

FAIRBANKS ASBESTOS PERSONAL INJURY TRUST
PROOF OF CLAIM FORM

Submit completed claims to:
Fairbanks Asbestos Personal Injury Trust
C/O Claims Processing Facility, Inc.
1771 W. Diehl Rd., Suite 220
Naperville, IL 60563

You may submit and manage your claim electronically through the Fairbanks Asbestos Personal Injury Trust's (the "Trust") website. Visit www.cpf-inc.com for more information.

Claims submitted to the Trust will be reviewed based on the Fairbanks Asbestos Personal Injury Trust Distribution Procedures ("TDP"). The TDP can be found at the Trust website, www.cpf-inc.com. Certain sections of the TDP needed for completing this Claim Form are included in the enclosed *Instructions for filing the Claim Form* ("Instructions").

To ensure prompt resolution of claims, please complete the sections of the Proof of Claim Form ("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 Form will result in delays in processing and/or the Trust not being able to assign the claim a position in the first-in-first-out (FIFO) processing queue. See each Claim Form section and the enclosed Instructions to determine what sections and questions need to be answered and what documentation is required. You may contact the Claimant eHelp desk at ehelp@cpf-inc.com for additional assistance.

Please type or print neatly within the spaces provided. Should there be insufficient space to list all relevant information, please attach additional sheets marked with reference to the applicable section of the Claim Form.

Choice of Claim Process

Please choose the applicable claim process for your claim (**check only one box**):

- ☐ **Expedited Review ("ER").** Expedited Review is a process requiring less information that pays qualified claims from a fixed schedule of claim values without negotiation. **Expedited Review is not available for: a) Lung Cancer 2 (Disease Level IV) Claims; or b) Foreign Claims.**
- ☐ **Individual Review ("IR").** The Individual Review process may require more information and qualified claims are valued individually based on all the information submitted. Qualified claims may be valued higher or lower than the fixed Scheduled Value for the claim category. **You must choose IR if this is a Foreign Claim or a Lung Cancer 2 (Disease Level IV) claim. Please check if the following applies to the claim:**
- ☐ **Extraordinary Claim:** Please review **Section 5.4(a) – 5.4(a)(1)(D)** of the TDP to ensure the asbestos injury claim meets the criteria of a Fairbanks Extraordinary Claim.
- ☐ **Exigent Hardship Claim:** Please review **Section 5.4(b)** of the TDP to ensure the asbestos injury claim meets the criteria of an Exigent Hardship Claim.

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Part 1: Information about the Injured Person *This section should be completed for all claims.*

1. Name: _____
(First) (MI) (Last)

2. Social Security Number or International ID Number: _____

3. Gender: ☐ Male ☐ Female

4. Date of Birth: _____
(month) (day) (year)

5. Name of Claimant (i.e., the person submitting the claim) if not the same as 1 above:

5a. Claimant Social Security Number: _____ - _____ - _____

5b. Claimant Relationship to Injured Person: _____

6. Legal Representation: *If an attorney represents claimant, please provide the following information.*

6a. Attorney Name: _____
(Last) (First) (MI)

6b. Law Firm Name: _____ 6c. Law Firm EIN: _____

6d. Law Firm Address: _____

6e. Attorney Phone: (____) _____ Fax: (____) _____ Email: _____

6f. Paralegal or Administrative Contact Name:

(Last) (First) (MI)

6g. Contact Phone: (____) _____ Fax: (____) _____ Email: _____

7. Is Injured Person deceased? ☐ Yes → **Enclose copy of Death Certificate** ☐ No → **Skip to Q. 8**

7a. Date of death: _____ / _____ / _____ 7b. Was death asbestos-related? ☐ Yes ☐ No
(month) (day) (year)

8. If Injured Person is living and **not** represented by counsel, please complete the following:

8a. Injured Person Mailing Address: _____
(Street/PO Box)

(City/State/Zip)

8b. Daytime Phone: (____) _____ - _____ 8c. Email Address: _____

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9. If Injured Person or Claimant is deceased or has a personal representative other than, or in addition to, his/her attorney, please indicate the following for the personal representative. (*Estate documentation or Certificate of Official Capacity must be enclosed if applicable per state law.*)

9a. Name: _____
(Last) (First) (MI)

9b. Social Security Number: _____ - _____ - _____ or Tax ID Number: _____

9c. Mailing Address: _____
(Street/PO Box)

(City/State/Zip)

9d. Daytime Phone: (____) _____ - _____ 9e. Email Address: _____

9f. Relationship to Injured Person: _____
(spouse, child, etc.)

Medicare Reporting Information

10. Medicare Health Insurance Claim Number (HICN) (if applicable and known): _____

☐ Check this box if the Injured Person's Fairbanks Exposure ended before December 5, 1980.

Please note that if a Claimant is unable or chooses not to answer question 10, the Trust will presume exposure on or after December 5, 1980 for Medicare Reporting purposes only. This presumption will not affect the calculation of an Injured Person's exposure for purposes of meeting the TDP exposure requirements.

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Part 2: Diagnosed Asbestos-Related Injuries. *This section should be completed for all claims. Claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in Section 5.7(a) of the TDP. The presumptive medical criteria for the Disease Categories set forth below are included in the Instructions.*

1. Place an X in the box next to the highest-level (most serious) asbestos-related disease that has been diagnosed for the Injured Person and for which appropriate medical documentation is enclosed with this Claim Form. See Instructions for a list of specific medical criteria and records that must be enclosed for each disease (*Check only the highest, most serious disease*).

Check One	Level	Disease
<input type="checkbox"/>	VI	Mesothelioma Diagnosis of Mesothelioma and Fairbanks Exposure, as defined in TDP Section 5.7(b)(3).
<input type="checkbox"/>	V	Lung Cancer 1 Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, six months Fairbanks Exposure, Significant Occupational Exposure, as defined in TDP Section 5.7(b)(2) and supporting medical documentation establishing asbestos exposure as contributing factor causing the lung cancer.
<input type="checkbox"/>	IV	Lung Cancer 2 (select this category for all other Lung Cancers) Diagnosis of a primary lung cancer, Fairbanks Exposure, and supporting medical documentation establishing asbestos as contributing factor causing the lung cancer. Lung Cancer 2 claims are claims that do not meet the more stringent medical and/or exposure requirements of Lung Cancer 1 claims. <i>(This level requires the selection of the Individual Review claims process. See page 1 for Claim Process selection)</i>
<input type="checkbox"/>	III	Other Cancer (Please specify: _____) Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, six months Fairbanks Exposure, Significant Occupational Exposure and supporting medical documentation establishing asbestos as a contributing factor causing the other cancer.
<input type="checkbox"/>	II	Severe Asbestosis Either (a) a diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestosis, plus (x) TLC less than 65% or (y) FVC less than 65% plus FEV1/FVC ratio greater than 65%), (b) an "Asbestosis Death" as defined in the TDP Section 5.3(a)(3) or (c) a diagnosis of asbestosis with ILO of 2/1 or greater or asbestosis determined by pathological evidence of asbestosis, plus (x) a Qualified Physician who is a pulmonologist or an occupational medicine physician prescribes oxygen, (y) the treating Qualified Physician states that the predominant cause of the need for oxygen is asbestosis and (z) the oxygen is needed to perform activities of daily life, six months Fairbanks Exposure, Significant Occupational Exposure and supporting medical documentation establishing asbestos exposure as a contributing factor causing pulmonary disease in question.

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Asbestosis/Pleural Disease

Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65% and six months Fairbanks Exposure, Significant Occupational Exposure and supporting medical documentation establishing asbestos exposure as a contributing factor causing the pulmonary disease in question.

2. Date of diagnosis: ____/____/____
(month) (day) (year)

☐

Please check this box if: 1) the Claimant filed a claim against The Fairbanks Company ("Fairbanks") or any other asbestos defendant in the tort system before 07/31/2018; and also 2) the Claimant has a report from a physician who diagnosed the Injured Person's disease after physical exam of the Injured Person. (See, TDP Sections 5.7(a)(1)(A) and 5.7(a)(1)(C)).

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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 Fairbanks asbestos product(s)?

Direct exposure means the Injured Person worked with or in the vicinity of the Fairbanks asbestos products him/herself.

Secondary exposure means the Injured Person did not work directly with Fairbanks asbestos products but was exposed through an occupationally exposed person who did work directly with or in the vicinity of the Fairbanks asbestos product(s). 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 the Fairbanks asbestos products. **Please review TDP Section 5.5 for the criteria for filing a secondary exposure claim.**

Please select one of the following:

- ☐ **Direct only** → Answer Part 4 and Part 5, if applicable to the alleged disease, on the following pages for the directly exposed person
- ☐ **Secondary only** → Answer Part 4 and Part 5, if applicable to the alleged disease, on the following pages for the directly exposed person and complete Part 6 for the Injured Person who had the secondary exposure.
- ☐ **Direct and secondary** → If the Injured Person experienced both direct AND secondary exposure to Fairbanks asbestos products, please complete Part 4 and Part 5 (if applicable for the alleged disease) for the direct exposure of the Injured Person and Parts 4-6 for the secondary exposure.

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Part 4: Fairbanks Occupational Exposure. *This section should be completed for Fairbanks occupational exposure claims. 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 or in the vicinity of the Fairbanks asbestos product(s), complete this part for the person who worked directly with or in the vicinity of the Fairbanks asbestos products.*

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

“Fairbanks Exposure” means meaningful and credible exposure to asbestos, asbestos containing products or conduct for which the Trust has legal responsibility. For example, exposure to Fairbanks asbestos-containing gaskets, packing and/or valves in a setting where those products were being ground, scraped, brushed, cut, removed or physically manipulated in such a manner as to cause the release of the asbestos fiber.

At this time no Fairbanks site list exists, Claimants must provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products or conduct for which the Trust is liable. 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, Construction or similar records
- Sworn statement, interrogatory answers, sworn work history, or deposition

1. Site/Plant/Ship where Exposure Occurred:

Name of Plant/Site of Exposure: _____

City: _____

State/Province: _____

Country: _____

2. Identify all asbestos-containing products or material to which the injured party was exposed and for which the injured party alleges Fairbanks is legally responsible:

3. Date Exposure began: _____ / _____ Date Exposure ended: _____ / _____
(month) (year) (month) (year)

4. Occupation at time of Exposure (e.g., steelworker, laborer, millwright, etc.):

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5. Industry in which Exposure occurred: _____ (Industry codes listed below)

If code 37 – Other, please describe: _____

Industry Codes

- | | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 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 |
| 19. Longshore | 34. Asbestos products manufacturing |
| 20. Maritime | 36. Building occupant/bystander |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

6. **Fairbanks Exposure.** Every claimant must submit evidence of exposure to Fairbanks asbestos products or activities.

Please provide a description of the Injured Person's exposure, how the product was used, the length of time of the exposure to the type of Fairbanks asbestos-containing product(s) that is attributed to Fairbanks at this site. Please be specific in describing how the asbestos may have been released into the air :

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Part 5: Significant Occupational Exposure (SOE) to Asbestos. *This section should be completed for occupational exposure claims with one of the following diagnosed diseases: Lung Cancer (Disease Level V), Other Cancer, Sever Asbestosis and Asbestosis/Pleural Disease (Disease Level I).*

List separately each site, industry, and occupation combination upon which you rely to meet the SOE requirements of the TDP Section 5.7(b)(2).

If this is a claim for secondary exposure, complete this part for the person who worked directly with or in the vicinity of the Fairbanks asbestos product(s).

1. Did the exposed person have regular occupational exposure to any asbestos-containing products (Fairbanks and any other) for at least 5 years?

☐ Yes → Please provide the following information
for each employment period you rely upon to
document at least 5 years of asbestos exposure

☐ No → **Skip to Part 6**

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.

2. Site/Plant/Ship where other Asbestos Exposure Occurred:

Name of Plant/Site of Exposure: _____

City: _____

State/Province: _____

Country: _____

3. Date Exposure began: _____/_____/_____
(month) (year) 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

- | | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 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 |
| 19. Longshore | 34. Asbestos products manufacturing |
| 20. Maritime | 36. Building occupant/bystander |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

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6. Indicate the circumstances of occupational exposure to asbestos products or activities at this location.

- ☐ The occupationally exposed person handled raw asbestos fibers on a regular basis
- ☐ The occupationally exposed person fabricated asbestos-containing products such that the exposed person in the fabrication process was exposed on a regular basis to raw asbestos fibers
- ☐ The occupationally exposed person altered, repaired or otherwise worked with an asbestos-containing product such that the occupationally exposed person was exposed on a regular basis to asbestos fibers
- ☐ The occupationally exposed person was employed in an industry or occupation such that the exposed person worked on a regular basis in close proximity to workers who engaged in one or more of the above three activities
- ☐ None of the above

7. If the exposed person's occupation/industry combination ***does not*** appear on the list of Presumptive SOE Occupations Ratings on the website, or "None of the above" was checked in question 6 above, provide a description of how the exposed person was exposed to asbestos at each relevant site.

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Part 6: Secondary Exposure. *This section should be completed if the Injured Person claims secondary exposure; that is, exposure resulting from contact he/she had with a person who was exposed directly while working with or around a Fairbanks asbestos products. If this is not a secondary exposure claim, skip to Part 7.*

1. What is the name of the person who had the direct Fairbanks product exposure? ***This person's exposure should be described in Parts 3 and/or 4 and 5.***

1a. _____ (Last) _____ (First) _____ (MI)

1b. Social Security Number: - -

2. Injured Person's relationship to the directly exposed person during his/her exposure period:

(brother, son, spouse, etc.)

- [illegible]

4. If month and year secondary exposure began and ended is impractical to list, describe the frequency and time period over which the secondary Fairbanks exposure occurred, e.g. how often work clothes were laundered over what period of time by the injured person.

5. Describe how Injured Person was exposed to Fairbanks asbestos by someone who worked with or around a Fairbanks asbestos product, e.g. by laundering work clothes:

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Part 7: Litigation/Claims History. *This section should be completed for all claims.*

1. Has an asbestos-related lawsuit ever been filed on behalf of the Injured Person?

☐ Yes ☐ No → ***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: _____ / _____ / _____
(month) (day) (year)

e. Was The Fairbanks Company named as a defendant? ☐ Yes ☐ No

If yes, was a final non-appealable judgment entered? ☐ Yes ☐ No

Enclose copy of judgment with Claim Form

If no judgment, was an appeal filed by Fairbanks or the plaintiff in connection with the suit? ☐ Yes ☐ 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 Injured Person or Claimant received money from Fairbanks or its insurers for this asbestos related injury?

☐ Yes ☐ No

3. Did the Injured Person or Claimant or Injured Person's representative on behalf of the Injured Person sign a release of Fairbanks regarding this injury?

☐ Yes ☐ No

4. Did the Injured Person or Claimant and Fairbanks have a tolling agreement?

☐ Yes → ***Submit copy of tolling agreement*** ☐ No → ***Skip to Q. 5***

4a. Date the tolling agreement began: _____ / _____ / _____
(month) (day) (year)

4b. Has the tolling period ended: ☐ Yes → Date ended: _____ / _____ / _____ ☐ No
(month) (day) (year)

5. Has a claim ever been filed on behalf of the Injured Person with Fairbanks pursuant to an administrative settlement agreement:

☐ Yes_ ☐ No.

If yes,

a. Date the claim was originally filed: _____ / _____ / _____
(month) (day) (year)

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- b. Have you received money from Fairbanks re: this claim? ☐ Yes ☐ No
6. Claim process selected:
☐ Expedited Review → ***Skip to Part 9*** ☐ Individual Review → ***Complete Part 8***

Part 8: Information for Individual Review (IR) Claims Only

1. If the Claimant has not filed a lawsuit against Fairbanks, 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?

☐ Yes ☐ No

- 1b. Is this the state/jurisdiction where the Fairbanks 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. If this is a Lung Cancer 2 (Disease Level IV) claim, has the Injured Person ever **smoked cigarettes**?
☐ Yes ☐ No → ***Skip to Q. 3***

2a. From: _____ / _____ To: _____ / _____
(month) (year) (month) (year)

2b. Packs per day: _____ (use decimal to indicate part, e.g. 1.5 indicates one and one half)

3. If this is a Lung Cancer 2 (Disease Level IV) claim, has the Injured Person ever **smoked cigars**?
☐ Yes ☐ No → ***Skip to Q. 4***

3a. From: _____ / _____ To: _____ / _____
(month) (year) (month) (year)

3b. Cigars per day: _____ (use decimal to indicate part, e.g. 1.5 indicates one and one half)

4. 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

5. Amount of last annual wages: \$ _____

6. Date of last wage received: _____ / _____ (Enter current date if currently earning work-related compensation.)
(month) (year)

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If economic losses are being claimed, you must enclose an economic report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.

- 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.

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

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Part 9: 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 of Claimant, personal representative or Claimant's counsel:

Please print the name: _____

Relationship to the Claimant of the signatory above: _____

Date: ____/____/____
 (month) (day) (year)

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Procedures for Claim Submission

1. Please review your completed Claim Form before submitting to the Claim Facility to ensure that
 - 1) all required information has been supplied, and
 - 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.
3. If you are filing an IR claim and have additional information (*See*, TDP Section 5.3(b)) and documentation you want the Trust to consider in evaluating your claim, please include these documents with the Claim Form.
4. 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) if applicable per state law
 - ☐ Part 2. Medical Records as required by the TDP and as requested in the *Instructions for filing the Claim Form*.
 - ☐ Parts 3-6. Proof of Fairbanks Exposure and Significant Occupational 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 7. Copy of Court Judgment (if applicable)
 - ☐ Part 7. Copy of tolling agreement (if applicable)
 - ☐ Part 8. Documentation of economic loss (if Part 8 is applicable)
 - ☐ Additional information for Individual Review claim, if applicable.
5. Submit completed claims to:

**Fairbanks Asbestos Personal Injury Trust
C/O Claims Processing Facility, Inc.
1771 W. Diehl Rd., Ste. 220
Naperville, IL 60563
Contact: ehel@cpf-inc.com**