

## *Bondex Deficiency Code Descriptions*

Deficiency Code	Description	Resolution Description
601	Death Certificate	Please submit a copy of the injured person's death certificate.
602	Personal Representative	Please submit the name of Personal Representative, SSN, and Certificate of Official Capacity. This information should pertain to the guardian or representative of the estate, not the injured party. Requisite documentation consists of one of the following: Executor of the Estate, Letter of Administration, and Letter of Official Capacity. In the alternative, where there has been no administration of a decedent's estate, please complete one of the personal representative affidavits to be used to establish an individual's authority to act for, bind, and accept payment on behalf of a decedent/injured party and his/her estate and heirs. The affidavit forms are available at <a href="http://www.BondexAsbestosTrust.com">www.BondexAsbestosTrust.com</a>
603	Injured party's SSN	Please submit a copy of the injured person's social security number or foreign identification number.
604	Date of Birth	Please submit the injured party's date of birth.
605	Date of Diagnosis	Please submit the date of diagnosis based on the disease that you expect will be confirmed by the medical documentation.
606	Lawsuit State	Please provide the state in which the lawsuit was originally filed.
607	Lawsuit Date	Please provide the date on which suit was originally filed.
608	Signature of Claimant/Representative	Please provide signature of Claimant/Representative.
609	Unacceptable Physician/Laboratory	The non-malignant or underlying nonmalignant asbestos-related diagnosis is based upon the medical report of physicians or laboratories deemed unreliable by the Trust.
610	Beginning and ending exposure dates	Please provide the time period at each specific job site or exposure incident.
611	Medical Documentation	Please provide medical records as required by the Trust Distribution Procedures for the injury categorization.
612	Exposure Documentation	Please provide proof of Debtor Exposure, and if applicable, Significant Occupational Exposure as required in the Trust Distribution Procedures.
613	Plant/Site of Exposure	Please provide the plant/site of exposure.
614	Occupation	Please provide the occupation and description of job duties that led to the injured party's exposure.
615	Industry	Please provide the industry and the description of the industry where the injured party was exposed.
616	Bystander	Please provide beginning and ending dates of claimant's non-occupational exposure.
617	Wage Information	Please provide the claimant's most recent W-2 and the first page of IRS form 1040.
618	Injured party's name	Due to conflicting information provided in the claim submissions, please provide clarification of the spelling of the injured party's name.

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619	Date of Birth - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Date of Birth.
620	Social Security Number - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Social Security Number.
621	Date of Death	Due to conflicting information in the claim submissions, please provide clarification of the injured party's Date of Death.
622	Latency	Please provide either a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis or a history of the claimant's exposure sufficient to establish a 10 year latency period.
623	Diagnosis of Mesothelioma	Please provide a diagnosis of Mesothelioma as described in section 5.6 of the TDP.
624	Diagnosis of Lung Cancer	Please provide a diagnosis of Lung Cancer as described in section 5.6 of the TDP.
625	Diagnosis of Severe Asbestosis	Please provide a diagnosis of Severe Asbestosis Disease as described in section 5.6 of the TDP.
626	Diagnosis of Other Cancer	Please provide a diagnosis of Other Cancer as described in section 5.6 of the TDP.
627	Nonmalignant Underlying Asbestos Disease	Please provide a medical report from a Qualified Physician demonstrating evidence of an underlying Bilateral Asbestos-Related Non-malignant Disease as defined in footnote 7 of the TDP.
628	Causation Lung Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged lung cancer.
629	Causation Other Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged other cancer type.
630	Medical report failed to comply with section 5.6 of the TDP	Medical report submitted fails to comply with section 5.6 of the TDP.
631	Alleged injury not compensable	The alleged injury is not compensable by the Trust under the TDP.
632	Medical documentation not for claimant	The medical documentation provided is not related to the named claimant.
633	Physical examination report	Please submit a physical examination of the claimant by the Qualified Physician providing the diagnosis. A physical examination includes a basic inspection of the patient by a physician for physical signs and symptoms of a disease or abnormality. The practical application of this definition includes a meeting between a physician and patient in an examination area where the physician proceeds to inspect the patient with the standard of care appropriate for examinations related to suspected asbestos-related diseases. The examining physician should also indicate that he or she performed or reviewed reports of B-Reading, pulmonary function testing, or pathology tests on which his or her opinion of the patient's condition is based.

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634	X-Ray reading	Please submit a chest x-ray reading by a certified B-reader.
635	Pulmonary Function Test	Please submit a pulmonary function test report that meets the requirements for the alleged disease category.
636	SOE	Please provide evidence of Significant Occupational Exposure as described in section 5.6(b)(1)(A) of the TDP.
637	Occupation	Please provide the occupation that led to claimant's exposure to asbestos products.
638	Employer, Plant/Site of Exposure	Please submit the employer(s) or site(s) where claimant's exposure occurred.
639	Time Period	Please submit the time period worked at each specific job site.
640	Secondary (source of exposure)	Please submit exposure information pertaining to the person who was the source of exposure for the Injured Party alleging secondary exposure.
641	Secondary (relationship)	Please submit the relationship to the occupationally exposed person.
642	Secondary (injured party)	Please describe how Injured Party was exposed to Bondex products through the occupationally exposed person. Please complete and submit Part 7 of the claim form.
643	Contradicting Exposure Allegations	Please provide clarification of the contradicting exposure allegations. Exposure information contained in the documents submitted with the claim filing contradicts exposure allegations provided for on the claim form.
644	Occupational Asbestos Exposure	Please provide five (5) years cumulative occupational exposure to asbestos as described in section 5.6 (b) (1) of the TDP.
645	Individualized Job Description	Please provide a job description that is specific to the Injured Party's actual employment experience. This cannot be a generic generalized statement used for multiple individuals.
646	Exposure documentation is not for the claimant	The exposure documentation provided is not for the above named Injured Party. Please submit exposure documentation pertaining to the Injured Party.
647	The alleged disease category requires evidence of occupational exposure.	The alleged disease category requires evidence of occupational exposure.
648	Exposure after Dec. 31, 1982 is not sufficient.	Exposure occurring after December 31, 1982 does not qualify for purposes of demonstrating exposure.
649	BDX Company Exposure	With rare exceptions a Bondex Company Employee is barred from pursuing a Trust Claim against the Bondex Trust and is limited to workers compensation remedies. If one of these exceptions is applicable please provide evidence.

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Deficiency Code	Description	Resolution Description
650	Debtor Exposure (6 months)	Please provide 6 months of meaningful and credible exposure, which occurred prior to December 31, 1982, (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by one or more SPHC Parties or for which one or more SPHC Parties otherwise have legal responsibility or (b) to conduct for which one or more SPHC Parties have legal responsibility that exposed the claimant to an asbestos-containing product. That exposure evidence may be established by an affidavit or sworn statement of the claimant (based on personal knowledge); an affidavit or sworn statement of a family member (based on personal knowledge); an affidavit or sworn statement of a co-worker (based on personal knowledge); by invoices, employment, construction or similar records; or by other credible evidence.
651	Debtor Exposure	Please provide meaningful and credible exposure, which occurred prior to December 31, 1982, (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by one or more SPHC Parties or for which one or more SPHC Parties otherwise have legal responsibility or (b) to conduct for which one or more SPHC Parties have legal responsibility that exposed the claimant to an asbestos-containing product. That exposure evidence may be established by an affidavit or sworn statement of the claimant (based on personal knowledge); an affidavit or sworn statement of a family member (based on personal knowledge); an affidavit or sworn statement of a co-worker (based on personal knowledge); by invoices, employment, construction or similar records; or by other credible evidence.
652	Product Identification	Please provide meaningful and credible evidence that demonstrates the presence of an asbestos-containing product sold, supplied, produced, specified, selected, distributed, or in any way marketed by an SPHC Party manufactured by or for which it otherwise has legal responsibility at the identified worksite. This may be established by an affidavit or sworn statement of the claimant (based on personal knowledge); an affidavit or sworn statement of a family member (based on personal knowledge); an affidavit or sworn statement of a co-worker (based on personal knowledge); by invoices, employment, construction or similar records; or by other credible evidence.
653	Atypical Exposure	The product that the Injured Party was alleged to have been exposed is one not typically associated with Injured Party's occupation or description of exposure. Please provide a detailed explanation as to how the claimant was exposed to the alleged asbestos-containing Bondex product.
654	Quality 3 X-ray	The chest x-ray /B-reader report provided has a film quality rating of a 3 and therefore the Trust cannot accept the report.
659	Court	Please provide the name of the Court in which the lawsuit was filed.
660	Docket Number	Please provide the Docket Number of the lawsuit filed.

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Deficiency Code	Description	Resolution Description
661	Jurisdiction	<p>Please provide the state/jurisdiction which the claimant would qualify to be evaluated pursuant to TDP section 5.3(b)(2) and provide the reason(s) that jurisdiction is applicable. The reason(s) can be one or more of the following:.</p> <ul style="list-style-type: none"> <li>A) The state where the claimant resided at the time of diagnosis</li> <li>B) The state where the claimant had debtor exposure</li> <li>C) The state where the claimant resided upon filing the claim</li> </ul>
662	City and State	Please provide the city and state of the alleged site of exposure.
663	Tolling Agreement	Please provide a copy of the Tolling Agreement referenced in Part 5 of the claim form.
664	Secondary (injured party)	Please describe how Injured Party was exposed to Bondex products through the occupationally exposed person. Please complete and submit Part 7 of the claim form.
665	Secondary (relationship)	Please submit the name of the occupationally exposed person and the Injured Person's relationship to the occupationally exposed person on the Bondex Claim Form.
666	Secondary (source of exposure)	Please submit exposure information pertaining to the person who was the source of exposure for the Injured Party alleging secondary exposure.
667	Secondary Exposure	Please provide beginning and ending dates of Injured Party's secondary exposure.
668	Affidavit and/or Testimonial Insufficient	The affidavits and/or testimonials submitted purporting to identify meaningful and credible exposure to Bondex asbestos-containing products at the site(s) are insufficient. The testimony fails to meaningfully and credibly identify a Bondex asbestos product at the alleged location(s) of exposure.
669	Complete Part 4 of the claim form	Please provide the Non- workplace Bondex Exposure details on Part 4 of the claim form.
670	Complete Part 5 of the claim form	Please provide the Bondex Occupational Exposure details on Part 5 of the claim form.
671	Complete part 6 of the claim form	Please provide the Significant Occupational Exposure (SOE) details on Part 6 of the claim form.
672	Complete part 7 of the claim form	Please provide the Secondary Exposure details on Part 7 of the claim form.
676	BDX asbestos-containing products or materials is required.	The Bondex Trust Claim Form must list all of the asbestos-containing products or materials to which the Injured Party is alleging exposure.
677	Please provide a properly executed and notarized exposure affidavit.	Please provide a properly executed and notarized exposure affidavit.
678	Address(es) of residential exposure	Please provide the address(es) of the alleged residential exposure.

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679	Frequency and Duration	In order to establish sufficient duration and frequency of credible exposure to Bondex asbestos-containing product it must be established that there was usage of the Bondex product for no less than six months. This must be established with adequate detail necessary to meet the requirement as required in Section 5.6(D)(b)(1). It will be insufficient to merely state that that exposure occurred over a six months during a stated time period, it must be credibly established how the exposure occurred, where it occurred and what portion of the project entailed the application of or removal of the identified Bondex asbestos-containing product.
680	Medical Reports missing physician signature	The diagnosing medical report(s) submitted are missing a physician's signature or the physician on the diagnosing medical report(s) cannot be determined.
681	Claim Time Barred	This claim is time barred according to Section 5.1(a)(2) of the Specialty Products Holding Corp Asbestos Personal Injury Trust Distribution Procedures.
682	FULL PR SSN required	Please submit the full Social Security Number of the named Personal Representative.
683	Description of how the product was used at the site is required	The Bondex Trust Claim Form must contain a description of how the product(s) came to be used at that site.
684	The Injured Party's date of birth cannot be confirmed.	The Injured Party's date of birth cannot be confirmed by our independent third party verification service. Please provide independent proof of the Date of Birth. This proof may be established by a Birth Certificate or Government issued ID that includes the Date of Birth.
685	The Injured Party's social security number cannot be confirmed.	The Injured Party's Social Security Number cannot be confirmed by our independent third party verification service. Please provide independent proof of the Social Security Number. This proof may be established by a copy of a Social Security Card, Social Security Records, Military Records, Driver's license or other Government issued ID.
686	The Injured Party's name cannot be confirmed.	The Injured Party's name cannot be confirmed by our independent third party verification service. Please provide some form of ID that correctly spells the Injured Party's legal name.