

NMB (Bondo) Deficiency Code Descriptions

Deficiency Code	Description	Resolution Description
701	Death Certificate	Please submit a copy of the injured person's death certificate.
702	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 www.NMBFiLASbestosTrust.com
703	Injured party's SSN	Please submit a copy of the injured person's social security number or foreign identification number.
704	Date of Birth	Please submit the injured party's date of birth.
705	Date of Diagnosis	Please submit the date of diagnosis based on the disease that you expect will be confirmed by the medical documentation.
706	Lawsuit State	Please provide the state in which the lawsuit was originally filed.
707	Lawsuit Date	Please provide the date on which suit was originally filed.
708	Signature of Claimant/Representative	Please provide signature of Claimant/Representative.
709	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.
710	Beginning and ending exposure dates	Please provide the time period at each specific job site or exposure incident.
711	Medical Documentation	Please provide medical records as required by the Trust Distribution Procedures for the injury categorization.
712	Exposure Documentation	Please provide proof of Debtor Exposure, and if applicable, Significant Occupational Exposure as required in the Trust Distribution Procedures.
713	Plant/Site of Exposure	Please provide the plant/site of exposure.
714	Occupation	Please provide the occupation and description of job duties that led to the injured party's exposure.
715	Industry	Please provide the industry and the description of the industry where the injured party was exposed.

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716	Bystander	Please provide beginning and ending dates of claimant's non-occupational exposure.
717	Wage Information	Please provide the claimant's most recent W-2 and the first page of IRS form 1040.
718	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.
719	Date of Birth - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Date of Birth.
720	Social Security Number - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Social Security Number.
721	Date of Death	Due to conflicting information in the claim submissions, please provide clarification of the injured party's Date of Death.
722	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.
723	Diagnosis of Mesothelioma	Please provide a diagnosis of Mesothelioma as described in section 5.5 of the TDP.
730	Medical report failed to comply with section 5.5 of the TDP	Medical report submitted fails to comply with section 5.5 of the TDP.
731	Alleged injury not compensable	The alleged injury is not compensable by the Trust under the TDP.
732	Medical documentation not for claimant	The medical documentation provided is not related to the named claimant.
734	X-Ray reading	Please submit a chest x-ray reading by a certified B-reader.
736	SOE	Please provide evidence of Significant Occupational Exposure as described in section 5.5(b)(1)(A) of the TDP.
737	Occupation	Please provide the occupation that led to claimant's exposure to asbestos products.
738	Employer, Plant/Site of Exposure	Please submit the employer(s) or site(s) where claimant's exposure occurred.
739	Time Period	Please submit the time period worked at each specific job site.

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740	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.
741	Secondary (relationship)	Please submit the relationship to the occupationally exposed person.
742	Secondary (injured party)	Please describe how Injured Party was exposed to NMBFiL products through the occupationally exposed person. Please complete and submit Part 7 of the claim form.
743	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.
744	Occupational Asbestos Exposure	Please provide ten (10) years cumulative occupational exposure to asbestos as described in section 5.5 (b) (1) of the TDP.
745	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.
746	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.
747	The alleged disease category requires evidence of occupational exposure.	The alleged disease category requires evidence of occupational exposure.
748	Exposure after Dec. 31, 1982 is not sufficient.	Exposure occurring after December 31, 1982 does not qualify for purposes of demonstrating exposure.
749	NMBFiL Company Exposure	With rare exceptions a NMBFiL Company Employee is barred from pursuing a Trust Claim against the NMBFiL Trust and is limited to workers compensation remedies. If one of these exceptions is applicable please provide evidence.
751	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 NMBFiL or for which NMBFiL otherwise have legal responsibility or (b) to conduct for which NMBFiL has 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.

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752	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 NMBFiL 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.
753	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 NMBFiL product.
754	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.
759	Court	Please provide the name of the Court in which the lawsuit was filed.
760	Docket Number	Please provide the Docket Number of the lawsuit filed.
761	Jurisdiction	<p>Please provide the state/jurisdiction which the claimant would qualify to be evaluated pursuant to TDP section 5.2(b)(2) and provide the reason(s) that jurisdiction is applicable. The reason(s) can be one or more of the following:.</p> <p>A) The state where the claimant resided at the time of diagnosis B) The state where the claimant had debtor exposure C) The state where the claimant resided upon filing the claim</p>
762	City and State	Please provide the city and state of the alleged site of exposure.
763	Tolling Agreement	Please provide a copy of the Tolling Agreement referenced in Part 8 of the claim form.
764	Secondary (injured party)	Please describe how Injured Party was exposed to NMBFiL products through the occupationally exposed person. Please complete and submit Part 7 of the claim form.
765	Secondary (relationship)	Please submit the name of the occupationally exposed person and the Injured Person's relationship to the occupationally exposed person. Please complete and submit Part 7 of the claim form.
766	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.

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767	Secondary Exposure	Please provide beginning and ending dates of Injured Party's secondary exposure.
768	Affidavit and/or Testimonial Insufficient	The affidavits and/or testimonials submitted purporting to identify meaningful and credible exposure to NMBFiL asbestos-containing products at the site(s) are insufficient. The testimony fails to meaningfully and credibly identify a NMBFiL asbestos product at the alleged location(s) of exposure.
769	Complete Part 4 of the claim form	Please provide the Non-workplace NMBFiL Exposure details on Part 4 of the claim form.
770	Complete Part 5 of the claim form	Please provide the NMBFiL Occupational Exposure details on Part 5 of the claim form.
771	Complete part 6 of the claim form	Please provide the Significant Occupational Exposure (SOE) details on Part 6 of the claim form.
772	Complete part 7 of the claim form	Please provide the Secondary Exposure details on Part 7 of the claim form.
776	NMBFiL asbestos-containing products or materials is required.	The NMBFiL Trust Claim Form must list all of the asbestos-containing products or materials to which the Injured Party is alleging exposure.
777	Please provide a properly executed and notarized exposure affidavit.	Please provide a properly executed and notarized exposure affidavit.
778	Address(es) of residential exposure	Please provide the address(es) of the alleged residential exposure.
780	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.
781	Claim Time Barred	This claim is time barred according to Section 5.1(a)(2) of the NMBFiL, INC. Asbestos Personal Injury Trust Distribution Procedures.
782	FULL PR SSN required	Please submit the full Social Security Number of the named Personal Representative.
783	Description of how the product was used at the site is required	The NMBFiL Trust Claim Form must contain a description of how the product(s) came to be used at that site. This description must include a reference to the sanding, buffing or grinding of the product.
784	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.

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785	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.
786	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.