**Other Cancer**

Claim Packet Checklist

**Matrix Other Cancer Requirements**

**Matrix Section IV(a)(i)(xi)-(xii):** Other Cancer is defined under the Matrix when it satisfies each of the following criteria:

(i) Injured Person diagnosed with laryngeal, esophageal, kidney, colo-rectal cancer, non-Hodgkin’s lymphoma or chronic lymphocytic leukemia by a Pathologist, Internist, Pulmonologist or Occupational Medicine Physician;

(xi) Injured Person not diagnosed with clinical or pathological asbestosis, but Injured Person had both:

(A) A reliable history of exposure to asbestos, and

(B) Evidence of asbestos-related anatomical changes, such as: asbestos-related pleural disease chest X-ray abnormalities graded 1/0 or higher attributed to prior asbestos exposure on the ILO scale, or computed tomography (CT) evidence of interstitial disease attributed to prior asbestos exposure; and

(xii) The Injured Person had at least a 10-year latency period between the date of the first exposure to asbestos and the date of manifestation of the disease.

**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 “Other Cancer” for the claimed Disease Level. (Matrix Section IV)
    - Enter in the Diagnosis Date.
    - Select the Disease Classification from the drop-down
      * Select “Other Organ Cancer” from this drop-down if the Injured Party has been diagnosed with a primary cancer of a different organ other than laryngeal, esophageal, kidney, colo-rectal cancers, non-Hodgkin’s lymphoma, or chronic lymphocytic leukemia. (Matrix Section IV(b)(viii))
    - Use the drop-down to answer the following questions:
      * Is this claim supported by a pathological diagnosis of asbestosis?
      * Is this claim supported by radiographic evidence of asbestos markers?
      * Is this claim supported by clinical evidence of asbestosis?
* **Smoking Tab**
  + **Section 4: Smoking History Tracking**
    - Select “Yes” or “No” as to whether the Injured Party smoked cigarettes.
    - Start and End Date (number of years smoked)
    - Average packs smoked per day
* **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](http://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**
  + **Section 9: Economic Loss**
    - Not required if losses do not exceed the applicable Economic and Medical Loss Threshold’s
      * Current threshold’s are listed on the website at [www.wastrust.com](http://www.wastrust.com)
    - If losses exceed the current threshold’s, provide the total amount of losses incurred
      * Economic Loss and Medical Loss are entered in seperately
* **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 an Other Cancer claim.
* **Pathology/Autopsy Report Tab (Path)**
  + Trust Staff to complete

**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 |
| Smoking | Verified Answers to Interrogatories | Matrix Section IV(a)(ix) & (b)(vii) | Smoking | Should point to the Injured Person’s Smoking History. | This should include years smoked, average pack(s) smoked per day, and year quit, if applicable. |
| 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 |  |
| Economic Loss | Economic Report | TDP Section 6.2(f) | Econ | This bookmark should point to the conclusions section of the economic report. | Not required if claimed economic losses do not exceed the current threshold. |
| Economic Loss | Benefit Statements | TDP Section 6.2(f) | Econ1 | Supporting documentation for the claimed Economic Loss. Such as wages, pension, household services, etc. | If multiple, entitle bookmarks as Econ1, Econ2, etc. |
| Economic Loss | Medical Expense Index | TDP Section 6.2(g) | MedExp | This bookmark should point to the conclusions section of the medical expense affidavit. | Not required if medical expenses do not exceed the current threshold. |
| Economic Loss | Medical Bills | TDP Section 6.2(g) | MedExp1 | Medical Bills that substantiate the total claimed Medical Loss. The Loss should start when the Injured Party was first diagnosed and only pertain to the claimed disease. | If multiple, entitle bookmarks as MedExp1, MedExp2, etc. |
| Dependents | Verified Answers to Interrogatories | Matrix Section IV(b)(iv) | Dep | Must reference all Dependent information, including name, social security number, relationship, and date of birth. | If multiple, entitle bookmarks as Dep1, Dep2, etc. |
| Dependents | Tax Statements | Matrix Section IV(b)(iv) | 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. |  |
| Dependents | Court Orders | Matrix Section IV(b)(iv) | 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. |  |
| Dependents | Adoption Papers | Matrix Section IV(b)(iv) | 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. |  |
| Phys | Medical Report | TDP Section 6.2(d) | Diag | Medical Results. Must diagnose the "Other Cancer", including physician name, report date, and results. | If multiple, entitle bookmarks as Diag1, Diag2, etc. |
| Radiographic | ILO Chart | Matrix Section IV(a)(xi)(B) | 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 IV(a)(xi)(B) | 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 IV(a)(xi)(B) | CTScan | Must reference all CT Scan information, including physician name, report date, and results. | If multiple, entitle bookmarks as CTScan1, CTScan2, etc. |
| Path | Pathology Report | TDP Section 6.2(d) | Path | Pathology Results. Must diagnose the "Other Cancer", including physician name, report date, and results. | If multiple, entitle bookmarks as Path1, Path2, etc. |