

Fairbanks Deficiency Code Descriptions

Deficiency Code	Description	Resolution Description
901	Death Certificate	Please submit a copy of the injured person's death certificate.
902	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.cpf-inc.com
903	Injured party's SSN	Please submit a copy of the injured person's social security number or foreign identification number.
904	Date of Birth	Please submit the injured party's date of birth.
905	Date of Diagnosis	Please submit the date of diagnosis based on the disease that you expect will be confirmed by the medical documentation.
906	Lawsuit State	Please provide the state in which the lawsuit was originally filed.
907	Lawsuit Date	Please provide the date on which suit was originally filed.
908	Signature of Claimant/Representative	Please provide signature of Claimant/Representative.
909	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.
910	Beginning and ending exposure dates	Please provide the time period at each specific job site or exposure incident.
911	Medical Documentation	Please provide medical records as required by the Trust Distribution Procedures for the injury categorization.
912	Exposure Documentation	Please provide proof of Debtor Exposure, and if applicable, Significant Occupational Exposure as required in the Trust Distribution Procedures.
913	Plant/Site of Exposure	Please provide the plant/site of exposure.
914	Occupation	Please provide the occupation and description of job duties that led to the injured party's exposure.
915	Industry	Please provide the industry and the description of the industry where the injured party was exposed.
917	Wage Information	Please provide the claimant's most recent W-2 and the first page of IRS form 1040.
918	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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919	Date of Birth - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Date of Birth.
920	Social Security Number - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Social Security Number.
921	Date of Death	Due to conflicting information in the claim submissions, please provide clarification of the injured party's Date of Death.
922	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.
923	Diagnosis of Mesothelioma	Please provide a diagnosis of Mesothelioma as described in section 5.7 of the TDP.
924	Diagnosis of Lung Cancer	Please provide a diagnosis of Lung Cancer as described in section 5.7 of the TDP.
925	Diagnosis of Severe Asbestosis	Please provide a diagnosis of Severe Asbestosis Disease as described in section 5.7 of the TDP.
926	Diagnosis of Other Cancer	Please provide a diagnosis of Other Cancer as described in section 5.7 of the TDP.
927	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 5 of the TDP.
928	Causation Lung Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged lung cancer.
929	Causation Other Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged other cancer type.
930	Medical report failed to comply with section 5.7(a)(2) of the TDP	Medical report submitted fails to comply with section 5.7(a)(2) of the TDP.
931	Alleged injury not compensable	The alleged injury is not compensable by the Trust under the TDP.
932	Medical documentation not for claimant	The medical documentation provided is not related to the named claimant.

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933	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.
934	X-Ray reading	Please submit a chest x-ray reading by a certified B-reader.
935	Pulmonary Function Test	Please submit a pulmonary function test report that meets the requirements for the alleged disease category.
936	SOE	Please provide evidence of Significant Occupational Exposure as described in section 5.7(b)(2) of the TDP.
937	Occupation	Please provide the occupation that led to claimant's exposure to asbestos products.
938	Employer, Plant/Site of Exposure	Please submit the employer(s) or site(s) where claimant's exposure occurred.
939	Time Period	Please submit the time period worked at each specific job site.
940	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.
941	Secondary (relationship)	Please submit the relationship to the occupationally exposed person.
942	Secondary (injured party)	Please describe how Injured Party was exposed to Fairbanks products through the occupationally exposed person. Please complete and submit Part 6 of the claim form.
943	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 on the claim form.
945	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.
946	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.
949	FBK Company Exposure	With rare exceptions a Fairbanks Company Employee is barred from pursuing a Trust Claim against the Fairbanks Trust and is limited to workers compensation remedies. If one of these exceptions is applicable please provide evidence.

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950	Debtor Exposure (6 months)	Please provide six (6) months of meaningful and credible exposure to asbestos-containing products sold, distributed, marketed, handled, processed, or manufactured by Fairbanks or for which Fairbanks otherwise has legal responsibility.
951	Debtor Exposure	Please provide meaningful and credible exposure to asbestos-containing products sold, distributed, marketed, handled, processed, or manufactured by Fairbanks or for which Fairbanks otherwise has legal responsibility.
952	Product Identification	Please provide meaningful and credible evidence that demonstrates the presence of an asbestos-containing product or conduct for what the Fairbanks Asbestos Personal Injury Trust has legal responsibility at the identified worksite. This may be established by an affidavit or sworn statement (based on personal knowledge) of the claimant, a co-worker or family member in the case of a deceased claimant (providing the Asbestos Trust finds such evidence reasonably reliable), by invoices, employment, construction or similar records; or by other credible evidence.
953	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 Fairbanks product.
954	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.
959	Court	Please provide the name of the Court in which the lawsuit was filed.
960	Docket Number	Please provide the Docket Number of the lawsuit filed.
961	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> <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 at the time of the filing of this claim</p>
962	City and State	Please provide the city and state of the alleged site of exposure.
963	Tolling Agreement	Please provide a copy of the Tolling Agreement referenced in Part 7 of the claim form.
964	Secondary (injured party)	Please describe how Injured Party was exposed to Fairbanks products through the occupationally exposed person. Please complete and submit Part 6 of the claim form.

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965	Secondary (relationship)	Please submit the name of the occupationally exposed person and the Injured Person's relationship to the occupationally exposed person on Part 6 of the claim form.
966	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. Please complete and submit Part 4 and, if necessary, Part 5 of the claim form.
967	Secondary Exposure	Please provide beginning and ending dates of Injured Party's secondary exposure.
968	Affidavit and/or Testimonial Insufficient	The affidavits and/or testimonials submitted purporting to identify meaningful and credible exposure to Fairbanks asbestos-containing products at the site(s) are insufficient. The testimony fails to meaningfully and credibly identify a Fairbanks asbestos product at the alleged location(s) of exposure.
969	Complete Part 4 of the claim form	Please provide the Fairbanks Occupational Exposure details on Part 4 of the claim form.
970	Complete Part 5 of the claim form	Please provide the Significant Occupational Exposure (SOE) details on Part 5 of the claim form.
971	Complete part 6 of the claim form	Please provide the Secondary Exposure details on Part 6 of the claim form.
976	FBK asbestos-containing products or materials is required.	Please provide names of all asbestos-containing products or materials for which Fairbanks is legally liable and to which injured party was exposed.
977	Please provide a properly executed and notarized exposure affidavit.	Please provide a properly executed and notarized exposure affidavit.
979	Frequency and Duration	In order to establish sufficient duration and frequency of credible exposure to Fairbanks asbestos-containing product it must be established that there was usage of the Fairbanks product for no less than six months. This must be established with adequate detail necessary to meet the requirement as required in Section 5.7(b)(1). It will be insufficient to merely state that exposure occurred over a six months 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 Fairbanks asbestos-containing product.
980	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.
981	Claim Time Barred	This claim is time barred according to Section 5.1(a)(2) of the Fairbanks Asbestos Personal Injury Trust Distribution Procedures.
982	FULL PR SSN required	Please submit the full Social Security Number of the named Personal Representative.

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983	Description of how the product was used at the site is required	The Fairbanks Trust Claim Form must contain a description of how the product(s) came to be used at that site.
984	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.
985	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.
986	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.
987	Diagnosis of Asbestosis/Pleural Disease (Level 1)	Please provide a diagnosis of Asbestosis/Pleural Disease (Level 1) as described in section 5.7 of the TDP.
988	Medicare Reporting	For Medicare reporting purposes, was the Injured Party exposed on or after December 5, 1980 to asbestos-containing products and/or conduct for which the Injured Party alleges the Debtors have legal responsibility?
989	Claimant Gender	For Medicare reporting purposes, please provide Claimant's gender.
990	Alleged Injury	Please select the Alleged Asbestos-Related Injury.