# NMBFiL ASBESTOS PERSONAL INJURY TRUST INDIVIDUALIZED REVIEW PROOF OF CLAIM FORM

(All Trust Claims shall undergo the Individual Review Process)

Submit completed claims to: Claims Processing Facility, Inc. East-West Corporate Center 1771 W. Diehl Rd., Suite 220 Naperville, IL 60563

All claims must be submitted via paper and mailed or otherwise delivered to the Trust's claim processor at the above address. Visit www.NMBFiLasbestostrust.com for more information.

Claims submitted to the Trust will be reviewed based on the Trust Distribution Procedures (TDP). The TDP can be found at the Trust website, www.NMBFiLasbestostrust.com.

Please note pursuant to Section 1.1 of the NMBFiL TDP the Trust will not process any claim for payment until after the expiration of the statute of limitations contained in Section 5.1(a)(2). Following the expiration of the statute of limitations, procedures for how the claims will be reviewed and values will be determined.

### The statute of limitations has been extended to November 30, 2021.

To ensure prompt resolution of claims, please complete the sections of the Claim Form that apply to your claim as thoroughly and accurately as possible and enclose the additional documentation required for each section of the Claim Form. Submitting an incomplete claim will result in delays in processing. See each Claim Form section and refer to the Frequently Asked Questions to determine what sections and questions need to be answered and what documentation is required. The Claim Form and Frequently Asked Questions can be found at the Trust website, www.NMBFiLasbestostrust.com. You may contact the Claimant Helpline at (630) 281-6500 for additional assistance.

Please type or print neatly. Should there be insufficient space to list all relevant information, please copy and attach additional sheets, marked according to the part of the Claim Form they apply to.

Part 1: Information about the Injured Person, the person who suffered the injury or died from asbestos exposure. *This section should be completed for all claims*.

1. Name:(Last)	(First)	(1)	MI)
2. Social Security Number:	3. Gende	er: 🗆 Male 🗆 🗈	Female
4. Date of Birth: / / (month) (day) (year)	-		
5. Legal Representation: <i>If an attorney represents</i>	Ť		owing information
5a. Attorney Name: (Last)		(First)	(MI)
5b. Law Firm Name:			m EIN:
5d. Law Firm Address:			
5e. Attorney Phone: () I	Fax: ()	Email:	
5f. Paralegal or Contact Name:(Last)	)	(First)	(MI)
5g. Contact Phone: () Factorial of the contact Phone of the conta	ax: ()	Email:	
6. Is Injured Person deceased? ☐ Yes → <i>Encl</i>	ose copy of Deat	th Certificate 🗆	No $\rightarrow$ Skip to $Q$ .
6a. Date of death:///	_ 6b. Was dear	th asbestos-relate	ed? 🗆 Yes 🗆 N
7. If Injured Person is living and <b>not</b> represented	by counsel, pleas	se complete the f	following:
7a. Injured Person Mailing Address:	(Street/PO Box)		
	(City/State/Zip	)	
7b. Daytime Phone: ( ) -	7c. Email Addr	ess:	

oa	. Name:				
	. Name:(Last)	(First)	(MI)		
8b	. Social Security Number:	or Tax ID Number:			
8c	8c. Mailing Address:(Street/PO Box)				
		(Street/PO Box)			
	(City/State/Zip)				
8d	. Daytime Phone: ()	8e. Email Address:			
8f	8f. Relationship to Injured Person:(spouse, child, etc.)				
		(spouse, child, etc.)			
Medic	are Reporting Information				
9. M	edicare Health Insurance Claim Numb	per (HICN) (if applicable and known):			
	Check this box if the Injured Person's	NMBFiL Exposure <u>ended</u> before December	5, 1980.		
on or a	after December 5, 1980 for Medicare I	poses not to answer question 9, the Trust will Reporting purposes only. This presumption for purposes of meeting the TDP exposure re	will not affect the		

Part 2: Diagnosed Asbestos-Related Injuries. Claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in section 5.5(a) of the TDP. This proof of claim applies to Mesothelioma and other Diseases. However, Pursuant to Section 1.1 of the NMBFiL TDP, for the next two (2) years following expiration of the statute of limitations (i.e., November 30, 2023), the only Disease Level to be resolved is for Mesothelioma. After compensating Mesothelioma claimants, the NMBFiL Trust will forecast its liability for pending and future claims and determine whether there are sufficient funds to provide for the payment of other Diseases, although the Trust does not expect to have sufficient funds to pay other Diseases. The medical-documentation criteria listed below for other Diseases is unofficial because the Trust has not yet approved the medical documentation necessary to establish a compensable disease other than Mesothelioma. If, after compensating Mesothelioma claimants following the process set forth in the TDP, there are sufficient funds to pay other Diseases, the Trust will establish medical-documentation criteria for other Diseases and reserves the right to request additional documentation from claims previously submitted under the criteria listed below for other Diseases.

1. Place an X next to the highest level (most serious) asbestos-related Disease Category that has been diagnosed for the injured party and for which appropriate medical documentation is attached to this claim form. See instructions for a list of specific medical criteria and records that must be enclosed for each Disease Category (Check only the most serious).

	VIII	Mesothelioma
	VII	<b>Lung Cancer 1</b> (select this category if injured party also has a diagnosis of other underlying asbestosis or pleural disease and occupational exposure of more than 5 years.
	VI	Lung Cancer 2 (Not Applicable)
	V	Other Cancer (Please specify:)
	IV	Severe Asbestosis (Diagnosis of Asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathology plus (a) TLC less than 65% or (b) FVC less than 65% plus FEVI/FVC ratio greater than 65%)
	Ш	Asbestosis/Pleural Disease (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
	II	Asbestosis/Pleural Disease (Bilateral Asbestos-Related Non-Malignant Disease)
	I	Other Asbestos Disease (Cash Discount Payment, not subject to the Payment Percentage)
2. Date of	f Diagnosis:	(month) / (day) / (year)
in the	tort system	pox if: 1) the Claimant filed a claim against NMBFiL or any other asbestos defendant a before 5/31/2010; and also 2) the Claimant has a report from a physician who red Person's disease after physical exam of the Injured Person. (See Section 5.5(a)(C)

of the TDP).

### Part 3: Type of Exposure Claimed. This section should be completed for all claims.

1. Is this a claim for direct exposure or secondary exposure to NMBFiL asbestos-containing product(s)?

<u>Direct exposure</u> means the Injured Person worked with or in the vicinity of an NMBFiL asbestos-containing product himself/herself.

<u>Secondary exposure</u> means the Injured Person did not work directly with an NMBFiL asbestos-containing product but was exposed to an NMBFiL asbestos-containing product because of his/her contact with a person who did work directly with an NMBFiL asbestos-containing product. For example, the Injured Person handled or laundered the work clothes or equipment of a spouse or other person who worked directly with or in the vicinity of an NMBFiL asbestos-containing product.

Di	rect only $\rightarrow$ Skip to Q. 2 below
	condary only $\rightarrow$ Answer Q. 2 below and Parts 4, 5, and 6 on the following pages for the directly posed person and complete Part 7 for the Injured Person who had the secondary exposure.
an	rect and secondary $\rightarrow$ If the Injured Person experienced both direct AND secondary exposure to NMBFiL asbestos-containing product, please complete Parts 4, 5, and 6 for the direct exposure the Injured Person and Part 7 for the secondary exposure.
2.	Was the Injured Person exposed outside the workplace (i.e., non-workplace) and/or work (occupational). Check one box below to indicate the type of NMBFiL asbestos exposure you claim
A.	Direct NMBFiL exposure was <u>entirely non-workplace</u> , for example, during <u>unpaid</u> automobile repair or restoration. <i>Complete Part 4 and Part 6 next</i> .
В.	Direct NMBFiL exposure was <u>entirely occupational</u> , that is, exposure occurred in the course o <u>paid</u> employment. <i>Complete Part 5 and Part 6 next.</i>
C.	Direct NMBFiL exposure was both non-workplace and occupational. Complete Part 4, 5, and 6 next.

Part 4: Non-workplace NMBFiL Exposure. This section should be completed for claims where the NMBFiL exposure was, solely or in part, the result of <u>unpaid</u> repair or restoration of an automotive vehicle in connection with a hobby, or otherwise (Box A or C checked in Part 3 Q. 2). If this is a claim for secondary exposure where the Injured Person was exposed because of his/her contact with a person who worked directly with an NMBFiL asbestos-containing product, complete this part for the person who worked directly with the NMBFiL asbestos-containing product.

1.	Where did the exposure to NMBFiL product occur?
	<ul> <li>Exposed person's own house/property/other building, e.g. family business</li> <li>Family member, friend, or other house/property/structure</li> <li>Both</li> </ul>
	□ Other
2.	Location where Exposure Occurred:
	Location of Exposure:
	City:
	State/Province:
	Country:
3.	If this exposure involved products manufactured, sold, supplied, produced, specified, selected distributed, or in any way marketed by <i>NMBFiL</i> or for which <i>NMBFiL</i> is responsible, identify the products and provide a description of how the product(s) came to be used at that site:
4.	Date Exposure began:/ Date Exposure ended:/ (month) (year)
5.	Did the exposed person use an NMBFiL product in repair, restoration, or remodeling himself/hersel or was the exposed person in the area where the product(s) was being used by others, e.g. cleaning up debris?
	<ul> <li>Exposed person <u>used</u> NMBFiL asbestos-containing product</li> <li>Exposed person was in the area where NMBFiL asbestos-containing product was being used.</li> </ul>

6. If claim also involves occupational exposure to NMBFiL asbestos-containing product, complete Part

Part 5: NMBFiL Occupational Exposure. This section should be completed for NMBFiL occupational exposure claims (Box B or C checked in Part 3 Q. 2). If this is a claim for secondary exposure where the Injured Person was exposed because of his/her contact with a person who worked directly with the NMBFiL asbestos-containing product, complete this part for the person who worked directly with the NMBFiL asbestos-containing product.

Please photocopy this section and list separately each company site, industry, and occupation combination upon which you rely to meet the exposure requirements of the TDP.

"NMBFiL Exposure" means 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 an NMBFiL Party, or for which NMBFiL otherwise had legal responsibility or (b) to conduct for which NMBFiL has legal responsibility that exposed the claimant to an asbestos-containing product.

This may be established by documentation including, but not limited to, the following:

- An affidavit or sworn statement of the Injured Person
- An affidavit or sworn statement of a co-worker
- An affidavit or sworn statement of a family member
- Invoices, Employment, or similar records
- Sworn statement, interrogatory answers, sworn work history, or deposition

(year)
_

Industry in which Exposure occurred:	(Industry codes listed below)
If code 37 – Other, please describe:	
<u>Indu</u>	stry Codes
11. Aerospace/aviation	25. Insulation
	27. Railroad
	30. Shipyard-construction/repair
	31. Textile
	32. Tire & rubber
	33. Utilities
19. Longshore	34. Asbestos products manufacturing
20. Maritime	36. Building occupant/bystander
21. Military	37. Other
23. Non-asbestos products manufacturing	
	submit evidence of exposure to NMBFiL asbest ing the claimant to an NMBFiL asbestos-contain
Please provide a description of the Injured Pers to the type of asbestos-containing product(s) the	son's exposure and the length of time of the exposition hat is attributed to NMBFiL at this site:
	Indu  11. Aerospace/aviation 12. Asbestos abatement 13. Automobile/mechanical friction 16. Chemical 17. Construction 18. Iron/steel 19. Longshore 20. Maritime 21. Military 23. Non-asbestos products manufacturing  NMBFiL Exposure. Every claimant must scontaining product or relevant activities exposproduct.  Please provide a description of the Injured Pers

Part 6: Significant Occupational Exposure (SOE) or Cumulative Exposure to Asbestos. This section should be completed for occupational exposure claims (Box B or C checked in Part 3 Q. 2) with one of the following diagnosed diseases: Lung Cancer, Other Cancer, Disabling Asbestosis/Pleural Disease, Severe Asbestosis, Asbestosis/Pleural Disease (Level II)

List separately each site, industry, and occupation combination upon which you rely to meet the SOE or Cumulative Exposure requirements of the TDP.

If this is a claim for secondary exposure where the Injured Person was exposed because of his/her contact with a person who worked directly with the NMBFiL asbestos-containing product(s), complete this part for the person who worked directly with the NMBFiL asbestos-containing product(s).

1.	Did the exposed person have regular occupational exposure to any asbestos-containing product (NMBFiL and any other) for at least 10 years?
	☐ Yes → Please provide the following information ☐ No → Skip to Part 7 for each employment period you rely upon to document at least 10 years of asbestos exposure
	ease photocopy this section and list separately each company site, industry, and occupation mbination upon which you rely to meet the exposure requirements of the TDP.
2.	Site/Plant where other Asbestos Exposure Occurred:
	Name of Plant/Site of Exposure:
	City:
	State/Province:
	Country:
3.	Date Exposure began:/ Date Exposure ended:/ (month) (year)
4.	Occupation at time of Exposure:
5.	Industry in which Exposure occurred:(Industry codes listed below)
	If code 37 – Other, please describe:

## **Industry Codes**

	11.	Aerospace/aviation	25. Insulation
	12.	Asbestos abatement	27. Railroad
	13.	Automobile/mechanical friction	30. Shipyard-construction/repair
	16.	Chemical	31. Textile
	17.	Construction	32. Tire & rubber
	18.	Iron/steel	33. Utilities
		Longshore	34. Asbestos products manufacturing
		Maritime	36. Building occupant/bystander
	21.	Military	37. Other
		Non-asbestos products manufacturing	
6.	Indicat locatio	•	exposure to asbestos products or activities at this
		The exposed person handled asbesto	s fibers on a regular basis
			tos-containing products such that the exposed party in on a regular basis to raw asbestos fibers
			ed or otherwise worked with an asbestos-containing was exposed on a regular basis to asbestos fibers
			I in an industry or occupation such that the exposed lose proximity to workers who did one or more of the
		None of the above	
7.	Provid	e a description of how the exposed per	rson was exposed to asbestos at each relevant site.
_			

Part 7: Secondary Exposure. This section should be completed if the Injured Person claims secondary exposure, solely or in part, to an NMBFiL asbestos-containing product; that is, exposure resulting from contact he/she had with a person who was exposed directly while working with or around an NMBFiL asbestos-containing product. If this is not a secondary exposure claim, skip to Part 8.

	(Last)	(First)	(MI)
1	b. Social Security Number:	<del>-</del>	
Injur	red Person's relationship to the directly	exposed person during hi	s/her exposure period:
	(brother, son, spouse, etc.)		
Date	Exposure began:/(month) / (year)	Date Exposure ended:	(month) / (year)
and 1	onth and year secondary exposure begatime period over which the secondary now often work clothes were laundered	NMBFiL asbestos-contai	ning product exposure occurre
	eribe how Injured Person was exposed worked with or around a NMBFiL asbe		
			_

## Part 8: Litigation/Claims History. This section should be completed for all claims.

1.		Poestos-related lawsuit ever been filed on behalf of the Injured Person? Yes $\square$ No $\rightarrow$ Skip to $Q$ . 2
	a.	State or country in which the suit was originally filed:
	b.	Name of the court in which the suit was originally filed:
	c.	Case number:
	d.	Date the suit was originally filed:/
	e.	Was NMBFiL named as a defendant? ☐ Yes ☐ No
		If yes, was a final non-appealable judgment entered?   Yes   Enclose copy of judgment with Claim Form
		If no judgment, was an appeal filed by NMBFiL or the plaintiff in connection with the suit? $\Box$ Yes $\Box$ No
		If an appeal was filed, please provide the case number of the appeal and indicate whether a letter of credit, appeal bond, supersedeas bond or other security or surety was issued in connection with the appeal, verdict, or judgment.
2.	Has the In	jured Person received money from NMBFiL for this asbestos related injury?  □ Yes □ No
3.	Did the cla	nimant sign to release NMBFiL regarding this injury?  □ Yes □ No
4.	Did the cla	aimant and NMBFiL have a tolling agreement?  □ Yes → Submit copy of tolling agreement □ No → Skip to Q. 5
	4a. Date t	he tolling agreement began:/(month) / (day) / (year)
	4b. Has th	the tolling period ended: $\Box$ Yes $\rightarrow$ Date ended: $\underline{\hspace{1cm}}/\underline{\hspace{1cm}}/\underline{\hspace{1cm}}/\underline{\hspace{1cm}}$ $\Box$ No (month) (day) (year)
5.		m filed with NMBFiL pursuant to an administrative settlement agreement: If yes,
		ate the claim was originally filed://  (month) (day) (year)  ave you received money from NMBFiL re: this claim? Yes  No

## **Part 9: Additional Information**

1.	If the Claimant has not filed a lawsuit against NMBFiL, in which state or country would the claimant have been qualified to file a lawsuit? If lawsuit has been filed, skip to Q. 2.
	State/Country:
	1a. Is this the state/jurisdiction where the Injured Person resided at the time of diagnosis? $\Box$ Yes $\Box$ No
	1b. Is this the state/jurisdiction where the NMBFiL exposure occurred?  ☐ Yes ☐ No
	1c. Is this the state/jurisdiction where the Claimant resided at the time of the filing of this claim?  □ Yes □ No
2.	Current Employment status of the Injured Person:
	□ Full-time, outside the home □ Full-time, within the home □ Part-time, outside the home □ Part-time, within the home □ Retired □ Disabled □ Deceased
3.	Amount of last annual wages: \$
4.	Date of last wage received:/ (Enter current date if currently earning work-related compensation (month) (year)
	economic losses are being claimed, you must enclose an economic report, IRS Form W-2, the first ge of IRS Form 1040, or other relevant supporting documentation.
5.	Has the Injured Person ever <b>smoked cigarettes</b> ? $\Box$ Yes $\Box$ No $\rightarrow$ <i>Skip to Q. 6</i>
	5a. From:/ To:/ (month) (year)
	5b. Packs per day: (use decimal to indicate part, e.g. 1.5 indicates one and one half)
6.	Has the Injured Person ever <b>smoked cigars</b> ? $\square$ Yes $\square$ No $\rightarrow$ <b>Skip to Q</b> 7
	6a. From:/ To:/ (month) (year)
	6b. Cigars per day: (use decimal to indicate part, e.g. 1.5 indicates one and one half)

7. Financial Dependents and Beneficiaries. List any other persons who may have rights associated with this claim. Be sure to include the Injured Person's spouse and/or any other financial dependents who derive (or who derived at the time of diagnosis of the asbestos-related disease claimed) at least one-half of their financial support from the Injured Person.

If additional space is required, please photocopy this page and insert after current page.

3.	☐ Child ☐ Heir	(First)		<ul> <li>2. Date of Birth: / / (mo) (day) (year)</li> <li>4. Financially Dependent: ☐ Yes ☐ No</li> </ul>
1.	Name: (Last)	(First)	(MI)	2. Date of Birth: // (mo) (day) (year)
3.	☐ Child ☐ Heir			4. Financially Dependent: ☐ Yes ☐ No
1.	Name: (Last)	(First)	(MI)	2. Date of Birth:/(mo) (day) / (year)
3.	☐ Child ☐ Heir			4. Financially Dependent: ☐ Yes ☐ No

### Part 10: Signature page. This section should be completed for all claims.

All claims must be signed by the Claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

If signed by the Claimant or the personal representative, by signing below you agree to the following statement:

I (the Claimant or personal representative) have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

If signed by the Claimant's counsel, by signing below you agree to the following statement:

Upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature:
Please print the name:
Relationship to the Claimant of the signatory above:
Date://

#### **Procedures for Claim Submission**

- 1. Please review your completed Claim Form before submitting to the Claims Processing Facility to ensure that:
  - 1) all required information has been supplied and also that
  - 2) all required documents have been copied for submission with the Claim Form.
- 2. Make a copy of the completed Claim Form for your records.
- The following documents are those that apply for each specified part of the Claim Form. Check the boxes next to the documents you are enclosing with your completed Claim Form.
   Part 1. Death Certificate (if applicable)
   Part 1. Certificate of Official Capacity or other estate documentation (if someone other than the claimant is filing Claim Form)
  - □ Part 2. Medical Records as required by the TDP and as requested in the *Instructions for the Claim Form*.
  - □ Parts 4-5. Proof of NMBFil Exposure if applicable, as required in the TDP and requested in the instructions, including affidavits or sworn statements from the injured party or others.
  - ☐ Part 8. Copy of Court Judgment (if applicable)
  - ☐ Part 8. Copy of tolling agreement (if applicable)
  - ☐ Part 9. Additional Information, if applicable.
- 4. Submit completed claims to:

Claims Processing Facility, Inc. East-West Corporate Center 1771 W. Diehl Road, Suite 220 Naperville, IL 60563 Telephone: 1-630-281-6500