**Other Organ Cancer**

Claim Packet Checklist

**Matrix Other Organ Cancer Requirements**

**Matrix Section IV(vii):** Other Organ Cancer is defined under the Matrix when it satisfies each of the following criteria:

(viii) An Injured Person who has not been diagnosed with cancers of the organs described for the base Other Cancer case (i.e., laryngeal, esophageal kidney, colo-rectal cancers, non-Hodgkin’s lymphoma and chronic lymphocytic leukemia) may still obtain compensation under this Matrix, if the Injured Person has been diagnosed with a primary cancer of a different organ and a Board-Certified specialist in an appropriate specialty or a Board-Certified occupational medicine physician at the time of the report attributes the malignancy to prior asbestos exposure. An Injured Person’s case which meets the criteria set forth above, subject to the Trust’s consent, shall be classified as an “Other Organ Cancer” and will be adjusted by .5 OCA.

**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. |