**Asbestos-Related Pleural Disease**

**(Grade II Non-Malignancy)**

Claim Packet Checklist

**Matrix Grade II Requirements**

**Matrix Section VI(a)(iii):** Grade II is defined under the Matrix when it satisfies each of the following criteria:

(iii) Injured Person satisfies the following criteria for asbestos-related disease:

1. The Injured Person must establish at least a 10-year latency period between the date of the first exposure to asbestos and the date of diagnosis of the disease; and

2. The Injured Person must establish evidence of an asbestos related disease including:

(a) Clinical Evidence of Asbestosis. A diagnosis of pulmonary asbestosis by an Internist, Pulmonologist or qualified Occupational Medicine Physician who actually examined the Injured Person based on the following minimum objective criteria:

1) Chest X-rays which, in the opinion of a Certified Breader, show small irregular opacities of ILO Grade 1/0 or greater, or

2) Asbestos related interstitial fibrosis on high resolution CT scan or appropriate diagnostic imaging procedure; or

(b) Clinical Evidence of Asbestos-Related Pleural Disease. A diagnosis of asbestos -related pleural disease by an Internist, Pulmonologist or Occupational Medicine Physician.

**Claim Tab Entry Checklist**

*All required fields must be completed within each required Tab. The required information will be indicated in* ***Red Text*** *or marked by an asterisk(\*). If the required information is not completed, the claim will be moved to an Incomplete Status.*

* **Injured Party Tab (Inj. Party)**
  + **Claim Information**
    - Choose a Review Type
    - Choose an Exigency Type
    - Is the Injured Party eligible for Medicare even though under the age of 65?
      * Have any of the Injured Party’s medical expenses related to this claim been paid by Medicare?
  + **Section 1: Injured Party Information**
    - Injured Party’s full legal name
      * No Nicknames
      * Be sure to use the drop-down to include Suffix’s, if applicable
    - Injured Party’s Gender
    - Injured Party’s Social Security Number
      * This can also be a foreign ID or a Tax ID
    - Injured Party’s Date of Birth
    - If the Injured Party is Deceased:
      * Date of Death
      * Personal Representative Information
* **Representation Tab**
  + **Section 2: Representation**
    - Only required if represented by counsel
    - Select the Law Firm Name from drop-down
      * All the required information will populate with what is on file
* **Disease Tab**
  + **Section 3: Injury Information**
    - Select “Grade II Non-Malignancy” for the claimed Disease Level.
    - Enter in the Diagnosis Date.
* **Smoking Tab**
  + Not required for a Grade II Disease
* **Personal Representative Tab (Pers. Rep.)**
  + Trust Staff to complete
* **Death Certificate Tab (DC)**
  + Trust Staff to complete
* **Litigation Tab**
  + **Section 6: Asbestos Litigation and Claims History**
    - Jurisdiction
    - Date of Filing
    - Settlement Amount
    - Has the Injured Party ever received prior compensation from Western Asbestos?
* **Secondary Exposure Tab (Sec. Exp.)**
  + **Section 8: Secondary Exposure**
    - Not required for a occupational exposure claim
    - Relationship to occupationally exposed person
    - Date that the exposure from the occupationally exposed person began and ended
    - Name of the occupationally exposed person
    - Description of how the injured party was exposed through the occupationally exposed person
* **Exposure Tab (Exp.)**
  + **Section 7: Occupational Exposure to Asbestos**
    - Start and End date of exposure
    - Occupationally Exposed Person
      * Only applicable if the exposure is not the Injured Party
    - Occupation
      * A list of approved Traditional Occupations is located on the Website at www.wastrust.com
    - Exposure Type
      * Once you select a Land-Based Job Site or Ship at Sea, additional fields will appear to allow you to enter in the Site of Exposure.
    - Site of Exposure
      * A list of approved Western Asbestos Sites is located on the Website at www.wastrust.com
    - City, State, Country of Exposure
    - Was the Injured Party exposed on or after December 5, 1980?
* **Proof of Exposure Tab (POE)**
  + Trust Staff to complete
* **Economic Loss Tab**
  + Not accepted for a Grade II Disease
* **Dependents Tab**
  + **Section 10: Financial Dependents**
    - Was the Injured Party Married at the time of Litigation or at the time the claim was filed with the Trust?
    - Did the Injured Party have minor children, adult disabled dependent children or dependent minor grandchildren living with them at the time of diagnosis?
* **Medical Reports Tab (Phys)**
  + Trust Staff to complete
* **Radiographic Tab**
  + Trust Staff to complete
* **Pulmonary Function Test Tab (PFT)**
  + Not required for a Grade II Disease
* **Pathology/Autopsy Report Tab (Path)**
  + Not required for a Grade II Disease

**Supporting Documents & Bookmark Review**

*All Claim Forms must be accompanied by supporting documentation with relevant portions bookmarked and highlighted.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Claim Form Tab** | **Supporting Document** | **Reference** | **Highlight/ Bookmark** | **Bookmark Description** | **Helpful Tips** |
| Inj. Party | Verified Answers to Interrogatories | TDP Sections 6.2(a) & (c) | Name | Name of Injured Party/ Deceased |  |
| Inj. Party | Verified Answers to Interrogatories |  | SSN | Social Security Number of Injured Party/ Deceased |  |
| Inj. Party | Verified Answers to Interrogatories |  | DOB | Date of Birth of Injured Party/ Deceased |  |
| Inj. Party | Verified Answers to Interrogatories |  | DOD | Date of Death of Injured Party/ Deceased | If Applicable |
| Inj. Party | Verified Answers to Interrogatories |  | MarStat | Current marital status or status at time of death |  |
| Inj. Party | Verified Answers to Interrogatories | TDP Sections 6.2(c)(i) & (v) | VERIF | Signed Verification Page |  |
| Inj. Party | Death Certificate |  | AsbRel | Asbestos-Related Death. Proof that death was asbestos-related. | Only required if Claimant is deceased |
| Inj. Party | Successor in Interest Documentation |  | PRName | Name of Personal Representative |  |
| Inj. Party | Successor in Interest Documentation |  | PRCap | Personal Representative capacity. Should point to appropriate document showing personal representation capacity such as Power of Attorney or Letter of Attestation. | Must be filed with the Court |
| DC | Death Certificate | TDP Section 6.2(d) | DOD | Date of Death of Injured Party/ Deceased | If Applicable |
| Litigation | Lawsuit | TDP Section 6.2(h) | Lit | This bookmark should point to the cover page of the suit or claim filed. | If multiple, entitle bookmarks as Lit1, Lit2, etc. |
| Litigation | In Personam | TDP Section 6.2(h) | Lit | If no suit has been filed, it should point to the declaration that a suit could have been filed. | If multiple, entitle bookmarks as Lit1, Lit2, etc. |
| Sec. Exp. | Verified Answers to Interrogatories | Matrix Section VII(a)(2) | SEOEP | Must reference all Occupationally Exposed Person information including name, social security number and relationship to the Injured Party. | Not required for direct exposure |
| Sec. Exp. | Verified Answers to Interrogatories | Matrix Section VII(a)(2) | SEDates | Must reference the dates the Injured Party was exposed to asbestos through the Occupationally Exposed Person. | Not required for direct exposure |
| Sec. Exp. | Verified Answers to Interrogatories | Matrix Section VII(a)(2) | SEReason | If the reason for asbestos exposure was other than "living with the Occupationally Exposed Person, show how the exposure occurred. | Not required for direct exposure |
| Exp. | Verified Answers to Interrogatories | TDP Section 6.2(c)(iii) & (iv) | LExp | Must reference all Land Exposure information, including employer, job title/occupation, site name and dates. | If multiple, entitle bookmarks as LExp1, LExp2, etc. |
| Exp. | Verified Answers to Interrogatories | TDP Section 6.2(c)(iii) & (iv) | SExp | Must reference all Shipboard Exposure information, including employer, job title/occupation, ship name, site name and dates. | If multiple, entitle bookmarks as SExp1, SExp2, etc. |
| Exp. | Medicare Lien | TDP Section 6.2(j) | Medicare | Need to establish that the Injured Party is not eligible nor has received Medicare benefits. | Only provide if claiming exposure after December 5, 1980. |
| Exp. | Global Settlement Documentation | TDP Section 6.2(j) | Medicare | Need to establish that the Injured Party is not eligible nor has received Medicare benefits. | Only provide if claiming exposure after December 5, 1980. |
| POE | Social Security Records | TDP Section 6.2(c)(iv) & (i) | SSR | Supports the Injured Parties Work History as listed in the Interrogatories |  |
| POE | Military Records | TDP Section 6.2(c)(iv) & (i) | Military Record | Only provide if the exposure being claimed is while the Injured Party is in the Armed Forces | Do not provide a few pages; Please provide all Military Records received |
| POE | Union Records or Dispatch Slips | TDP Section 6.2(c)(iv) & (i) | Union Record | Only provide if the exposure being claimed is while the Injured Party is in the Union |  |
| POE | Railroad Records | TDP Section 6.2(c)(iv) & (i) | Railroad Record | Only provide if the exposure being claimed is while the Injured Party is employed by the Railroad |  |
| POE | Deposition | TDP Section 6.2(c)(iv) & (i) | Depo | Use to support Interrogatories if further clarification is needed |  |
| POE | Affidavit | TDP Section 6.2(c)(iv) & (i) | Aff | Use to support Interrogatories if further clarification is needed |  |
| POE | Declaration | TDP Section 6.2(c)(iv) & (i) | Decl | Use to support Interrogatories if further clarification is needed |  |
| Phys | Medical Report | TDP Section 6.2(d) | Diag | Medical Results. Must diagnose "Asbestosis" or "Asbestos-Related Pleural Disease", including physician name, report date, and results. A Diagnosis of Asbestosis requires an exam by a Board-Certified Physician. | If multiple, entitle bookmarks as Diag1, Diag2, etc. |
| Radiographic | ILO Chart | Matrix Section VI(a)(iii)(1)(a-1) | XRay | Must reference all X-Ray information, including physician name, report date, and results. | If multiple, entitle bookmarks as XRay1, XRay2, etc. |
| Radiographic | Imaging Report | Matrix Section VI(a)(iii)(1)(a-1) | XRay | Must reference all X-Ray information, including physician name, report date, and results. | If multiple, entitle bookmarks as XRay1, XRay2, etc. |
| Radiographic | CT Scan | Matrix Section VI(a)(iii)(1)(a-1) | CTScan | Must reference all CT Scan information, including physician name, report date, and results. | If multiple, entitle bookmarks as CTScan1, CTScan2, etc. |