filled out using Adobe Acrobat. A free version of Acrobat *Reader* is available at www.adobe.com. If you use Acrobat *Reader* to complete the claim form, you must print it out before you exit the program or your changes will be lost. It is not possible to save your changes using the free version of Acrobat. If you would like to save your work and/or email the resulting file to the Trust for processing, you must purchase Acrobat *Standard* from a retail establishment or the Adobe website.
- D. Depending on the disease you are alleging, different information is required.
- E. Supporting documents, with relevant sections bookmarked and highlighted, must also be submitted with this claim. Throughout the claim form, there are bookmark icons () that indicate where specific supporting documentation is required. Refer to the claim form instructions for an explanation of what information is expected to support each section of the claim. There are specific requirements for how supporting documents must be prepared in order for your claim to be accepted. Please see www.WAStrust.com for detailed instructions.
- F. In addition to this Claim Form, depending on the nature of the claim the following additional supporting information is required and must be bookmarked and highlighted:
 - i. Medical records and reports evidencing the claimed disease, including but not limited to copies of physical examinations, x-ray reports, CT Scan results, Pulmonary Function Test results, and pathology results.

Instructions, continued:

- ii. Economic report evidencing asbestos-related wage/pension/home service losses in excess of the Trust's base amount.
 - iii. Affidavit and/or medical invoices evidencing asbestos-related medical expenses in excess of the Trust's base amount.
 - iv. Endorsed/filed copy of the face page of all complaints or equivalent proof of commencement of litigation. If a lawsuit has not been filed on behalf of the Injured Party, a verified declaration stating facts which establish *in personam jurisdiction* as of July 1, 2002 (see www.WASTrust.com).
 - v. Social security records supporting stated work history.
 - vi. Official death certificate, if appropriate.
 - vii. The San Francisco Superior Court General Order 129 Form Interrogatories, Set 1 and Set 2 or the Minnesota Plaintiff's Set 1 Answers to Defendant's Interrogatories. If neither of these interrogatories is available, verified answers to the Western Abbreviated Interrogatory Questions (see www.WASTrust.com) must be attached.
- G. Claim forms received by the Trust that are incomplete or missing the required supporting information will not be accepted by the Trust, and the claim will not be placed in the Claim Processing Queue until all required information is received.

Notice to Claimants and Attorneys Regarding Attorney Fee Limitations

There are fee limitations that the attorney representing the claimant must strictly abide by as stated on page 35 in Section 8.4 of the Asbestos Personal Injury Settlement Trust Distribution Procedures. At a maximum the attorney can only charge his client 25% of the payments made by the Trust. This calculation is based upon the actual payments made, less any costs which are chargeable to the claimant's recovery.

Section 1: Representation

If Claimant is represented by counsel, please provide the following information. All notices will be sent by email to the Attorney; however, initial consultation on claim issues will be made with the Law Firm Contact if provided.

1. Firm Name:

2. Firm Address:

3. Attorney Name:

4. Attorney Phone:

5. Attorney Fax:

6. Attorney Email:

Claim Contact

7. Contact Name:

8. Contact Phone:

9. Contact Fax:

10. Contact Email:

11. Filing Fee:

Check

Pre-Paid Account

Section 2: Injured Party/Decedent Information

1. Firm File #:



2. Name:



3. Social Security #:

4. Gender:



5. Date of Birth:

6. Place of Birth:

7. All Names by which Injured Party/Decedent has been known:

8. If Injured Party is living and is not represented by counsel, please complete the following?

8a. Mailing Address:

8b. Phone Number:

9. If Injured Party is deceased, please complete the following and attach Death Certificate?



9a. Date of Death:

9b. Age at Death:



9c. Was death asbestos related?

If Injured Party has a personal representative other than, or in addition to, his/her attorney, please indicate the following information for the representative and provide supporting documentation of their representative capacity:

10. Personal Representative:



10a. Name:

10b. Social Security #:

10c. Mailing Address:

10d. Phone:



10e. Representative Capacity:



11. Marital status of the Injured Party at commencement of litigation, or if deceased, at time of death:

Married Single Widow/Widower Divorced

If married, please provide the following information.

11a. Date of marriage:

11b. Spouse's Name:

11c. Spouse's Social Security #:

11d. Spouse's Date of Birth:

12. Has the Injured Party ever been a resident of the state of California?

If yes, during what years?

13. Has the Injured Party ever been a resident of the state of Minnesota?

If yes, during what years?

14. Has the Injured Party ever been a resident of the state of North Dakota?

If yes, during what years?

Section 3: Injuries

Please select all injuries which have been diagnosed for the Injured Party. For each injury alleged, please attach supporting documentation to the claim form. Claims must include a diagnosis of the claimed diseases rendered by a Pathologist, Internist, Pulmonologist or Occupational Medicine Physician. The Trust will evaluate the claim based on highest compensable disease alleged.

Based on the disease you are alleging, different information is required. Please refer to www.WAStrust.com/checklists.pdf for the checklist you need.

Supporting documents must also be submitted with this claim. There are specific requirements for how supporting documents must be prepared in order for your claim to be accepted. Please see www.WAStrust.com/documents.pdf for instructions.

 **Non-Malignant** Diagnosis Date

Grade II Non-Malignant

Grade I Non-Malignant

Grade I Non-Malignant – Enhanced

Grade I Non-Malignant – Serious Asbestosis

 **Other Cancer**

Colo-rectal

Laryngeal

Esophageal

Kidney

Non-Hodgkin's Lymphoma

Chronic Lymphocytic Leukemia

 **Lung Cancer**

Lung Cancer

 **Mesothelioma**

Mesothelioma

Section 4: Diagnosis

All disease diagnoses must be made by a board-certified Internist, Pulmonologist, or Occupational Medicine Physician who actually examined the Injured Party or a board certified Pathologist.

Please complete one copy of Section 4 for each alleged diagnosis. Copies of the electronic form for just Section 4 can be found on the Trust website at www.WASTrust.com/Section4.pdf. Copies of the supporting documentation must be attached to this claim with the relevant information bookmarked.



1. Physician Name:

2. This physician is board certified in (check all that apply):

Internal Medicine

Pulmonology

Occupational Medicine

Pathology

3. Date of report:

4. Results (check all that apply):

Asbestos-Related Pleural Disease

Asbestosis

Other Non-Malignancy

Colo-rectal Cancer

Laryngeal Cancer

Esophageal Cancer

Kidney Cancer

Non-Hodgkin's Lymphoma

Chronic Lymphocytic Leukemia

Other Cancer

Lung Cancer

Mesothelioma

Section 5: Chest X-Ray

All Chest X-Rays must be read by a Certified B-Reader as listed on the NIOSH website (www.cdc.gov/niosh/readstat.html).

Please complete one copy of Section 5 for each X-Ray that supports the alleged diagnoses. Copies of the electronic form for just Section 5 can be found on the Trust website at www.WASTrust.com/Section5.pdf.

Copies of the supporting documentation must be attached to this claim with the relevant information bookmarked.



1. Physician Name:

2. This physician is a certified B-Reader:

3. Date of report:

4. Results:

4a. ILO Profusion Score:

4b. Asbestos-Related Pleural Disease:

4c. Asbestosis

Section 6: CT Scan

All CT Scans must be read by a board certified radiologist.

Please complete one copy of Section 6 for each High Resolution CT Scan that supports the alleged diagnoses. Copies of the electronic form for just Section 6 can be found on the Trust website at www.WAStrust.com/Section6.pdf.

Copies of the supporting documentation must be attached to this claim with the relevant information bookmarked.



1. Physician Name:
2. This physician is a board certified Radiologist:
3. Date of radiologist's report:
4. Results:

Asbestos-Related Pleural Disease

Asbestosis

Section 7: Pulmonary Function Test

All Pulmonary Function Tests (PFT) must be accompanied by a statement from an Internist, Pulmonologist or Occupational Medicine Physician stating that at the time of the test, the asbestos-related disease alleged on this claim is the probable explanation for the test result.

Please complete one copy of Section 7 for each PFT that supports the alleged diagnoses. Copies of the electronic form for just Section 7 can be found on the Trust website at www.WAStrust.com/Section7.pdf.

Copies of the supporting documentation must be attached to this claim with the relevant information bookmarked.



1. Physician Name:

2. This physician is board certified in (check all that apply):

Internal Medicine

Pulmonology

Occupational Medicine

3. Date of PFT report:

4. Results:

4a. FVC:

4b. FVC:

4c. FEV-1:

4d. FEV-1:

4e. FEV-1/FVC:

4f. TLC:

4g. TLC:

4h. DLCO:

4i. DLCO:

4j. VO MAX:

Section 8: Pathology Report

All Pathology Reports must be accompanied by a statement from a Pathologist affirming the results reported on the claim form.

Please complete one copy of Section 8 for each Pathology Slide made in the last 10 years that supports the alleged diagnoses. Copies of the electronic form for just Section 8 can be found on the Trust website at www.WAStrust.com/Section8.pdf.

Copies of the supporting documentation must be attached to this claim with the relevant information bookmarked.



1. Physician Name:

2. This physician is a board certified Pathologist:

3. Date of pathology report:

4. Results (check all that apply):

Asbestosis

Occupational Levels of Asbestos Bodies or Asbestos Fibers in Lung Tissue

Colo-rectal Cancer

Laryngeal Cancer

Esophageal Cancer

Kidney Cancer

Non-Hodgkin's Lymphoma

Chronic Lymphocytic Leukemia

Other Cancer

Lung Cancer

Mesothelioma

Section 9: Dependent & Beneficiary

Please list any other person who may have rights associated with this claim.

Be sure to include the Injured Party's spouse and any dependents who derive (or did derive at the time of the Injured Party's death) at least 50% of their financial support from the Injured Party.

Also, list beneficiaries who are entitled to pursue an action of wrongful death under applicable state law.

Please complete one copy of Section 9 for each Dependent or Beneficiary. Copies of the electronic form for just Section 9 can be found on the Trust website at www.WASTrust.com/Section9.pdf.



1. Dependent or Beneficiary Name:

2. Relationship to Injured Party: Spouse Child Other

3. Social Security #:

4. Date of Birth:

5. Address:

6. Financially Dependent at Diagnosis Date:



7. For dependents other than spouse or minor child, please explain the nature of the financial dependence:

Section 10: Land Exposure

Please list all exposure the Injured Party had on land (as opposed to on-board ships) to asbestos-containing products for which The Western Asbestos Company, Western MacArthur Co., or MacArthur Co. (Western) have legal responsibility.

Enter the Job Title or Occupation from the Trust-approved Occupation/Industry List (www.WAStrust.com) that best describes the Injured Party's job duties and industry. Please provide supporting documentation to support your entry.

If exposure was at a qualified site (one listed on the Trust Qualified Site List available at www.WAStrust.com), please enter the name *exactly* as it appears on that list and provide substantiation for the Injured Party's time at the site in the supporting documentation.

If exposure was not at a qualified site, enter the name of the site and provide sufficient supporting documentation to prove that asbestos-containing products for which Western is liable were present. Also provide justification that in the course of his/her job duties, the Injured Party was exposed to that asbestos.

It is only necessary to enter the exposure needed for the claim to qualify for payment based on the Trust Distribution Procedures. However, the Trust will only consider exposure for which copies of Sections 10 and 11 have been completed even if additional exposure is included in the supporting documentation.

If alleging that the minimum exposure requirement is met by the percent of total exposure stipulation, enter percent of total exposure alleged for this site. Also, include supporting documentation that substantiates this claim.

Please complete one copy of Section 10 for each Land Exposure site. Copies of the electronic form for just Section 10 can be found on the Trust website at www.WAStrust.com. Please attach the Social Security records or equivalent in support of the employment information provided.



1. Employer:
2. Job Title/Occupation:
3. Name of Site (if qualified site, must match site list entry exactly):
4. Approximate First Date at Site:
5. Approximate Last Date at Site:
6. If claiming minimum exposure requirement by using the percent of total exposure stipulation, enter percent of total exposure that occurred at this site:
7. Is this exposure record in support of a Secondary Exposure claim? (See Section 12)

Section 11: Shipboard Exposure

Please list all exposure the Injured Party had on-board ships (as opposed to on land) to asbestos-containing products for which The Western Asbestos Company, Western MacArthur Co., or MacArthur Co. (Western) have legal responsibility. In order to qualify, exposure must on a ship *built* at a Western shipyard, or for exposure alleged on ships repaired or overhauled at a Western shipyard, the Injured Party had to have stayed on-board the ship during repair or overhaul.

Enter the Job Title or Occupation from the Trust-approved Occupation/Industry List (www.WASTrust.com) that best describes the Injured Party's job duties and industry. Please provide supporting documentation to support your entry.

If exposure was on-board a qualified ship (one listed on the Trust Qualified Ship List available at www.WASTrust.com), please enter the name of the ship *exactly* as it appears on that list and provide substantiation for the Injured Party's time on-board in the supporting documentation.

If exposure was not on-board a qualified ship, enter the name of the ship and the shipyard where the ship was built or repaired, and provide sufficient supporting documentation to prove that asbestos-containing products for which Western is liable were present. Also provide justification that in the course of his/her job duties, the Injured Party was exposed to that asbestos.

If alleging that the minimum exposure requirement is met by the percent of total exposure stipulation, enter percent of total exposure alleged for this ship. Also, include supporting documentation that substantiates this claim.

It is only necessary to enter the exposure needed for the claim to qualify for payment based on the Trust Distribution Procedures. However, the Trust will only consider exposure for which copies of Sections 10 and 11 have been completed even if additional exposure is included in the supporting documentation.

Please complete one copy of Section 11 for each Shipboard Exposure. Copies of the electronic form for just Section 11 can be found on the Trust website at www.WASTrust.com. Please attach the Social Security records or equivalent in support of the employment information provided.



1. Employer:
2. Job Title/Occupation:
3. Name of Ship (if qualified ship, must match ship list entry exactly):
4. Name of Western shipyard where ship was built or repaired:
5. Approximate First Date on-board Ship:
6. Approximate Last Date on-board Ship:
7. If claiming minimum exposure requirement by using the percent of total exposure stipulation, enter percent of total exposure that occurred at this site:
8. Is this exposure record in support of a Secondary Exposure claim? (See Section 12)

Section 12: Secondary Exposure

Please fill out this section if the Injured Party was exposed to asbestos for which Western is liable through contact with someone who was exposed to the asbestos occupationally (while on the job).

If the Injured Party is claiming Secondary Exposure, a qualifying amount of exposure must be documented for the occupationally exposed person. Please complete as many copies of Sections 10 and 11 for the occupationally exposed person as necessary to document this exposure. Be sure to answer "Yes" to the last question on Sections 10 or 11 which indicates that the exposure is for the occupationally exposed person.

1. Was the Injured Party exposed to asbestos from an occupationally exposed person?

If yes,



2. Occupationally exposed person:

2a. Name:

2b. Social Security #:

2c. Relationship to Injured Party:



3. Exposure timing:

3a. Date exposure began:

3b. Date exposure ended:



4. If the Injured Party's exposure occurred for any reason other than living with the occupationally exposed person, please describe how the Injured Party was exposed to asbestos-containing products for which Western is liable:

Remember to fill out Sections 10 and 11 for occupationally exposed person.

Section 13: Smoking History

Please fill out this section if the Injured Party smoked cigarettes.

Estimate the number of packs per year the Injured Party smoked. Indicate fractional packs using decimals. For example, two and one-half packs per day would be entered as 2.5.



1. Has the Injured Party ever smoked cigarettes?

If yes,

2. Years smoked:
3. Average packs smoked per day:
4. Year quit:

Section 14: Economic Loss/Medical Expense

Please fill out this section if the Injured Party had asbestos-related Economic Losses or Medical Expenses in excess of \$200,000.



1. Total Asbestos-Related Economic Loss:

Please attach a detailed Economic Report demonstrating the economic loss claimed.



2. Total Asbestos-Related Medical Expenses:


Please attach a signed affidavit of medical expenses demonstrating amount claimed.

Section 15: Asbestos Litigation

Please fill out one copy of this section for each suit or claim filed, or which could have been filed, on behalf of the Injured Party. For copies of just Section 15 visit the Trust website at www.WAStrust.com/section15.pdf.

An endorsed copy of the face sheet of each complaint filed and/or served must be attached as a supporting document to this claim. If no asbestos suit has been filed, please enter the court where Western was subject to *in personam jurisdiction* on July 1, 2002 and attach a declaration stating that a suit could have been filed (see www.WAStrust.com/litigationdec.pdf).

If multiple suits have been filed, indicate the one which the Trust should use as the primary jurisdiction for purposes of reviewing and valuing the claim.

 1. Jurisdiction in which the suit or claim was originally filed or could have been filed:

1a. Jurisdiction:

1b. Primary jurisdiction for Trust review?

Answer questions 2-9 for suits that were filed.

2. Caption:

3. Case Number:

4. Asbestos related injury alleged:

5. Date on which the suit or claim was originally filed:

6. The counsel of record:

Name:

Firm:

Address:

7. Were any Western entities named as defendants in the action?

8. Money Received from Western:

9. What is the current status of this suit?

Pending

Judgment

Dismissed

Settled

Section 16: Signature

All Claims must be signed under penalty of perjury by the claimant, the claimant's attorney or the personal representative (or equivalent) signing on the claimant's behalf.

Injured Party:

Name:

Social Security #:

I have reviewed the information submitted on this claim form and contained in all documents submitted in support of this claim, including any attached unverified interrogatory answers or equivalent documents ("Claim Information"). I declare under penalty of perjury under the laws of the United States of America that I am informed and believe, based upon credible information available to me including the source, context and type of documents submitted in support of this claim, that the Claim Information, including any answers to interrogatories or equivalent documents, is true and correct.



Signature of Claimant or Representative

Name:

Date:

Relationship to Injured Party:

Notice to Claimants and Attorneys Regarding Attorney Fee Limitations

There are fee limitations that the attorney representing the claimant must strictly abide by as stated on page 35 in Section 8.4 of the Asbestos Personal Injury Settlement Trust Distribution Procedures. At a maximum the attorney can only charge his client 25% of the payments made by the Trust. This calculation is based upon the actual payments made, less any costs which are chargeable to the claimant's recovery.