

e-File Online User Guide

Table of Contents

Table of Contents.....	2
Setting Your Password.....	7
Managing Claims.....	10
See Appendix A for United Gilsonite Laboratories Asbestos Personal Injury Trust specific claim entry requirements.....	11
See Appendix C for Bondex Asbestos PI Trust specific claim entry requirements.	11
Filing a Claim Online.....	13
Filing a New Claim.....	14
Duplicate Filing Error Messages upon clicking Continue:.....	16
Dependents and Beneficiaries.....	23
Diagnosed Asbestos Related Injuries.....	25
Diagnosis.....	26
Exposure.....	27
Exposure Incident.....	28
Bystander Exposure.....	31
Smoking/Tobacco History.....	35
Asbestos Litigation.....	36



Employment Information..... 37

Attach Documents 38

Review..... 44

Claim Search..... 48

Claim Status Descriptions 52

Curing Deficiencies..... 55

Releases 67

 Searching for a Release..... 68

 Accepting a Release 71

 Viewing/Downloading a Release 72

 Uploading a Signed Release (Includes Send Claim Instructions) 73

Running Claim Reports..... 78

View/Print Original Claim..... 86

View/Print Current Claim..... 91

View/Print Fax and Mail Coversheet 93

Send Claim Instructions 96

Withdraw Claim 99

Defer a Claim..... 101

Un-Defer a Claim..... 103

Contacting the CPF..... 105

Online Help File..... 107



API – Application Programming Interface..... 110

Viewing Documents Online..... 111

Managing Users 114

Notifications..... 118

Viewing Notifications 130

Batch 133

Appendix A – UGL Trust 134

 General Information 136

 Asbestos Litigation & Claims History – Section 6..... 137

 Exposure to Asbestos Products - Section 7..... 140

 Secondary Exposure – Section 8 148

Appendix B – Processing Fees..... 153

 Apply Processing Fee 154

 Current Status of Processing Fees 155

 Check Detail of Processing Fees..... 156

 Get Fee Not Received Claims 157

Appendix C – Bondex Trust..... 158

 General Information – Part 1 159

 Alleged Diagnosis – Part 2..... 160

 Type of Exposure Claimed – Part 3 161

 Non-Workplace Bondex Exposure – Part 4..... 162



Bondex Occupational Exposure – Part 5..... 165

Significant Occupational Exposure – Part 6 168

Secondary Exposure to Non-workplace Exposed Person 172

Secondary Exposure to Occupationally Exposed Person..... 175

Secondary Exposure to Significant Occupationally Exposed Person 178

Asbestos Litigation/Jurisdiction – Part 8..... 182

ACH Agreements Payments 185

 ACH Agreements..... 186

 Get Current ACH Agreement 187

 Registration Process – Set New ACH Agreement (Edit Existing)..... 188

 Existing Agreements – Copy..... 190

ACH Claim Processing Fees 193

 ACH Claim Processing Fees – Trust Specific..... 194

Welcome to the CPF e-File Online System

- To access the CPF e-File System, your firm must first register with the CPF by returning a signed copy of the electronic filer agreement either through the mail, fax, or email. This form can be obtained by downloading a copy from the CPF website (www.cpf-inc.com) or contacting the e-File help desk at 630-281-6600.
- Once the CPF has received your signed e-File agreement, a password will be provided to you via email.

Setting Your Password

- Before entering the e-File website, you must read and accept the agreement shown on screen. Next, enter the Email Address and Password that was provided to you via email. Click the **Sign in** button to enter the site. Once in the system you may change your password; or you may contact your law firm administrator to request a new password.



Click **Contact** to directly link to the Contact Form of the CPF e-File System.

CPF e-File System Logon

By selecting the I AGREE option below, you, the user, affirm that all electronic submissions to CPF conform to the terms and conditions of the Electronic Filer Agreement executed by the Claimants Council of Record for the law firm and the CPF and to the provision of Rule 11 of the Federal Rules of Civil Procedure as if the submissions were a paper presented to a court of the United States. You further affirm that all submissions made during this electronic session are, and will be, true and accurate to the best of your, the Firm Administrator's and the Claimants Council of Record's knowledge, information and belief. In order to have access to this system, you must select the I AGREE option below, indicating your affirmation and your assent to these terms and conditions. In the event you wish to review the full text of the Electronic Filer Agreement, please contact your Firm Administrator or the CPF for a copy.

I AGREE

This is a private system. If you do not have permission to be here, please leave immediately as you are violating federal and state law.

Email

Password

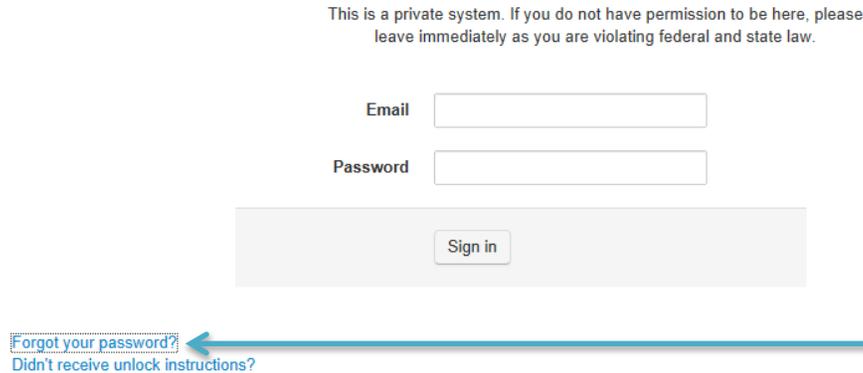
[Forgot your password?](#)
[Didn't receive unlock instructions?](#)

East-West Corporate Center
1771 W. Diehl Road, Suite 220
Naperville, IL 60563
<http://www.cpf-inc.com>

Claims Processing Facility, Inc.
CPF e-File Version: v2.0.13

Toll free: 888 CPFFILE (273-3345)
Local: 630-281-6600
Fax: 630-281-6800

- If you have forgotten your password, click on the **Forgot your password** link and password reset instructions will be emailed to you immediately.



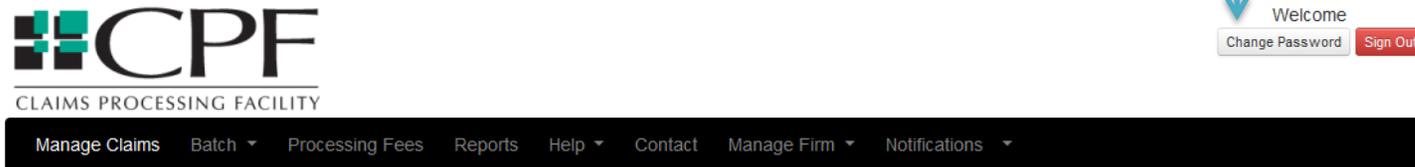
This is a private system. If you do not have permission to be here, please leave immediately as you are violating federal and state law.

Email

Password

[Forgot your password?](#)
Didn't receive unlock instructions?

- If you want to change your password while logged in just click the **change password** icon near the upper right corner of the screen.




CLAIMS PROCESSING FACILITY

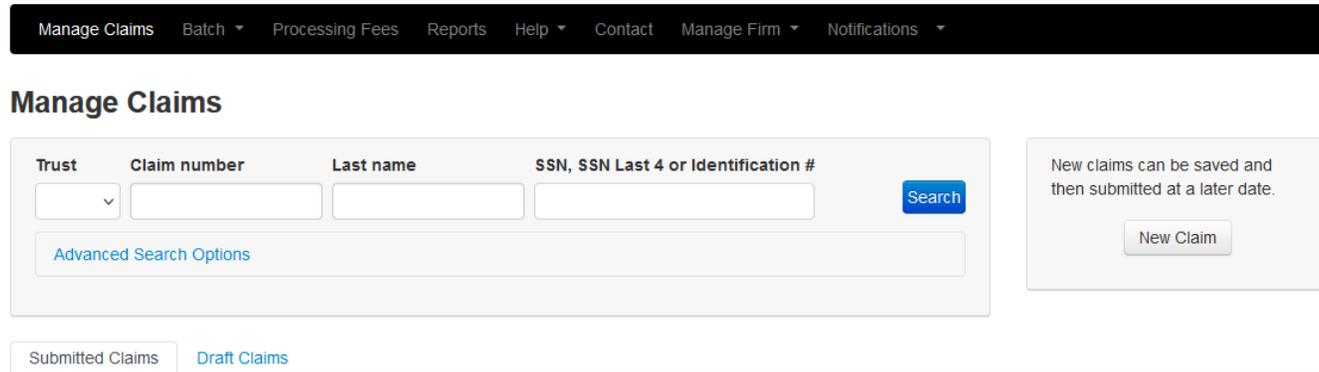
Welcome

Manage Claims Batch Processing Fees Reports Help Contact Manage Firm Notifications

- Note: Passwords must be at least seven characters long and contain at least: one upper character, one lower character, one numeric, and one symbol. Please also note that accounts will disable (expire) after one year of inactivity, after this time the disabled account can be enabled by the firm admin or CPF.

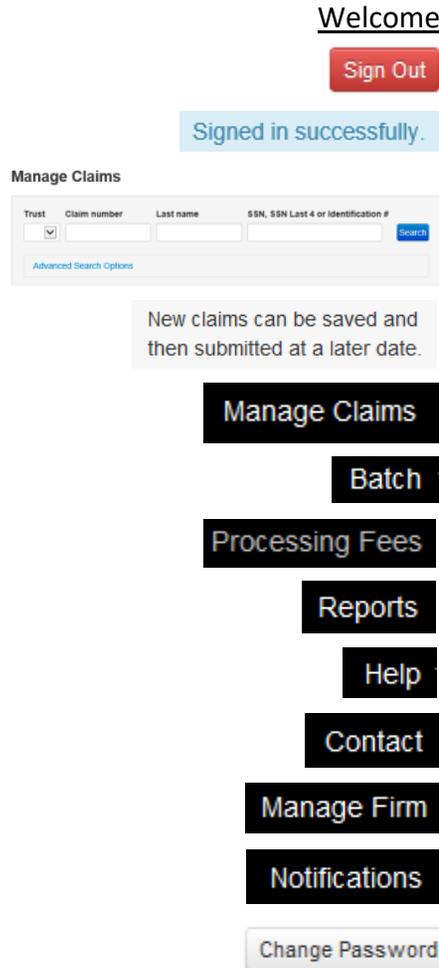
Managing Claims

- Once you enter the system, you will be taken directly to the Manage Claims Screen. Many features of the e-File Online System can be accessed from here. The following page provides a description of each function below.
See [Appendix A](#) for United Gilsonite Laboratories Asbestos Personal Injury Trust specific claim entry requirements.
See [Appendix C](#) for Bondex Asbestos PI Trust specific claim entry requirements.



The screenshot shows the 'Manage Claims' interface. At the top is a navigation bar with links: Manage Claims, Batch, Processing Fees, Reports, Help, Contact, Manage Firm, and Notifications. Below this is the 'Manage Claims' title. The main area contains a search form with four input fields: Trust (a dropdown menu), Claim number, Last name, and SSN, SSN Last 4 or Identification #. A blue 'Search' button is to the right of the SSN field. Below the search fields is a link for 'Advanced Search Options'. To the right of the search form is a box with the text 'New claims can be saved and then submitted at a later date.' and a 'New Claim' button. At the bottom of the search form are two tabs: 'Submitted Claims' and 'Draft Claims'.

Description of Features found on Manage Claim Screen



- Your Name will appear after the “Welcome” text.
- **Sign out** of the e-File Online System.
- The blue rectangle section displays messages.
- This section provides you with search features to find a particular claim or claims.
- Click **New Claim** to begin the process of submitting a new proof of claim.
- Click to access the **Manage Claims** Screen.
- Click to access the **Batch** Screen.
- Click to access the **Processing Fees** Screen
- Run various **Claim Reports**.
- Provides a link to an online Help file to assist you in filing a claim online.
- **Contact** the CPF with questions or concerns.
- Administration of firm options: Notifications, Manage Users.
- System messages.
- Change your Password.

Filing a Claim Online

- To begin filing a new claim online, click on the **New Claim** button from the Manage Claims screen.

Manage Claims

Trust	Claim number	Last name	SSN, SSN Last 4 or Identification #	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search"/>
Advanced Search Options				

Submitted Claims [Draft Claims](#)

New claims can be saved and then submitted at a later date.

Denotes information is either required (red circle) or recommended (yellow circle).

New Claim

Indicates information is required for claim submission.
 Indicates information is recommended for submission.
 Indicates help information is available for this item.

Wherever this **question** mark is seen, click on it to access the Help function for that question or section.

Injured Party Information

Trust

Firm

Attorney

Claim option

Injured party information:

First name Mi Last name

Date of Birth (mm/dd/yyyy)
 (mm/dd/yyyy)

Country of Citizenship

Social Security # Or Individual Identification #

Use the drop downs to select appropriate value. (The firm drop down will only appear if you are assigned to multiple locations/firms).

Note that due to differences in some Trust and Claim options, some fields depicted on this page and the following pages may not appear due to claim form differences.

After all required information is entered, click **Continue**.

Duplicate Filing Error Messages upon clicking Continue:

When you click on **Continue**, you may encounter error messages pertaining to duplicate claim filings. Some errors are informative and will allow you to change the claim information to continue. These error messages are prefaced with “**Continue?**” or “**Refile Claim?**” Other errors prevent you from continuing. These errors are prefaced with “**May Not File**”. For errors prefaced with “**Continue**” or “**Refile Claim**”, click **Continue** to file the 2nd injury claim, **Change Claim Information** to edit the claim so it is no longer a duplicate, or **Abandon Draft Claim** to discard your claim entry. For errors prefaced with “**May Not File**”, click back to any option on the menu bar; your claim entry will be discarded.

Example errors are pictured below:



May not file

An injured claim exists for: Larry T****

- Firm: CPF Test Firm
- Claim Status: RC - Claim#: 000000
- Alleged Dx: LC2 Confirmed Injury: LC2

This claim was previously filed and is still active, thus it cannot be refiled.



May not file

An injured claim exists for Larry T****

- Firm: CPF Test Firm
- Claim Status: CL - Claim#: 000000
- Alleged Dx: ASB Confirmed Injury: ASB

This claim was previously filed and settled under the IRC option. Because the IRC release is a full release, a Second Injury Claim cannot be filed.



Continue?

A claim matching the injured party's information has been found: Larry Tester

- Firm: CPF Test Firm
- Clm Status: RC - Claim#: 000000 – SSN/ID#: 000009999
- DOB: 01/08/1901
- Alleged Dx: ASB Confirmed Injury: ASB

F2-Create 2nd Injury

Abandon Draft Claim

Change Claim Information

Continue



Continue?

A claim matching the injured party's information has been found: Larry T****

- Firm: CPF Test Firm
- Claim Status: CW - Claim#: 000000
- Alleged Dx: NMA Confirmed Injury: NON

F2-New Cause of Action

Abandon Draft Claim

Change Claim Information

Continue



Refile Claim?

A withdrawn claim exists for: Larry T****

- Firm: CPF Test Firm
- Claim Status: CW - Claim#: 000000
- Alleged Dx: SAB Confirmed Injury:

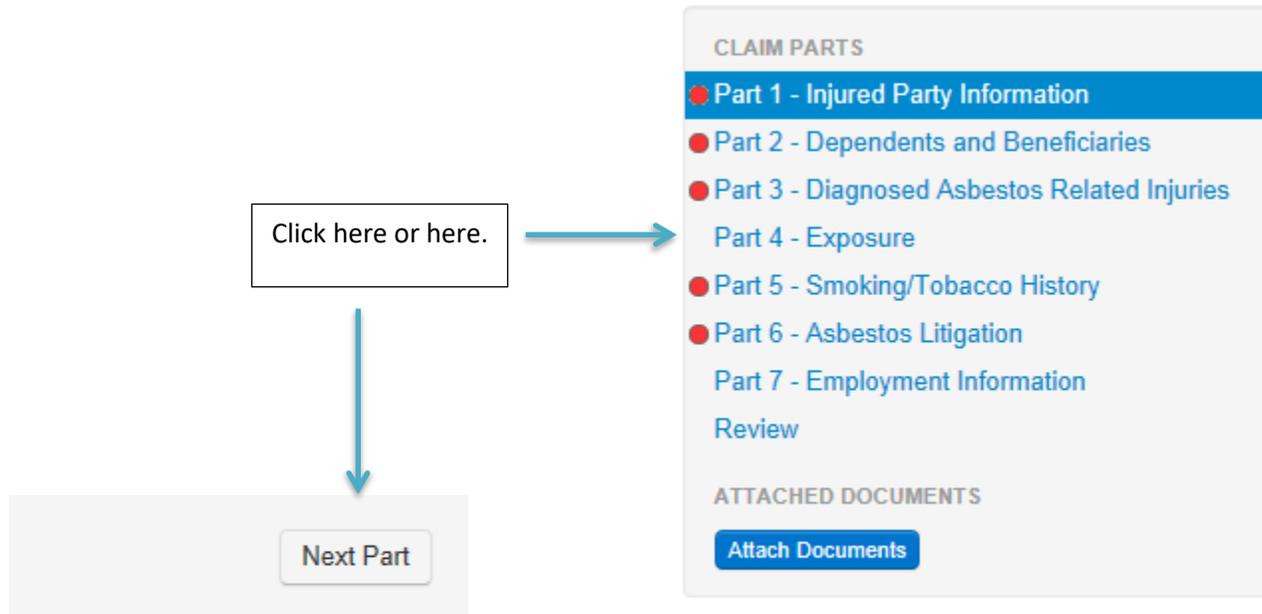
This claim was previously filed and subsequently withdrawn by the law firm. Do you wish to "Re-file" this claim?

Abandon Draft Claim

Change Claim Information

Continue

Throughout the process of filing your claim, a Legend is shown on the right side of the claim form. This legend informs you of areas that are missing required or recommended information by displaying a red or yellow circle next to each section or part. You can quickly access those areas by clicking on the Part in that Legend, or by clicking on **Next Part** located on the bottom of your claim form.



Indicates information is required for claim submission. Indicates information is recommended for submission. Indicates help information is available for this item.

Injured Party Information:

Firm

Attorney

Claim option

Injured party information:

First name **Mi** **Last name**

Country of Citizenship

Social Security # **Individual Identification #**
 Or

Gender
 Female **Male**

Date of Birth (mm/dd/yyyy)

Use the scroll bar on the right to access the information located on the bottom of the current screen. →

Is injured party deceased?

Yes No

If injured party is deceased, please complete the following (Death Certificate must be attached to the right):

Date of Death (mm/dd/yyyy)

Was death asbestos-related?

Yes No

Representative Information:

Does the injured party have a personal representative other than, or in addition to, his/her attorney?

Yes No

If yes, please indicate the following for the representative. (Certificate of Official Capacity or other estate documentation must be attached to the right if applicable per state law.)

First Name MI Last Name

Country of Citizenship

Social Security # Individual Identification #

 Or

Mailing Address 1

Mailing Address 2

Country of Residence

State Or **Province**

City **Zip/Postal Code**

Home Phone **Work Phone** **Ext**

Email Address

Relationship to Injured Party

After completing this part, you can click on **“Save Draft”** (Complete filing at a later time; claim will not be considered filed with the Trust) or **“Next Part”**

Dependents and Beneficiaries

- As you continue filing your claim, the blue shading signifies the current **Claim Form Part**.

EPI [Draft] Tester, Larry Eagle-Picher Individualized Review (IRC) Claim

● Indicates information is required for claim submission.
 ● Indicates information is recommended for submission.
 ? Indicates help information is available for this item.

Dependents & Beneficiaries:

List any other persons who may have rights associated with this claim.

Be sure to include the injured party's spouse, any dependents who derive (or who did derive at the time of the injured person's death) at least one-half of their financial support from the injured party.

Also list beneficiaries who are entitled to pursue an action for wrongful death under applicable state law.

● Does the injured party have any dependents and/or beneficiaries?

Yes No

If yes, please add all applicable dependents and/or beneficiaries:

Add New Dependent/Beneficiary

Name	DOB	Relationship	
Doe, John	07/06/1942	Beneficiary	<input type="button" value="Edit"/> <input style="color: red;" type="button" value="Delete"/>

Save Draft

Next Part

CLAIM PARTS AUTOSAVED AT 09:55AM

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation
- Part 7 - Employment Information Review

ATTACHED DOCUMENTS

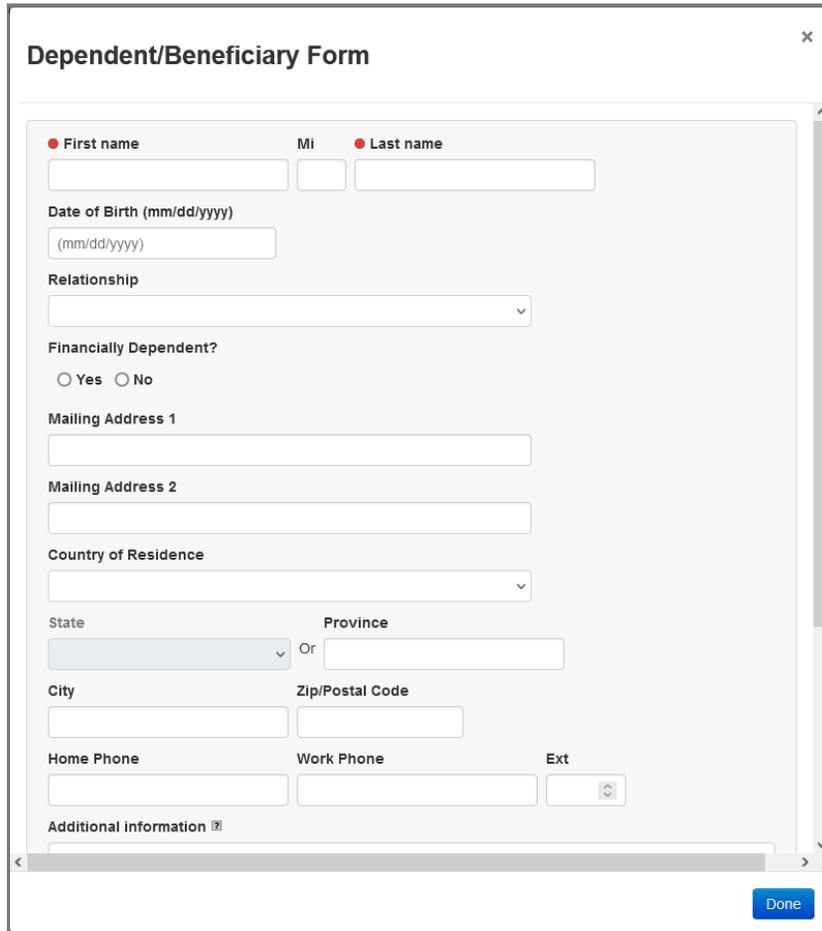
If you answered **Yes** to the dependent/beneficiary question, click on the **Add New**

Dependent/Beneficiary button to add each Dependent/Beneficiary.

The following pages will assist you with adding your Dependent/Beneficiary information.

The **Dependent/Beneficiary** you add to the claim can be viewed in this grid. If you need to correct it, select the **Edit** button. Or, if you would like to delete the **Dependent/Beneficiary**, click the **Delete** button.

After selecting Add New Dependent/Beneficiary, the following window will appear on screen. Enter the required and recommended fields.



Use the scroll bar to access more information to enter.

- When completed click **Done** to save entry or use the **X** in the upper right corner to **cancel** entry.

Diagnosed Asbestos Related Injuries

● Indicates information is required for claim submission. ● Indicates information is recommended for submission. ⓘ Indicates help information is available for this item.

Diagnosed Asbestos-Related Injuries :

Identify all injuries that have been or were diagnosed for the injured party and for which medical documentation is included with this claim.

● **Alleged Diagnosis** ⓘ

ESC	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
-----	---

Attach medical records supporting alleged diagnosis to the right.
Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

AUTOSAVED AT 10:00AM

CLAIM PARTS

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation
- Part 7 - Employment Information Review

ATTACHED DOCUMENTS

Click the **Attach Documents** button to attach supporting medical records.

To add a diagnosis, click the **Add Diagnosis** button. The following page will assist you with adding diagnosis information.

After all required information is entered, click **Next Part**.

The **Alleged Diagnosis** you add to the claim can be viewed in this grid. If you need to correct it, select the **Edit** button. Or, if you would like to delete the Alleged Diagnosis, click the **Delete** button.

Diagnosis

- Enter the **Alleged Diagnosis** information and click **Done** to save entry.
- Or
- Use the **X** in the upper right corner to **cancel** entry.

The screenshot shows the 'Alleged Diagnosis' form with the following fields and callouts:

- Alleged injury code:** A dropdown menu currently showing 'Other Cancer'. A callout box points to the 'X' in the top right corner of the form, stating: 'Click on the **X** to cancel the entry'.
- If Other Cancer, Please Specify:** An empty text input field. A callout box points to this field, stating: 'Enter the **Alleged Diagnosis**'.
- Diagnosis Date (mm/dd/yyyy):** A text input field with a placeholder '(mm/dd/yyyy)'. A callout box points to this field, stating: 'Enter the **Diagnosis Date**'.
- Done:** A blue button at the bottom right. A callout box points to it, stating: 'Click **Done** to insert the **Alleged Diagnosis**'.
- Note:** A callout box on the right side of the form states: 'Note: You may return to the previous screen, click **Add Diagnosis** to add more than one diagnosis, but you may not duplicate the same diagnosis.'

Exposure

EPI [Draft] Tester, Larry

Eagle-Picher Individualized Review (IRC) Claim

For each exposure, click the **Add New Exposure Incident** button to add Exposure information.

The **Exposure Incident** you add to the claim can be viewed in this grid. If you need to correct it, select the **Edit** button. Or, if you would like to delete the Exposure Incident, click the **Delete** button.

● Indicates information is required for claim submission. ● Indicates information is recommended for submission. ⓘ Indicates help information is available for this item.

Occupational Exposure:

Claimant is alleging an asbestos-related disease resulting from occupational exposure to Eagle-Picher products.

Attach proof of Eagle-Picher product exposure to the right.

Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

Add New Exposure Incident

Industry	Begin Date	End Date	Edit	Delete
Shipyards-Construction Repair	01/1956	06/1969		

Exposure to an Occupationally Exposed Person ⓘ:

Claimant is alleging an asbestos-related disease resulting from exposure to an occupationally exposed person, such as a family member (spouse, father, sister, etc.)

Attach proof of Eagle-Picher product exposure to the right.

Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

Add New Exposure Incident

Industry	Begin Date	End Date	Edit	Delete
Shipyards-Construction Repair	06/1948	06/1949		

CLAIM PARTS AUTOSAVED AT 10:55AM

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure**
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation
- Part 7 - Employment Information

Review

ATTACHED DOCUMENTS

Attach Documents

For each bystander Exposure incident, click the **Add New Exposure Incident** button to add Bystander Exposure information.

The **Bystander Exposure Incident** you add to the claim can be viewed in this grid. If you need to correct it, select the **Edit** button. Or, if you would like to delete the Bystander Exposure Incident, click the **Delete** button.

Save Draft Next Part

Exposure Incident

After selecting Add New Exposure Incident, the following window will appear on screen. Enter the required and recommended fields.

Occupational Exposure Incident x

Exposure Dates ⓘ:

● **Begin Date (mm/dd/yyyy)** ● **End Date (mm/dd/yyyy)**

● **Occupation**

● **Description of Job Duties** ⓘ

Use the scroll bar to access more information to enter.



Industry in which Exposure Occurred

If other, Specify

Describe How and Why Eagle-Picher Product was Used 

Employer 

Plant or Site Name 

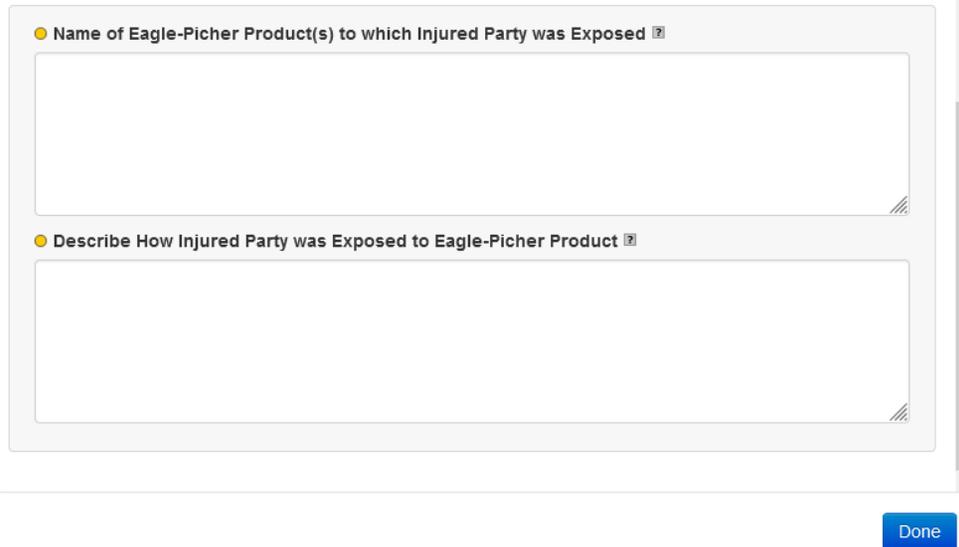
Location within Plant or Site

Country

City

State Province

Or



The screenshot shows a web form with two text input fields. The first field is titled "Name of Eagle-Picher Product(s) to which Injured Party was Exposed" and the second is titled "Describe How Injured Party was Exposed to Eagle-Picher Product". Both fields are currently empty. A blue "Done" button is located at the bottom right of the form area.

- When completed click **Done** to save entry.
- Or
- Use the **X** in the upper right corner to **cancel** entry.

Bystander Exposure

After selecting **Add New Exposure Incident**, the following window will appear on screen. Enter the required and recommended fields.

Bystander Exposure Form x

Injured Party's Exposure to Occupationally Exposed Person:

Exposure Dates to Other Person:

● **Begin Date (mm/dd/yyyy)** ● **End Date (mm/dd/yyyy)**

● **Relationship to Occupationally Exposed Individual:**

● **Describe How Injured Party was Exposed to Eagle-Picher Product through the Other Person**

Use the scroll bar to access the information located on the bottom of the current screen.

Name of Occupationally Exposed Person 

First name **Mi** Last name

Exposure Dates :

Begin Date (mm/dd/yyyy) End Date (mm/dd/yyyy)

Occupation

Description of Job Duties 

Industry

If other, Specify

Describe How and Why Eagle-Picher Product was Used 

Employer 

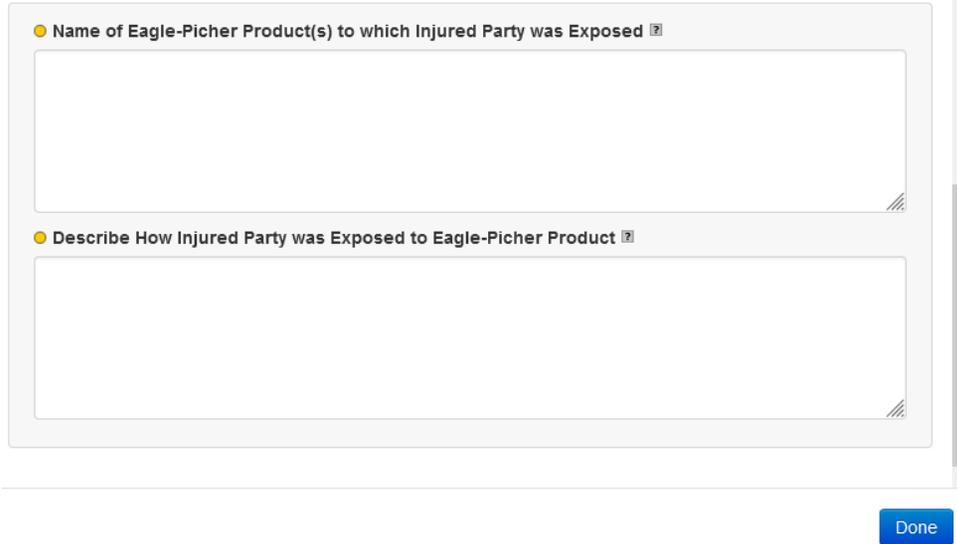
Plant or Site Name 

Location within Plant or Site

Country

City

State Or Province



The screenshot shows a software interface with two text input fields. The first field is titled "Name of Eagle-Picher Product(s) to which Injured Party was Exposed" and the second is titled "Describe How Injured Party was Exposed to Eagle-Picher Product". Both fields are currently empty. A blue "Done" button is located at the bottom right of the form area.

- When completed click **Done** to save entry.
- Or
- Use the **X** in the upper right corner to **cancel** entry.

Smoking/Tobacco History

● Indicates information is required for claim submission.
 ● Indicates information is recommended for submission.
 ? Indicates help information is available for this item.

Smoking/Tobacco History:

For each item, indicate whether injured party has smoked or used the given product. If used, indicate the year quit.

● Has the injured party ever smoked tobacco?

Yes No

If Yes, Please Enter the Following Information:

Type of Tobacco	Year Began	Year Quit		
<input type="checkbox"/> Cigarettes	<input type="text"/>	<input type="text"/>	Packs per day	<input type="text"/>
<input type="checkbox"/> Cigars	<input type="text"/>	<input type="text"/>	Cigars per day	<input type="text"/>
<input type="checkbox"/> Pipes	<input type="text"/>	<input type="text"/>	Pipes per day	<input type="text"/>

Save Draft

Next Part

If you answered **Yes** to the tobacco question, enter tobacco-related information.

CLAIM PARTS AUTOSAVED DISABLED

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation/Jurisdiction
- Part 7 - Employment Information

Review

ATTACHED DOCUMENTS

Attach Documents

● Indicates information is required for claim submission. ● Indicates information is recommended for submission. ? Indicates help information is available for this item.

Asbestos Litigation/Jurisdiction :

If you answered **Yes** to the Asbestos Litigation question, enter asbestos litigation-related information.

● **Has an asbestos-related lawsuit ever been filed on behalf of the injured party?**
 Yes No

If no lawsuit is on file, jurisdiction is the State/Province the injured party is or was domiciled.
State and country in which the suit was originally filed:

● **Country**

State **Province**
 Or

Name of Court in which Suit was Originally filed

Date on which Suit was Originally Filed: (mm/yyyy)

Save Draft

Next Part

CLAIM PARTS AUTOSAVED DISABLED

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- **Part 6 - Asbestos Litigation/Jurisdiction**
- Part 7 - Employment Information

Review

ATTACHED DOCUMENTS

[Attach Documents](#)

Employment Information

● Indicates information is required for claim submission.
 ● Indicates information is recommended for submission.
 ? Indicates help information is available for this item.

Employment Information :

Enter
Employment
Information

Current Employment Status

Amount of Last Annual Wage

\$

Date of Last Wage Received: (mm/yyyy)
(Enter Current Month and Year if Currently Earning Work-related Compensation)

W-2 and first page of 1040 for last year of full employment must be included if lost wages are being claimed. You may attach the documents to the right.

Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

Save Draft

Next Part

CLAIM PARTS AUTOSAVED DISABLED

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation/Jurisdiction
- Part 7 - Employment Information**
- Review

ATTACHED DOCUMENTS

[Attach Documents](#)

Attach Documents

If you would like to attach a Document, (Exposure, Medical, etc.) click [Attach Documents](#).

Note: Currently, CPF only accepts files in the Tiff and PDF formats (.tiff, *.tif, *.pdf)*

● Indicates information is required for claim submission. ● Indicates information is recommended for submission. ⓘ Indicates help information is available for this item.

Employment Information :

Current Employment Status

Amount of Last Annual Wage
\$

Date of Last Wage Received: (mm/yyyy)
(Enter Current Month and Year if Currently Earning Work-related Compensation)

W-2 and first page of 1040 for last year of full employment must be included if lost wages are being claimed. You may attach the documents to the right.
Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

CLAIM PARTS AUTOSAVED DISABLED

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation/Jurisdiction
- Part 7 - Employment Information**

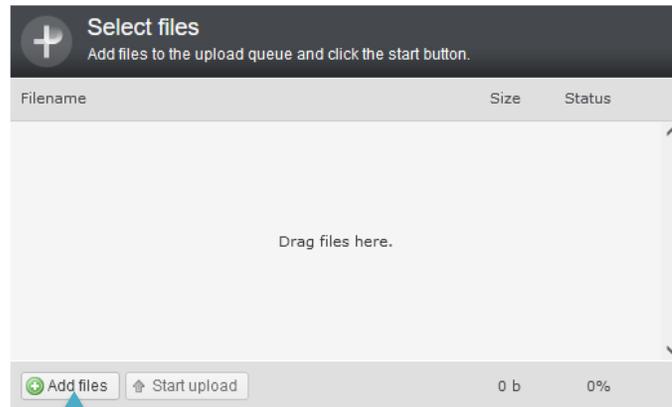
Review

ATTACHED DOCUMENTS

Click to **Attach** a document

After selecting Attach, the following window will pop up on screen. Attach your documents from this window.

Documents

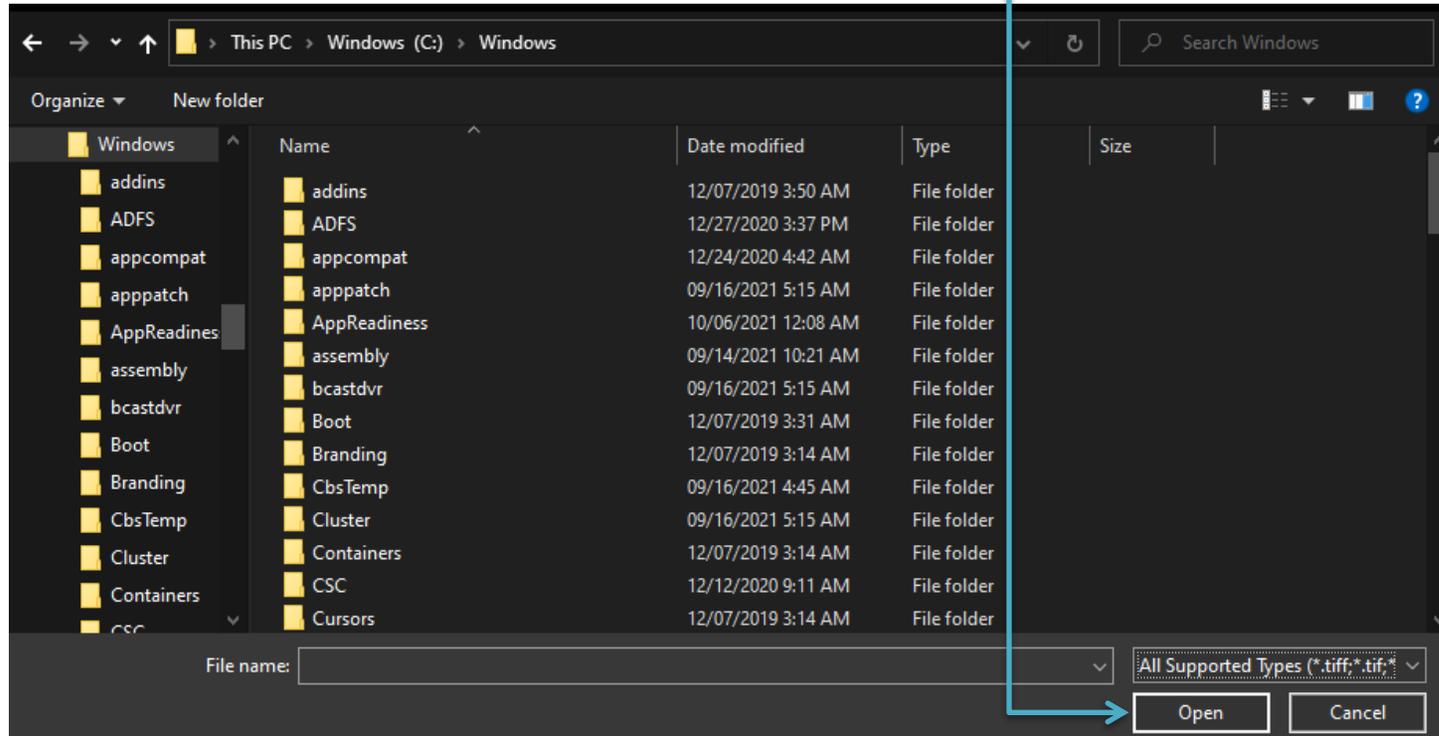


Attached Documents

Done

Click **Add files** to find the document you wish to attach.

Navigate to the appropriate directory, select the file(s) you would like to attach, and click **Open**.



Note: Maximum size of a single document that can be uploaded is 15mb

The document(s) you selected in the previous screen will be added to the window below.

Documents

Select files
Add files to the upload queue and click the start button.

Filename	Size	Status
TEST.pdf	82 KB	0% 

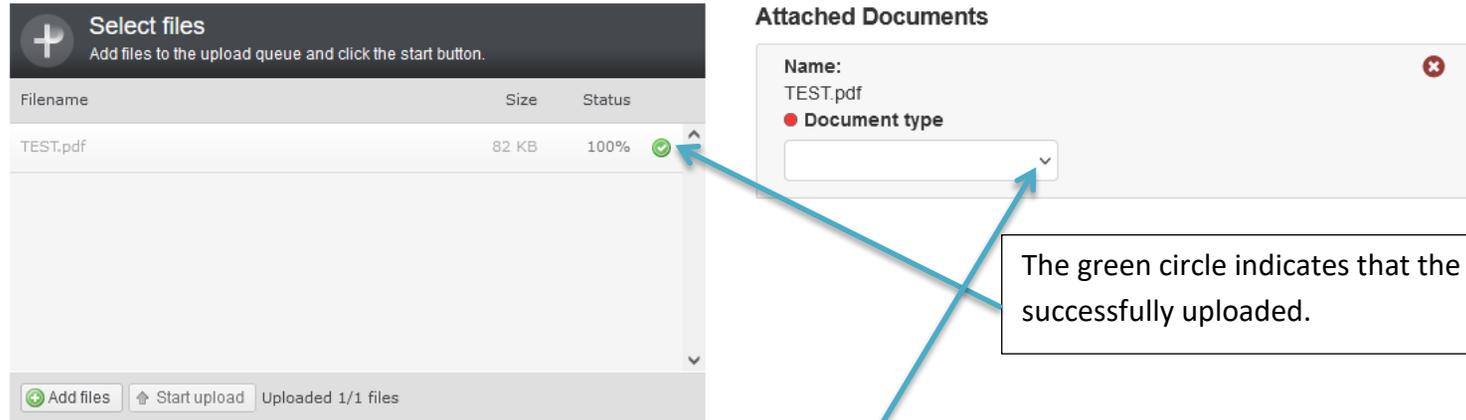
Attached Documents

The Red circle indicates the file has not yet been uploaded.

Click on **Start upload** to upload the documents listed in the upload queue.

Done

Documents



Filename	Size	Status
TEST.pdf	82 KB	100% 

Attached Documents

Name: TEST.pdf 

● Document type

Done

Once the file(s) have successfully uploaded, select the **document type** for each uploaded document. Alternatively, click the red **X** to delete the document from the claim.

Click **Done** when finished.

Note: Until you select the document type from the drop down and click done, your file is not attached to the claim.

Review

If you need to go back to any previous **Claim Form Part**, click on the corresponding **Part**.

Indicates information is required for claim submission. Indicates information is recommended for submission. Indicates help information is available for this item.

Injured Party Information

Firm

Attorney

Claim option

Injured party information:

First name **Mi** **Last name**

Date of Birth (mm/dd/yyyy)

Country of Citizenship

Social Security # **Or** **Individual Identification #**

Gender
 Female Male

Deceased
 Yes No

CLAIM PARTS AUTOSAVED DISABLED

- Part 1 - Injured Party Information**
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation/Jurisdiction
- Part 7 - Employment Information
- Review**

ATTACHED DOCUMENTS

TEST.pdf

Attach Documents

If you are satisfied with your claim, click **Review** to review the information you entered before submitting your claim.

Click on any claim part on either side of the screen to link directly to that section of the claim form to make any corrections or modifications.

Tester, Larry EPI Trust - Individualized Review Claim (IRC) Claim Form

● Indicates information is required for claim submission. ● Indicates information is recommended for submission. ⓘ Indicates help information is available for this item.

Review Claim :

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation
- Part 7 - Employment Information

CLAIM PARTS

- Part 1 - Injured Party Information
- Part 2 - Dependents and Beneficiaries
- Part 3 - Diagnosed Asbestos Related Injuries
- Part 4 - Exposure
- Part 5 - Smoking/Tobacco History
- Part 6 - Asbestos Litigation
- Part 7 - Employment Information

Review

ATTACHED DOCUMENTS

Attach Documents

Save Draft

Submit Claim

Once all required fields are filled in (red dots will disappear) and you are satisfied with the claim, click **Submit Claim**. The claim will be submitted to CPF, or you may click **Save Draft** to complete your filing at a later time.

Duplicate Filing Error Messages upon clicking Submit Claim:

When you click **Submit Claim**, you may encounter error messages pertaining to duplicate claim filings. Some errors are informative and will allow you to change the claim information to continue. These error messages are prefaced with “**Continue?**” or “**Refile Claim?**” Other errors prevent you from continuing. These errors are prefaced with “**May Not File**”. For errors prefaced with “**Continue**” or “**Refile Claim**”, click **Continue** to file the 2nd injury claim, **Change Claim Information** to edit the claim so it is no longer a duplicate, or **Abandon Draft Claim** to discard your claim entry. For errors prefaced with “**May Not File**”, click back to any option on the menu bar; your claim entry will be discarded.

(See section entitled “[Duplicate Filing Error Messages upon clicking Continue](#)” for example errors.)

After selecting Submit Claim, a confirmation page may be displayed with the Current Claim Status. You may continue to make edits or attach documents to the claim as long as it remains in the “Claim Received – Not Reviewed” status.

Claim Information:

e-File Number:	E 0000000
Filing Date:	08/11/2015
Claim Number:	000000
Trust:	EPI
Filing Firm:	CPF Test Firm
Filing Attorney:	Attorney, Test
Injured Party:	Tester, Larry
Date of birth:	01/01/1901
Injured Party SSN/ID:	***-**-9999

Claim Status:

Claim Source:	eFile
Current Option:	IRC
Current Status:	Claim Received - Not Reviewed
Instructions:	This claim is pending review in the CPF claim processing system. At this time, you may attach additional supporting documentation to be included in the claim review process.

Submitted Documents:

[Show Documents](#)

QUESTIONS ABOUT THIS CLAIM?

- [Contact CPF](#)
- [View Help Section](#)
- [View Job Site Listings](#)

CLAIM OPTIONS:

- [View/Print Original Claim](#)
- [View/Print Current Claim](#)
- [View/Print Fax & Mail Coversheet](#)
- [Send Claim Instructions](#)
- [Edit this claim](#)
- [Withdraw Claim](#)

DOCUMENTS

[Attach Documents](#)

Note that the claim options change once you submit the claim. There are six options to choose from: **View/Print Original Claim, View/Print Current Claim, View/Print Fax & Mail Coversheet, Send Claim Instructions, Edit this claim, Withdraw Claim**. Select one or use one of the menu options to proceed.

Claim Search

From the Manage Claims screen, you can search for a specific claim or group of claims by using the search and advanced search options:

- 1) To search for a specific claim, use the **Trust** drop-down to select a trust, and enter a claim number in the **claim number** field, or an SSN in the **SSN** field.
- 2) To search for a group of claims, enter any combination of criteria that identifies the group of claims you are searching for.

Manage Claims

Trust	Claim number	Last name	SSN, SSN Last 4 or Identification #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search"/>
Advanced Search Options				

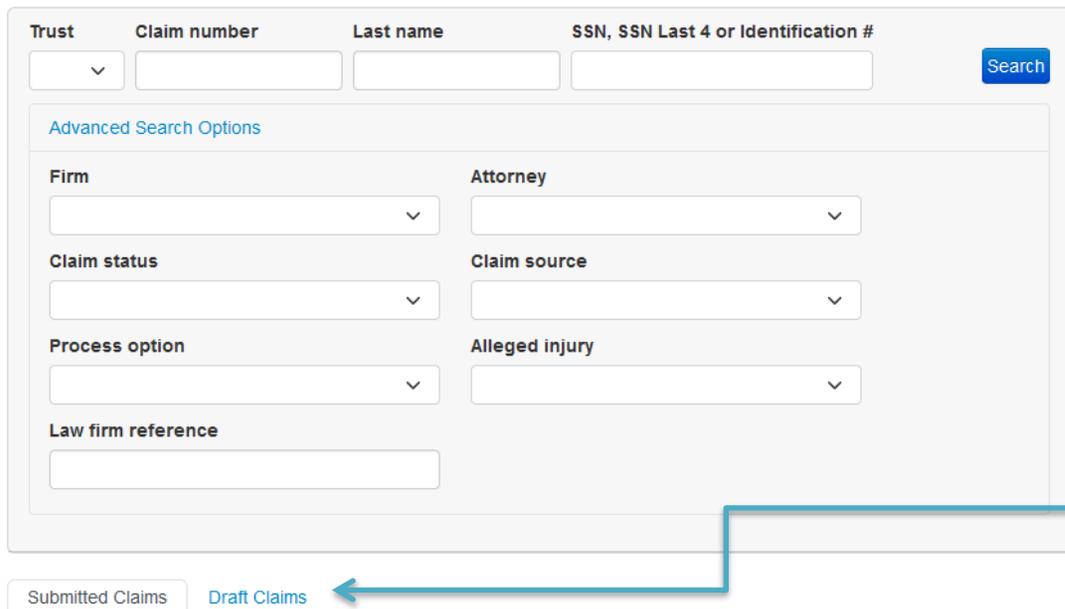
New claims can be saved and then submitted at a later date.

Click on **Advanced Search Options** for additional search criteria. (See next page.)

The **Advanced Search options** provide additional criteria to limit your searches. Use the drop-down arrows to select any combination of choices:

- **Firm**
- **Attorney (pertaining to selected firm)**
- **Claim Status**
- **Claim Source**
- **Process option (pertaining to selected trust)**
- **Alleged injury (pertaining to selected trust)**
- **Law firm reference number**

Manage Claims



The screenshot shows a search interface for managing claims. At the top, there are four input fields: 'Trust' (a dropdown menu), 'Claim number', 'Last name', and 'SSN, SSN Last 4 or Identification #'. To the right of these fields is a blue 'Search' button. Below this is a section titled 'Advanced Search Options' which contains several more dropdown menus: 'Firm', 'Attorney', 'Claim status', 'Claim source', 'Process option', and 'Alleged injury'. At the bottom of this section is a text input field for 'Law firm reference'. Below the search interface are two tabs: 'Submitted Claims' and 'Draft Claims', with the latter being highlighted in blue. A blue arrow points from the 'Draft Claims' tab to a text box on the right.

Select **Search** when all criteria has been entered.

Search results matching your criteria will appear in either of two different tabs: **Submitted Claims** or **Draft Claims**. Click on the appropriate tab to view claims.

The results of your search criteria are displayed in two different tabs: **Submitted Claims** and **Draft Claims**. Click on the appropriate tab to view claims.

Manage Claims

Trust	Claim number	Last name	SSN, SSN Last 4 or Identification #
<input type="text"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="text" value="6789"/>

[Advanced Search Options](#) Search

New claims can be saved and then submitted at a later date.

New Claim

Submitted Claims
Draft Claims

Trust	Name	Claim #	Attorney	Status	Alleged	Option
i EPI	Doe, John (**-**-6789)	801544	Attorney, Test	Claim Received - Not Reviewed	MES	IRC Show

Displaying 1 claim Export Results

Single-click on a column heading to sort the list in ascending order.

Click i to view additional detail for the claim: **Firm, Attorney, PR, Date of Birth and Received date.**

Click **Export Results** to produce a report of results. The file returned will contain an extended attribute set for ALL resultant rows that can then be sorted, pivoted, etc., in Excel.

Click **Show** to go to the claim.

The **Draft claim** tab of Search Results shows only Claims in Draft Status (Claims that have not yet been submitted.)

Manage Claims

Trust: Claim number: Last name: SSN, SSN Last 4 or Identification #: [Search](#)

[Advanced Search Options](#)

New claims can be saved and then submitted at a later date. [New Claim](#)

[Submitted Claims](#) [Draft Claims](#)

Single-click on a column heading to sort the list in ascending order.

Displaying 1 claim

Trust	Name	Attorney	Alleged	Option	Originator	
EPI	Tester, Larry (**-**-9999)	Attorney, Test	MES	IRC	ehelp@cpf-inc.com	Edit Delete

Click  to view additional detail for the claim: **Firm, Attorney, PR, Date of Birth and Received date.**

If a claim is in **Draft** status, you may **Edit** or **Delete** the claim. Once a claim has been submitted, changes can be made as long as the claim is in "Claim Received – Not Reviewed" status. Once a claim has been reviewed, changes to the claim need to be emailed, mailed, or faxed to the CPF.

Claim Status Descriptions

Description of Claim Status Selections

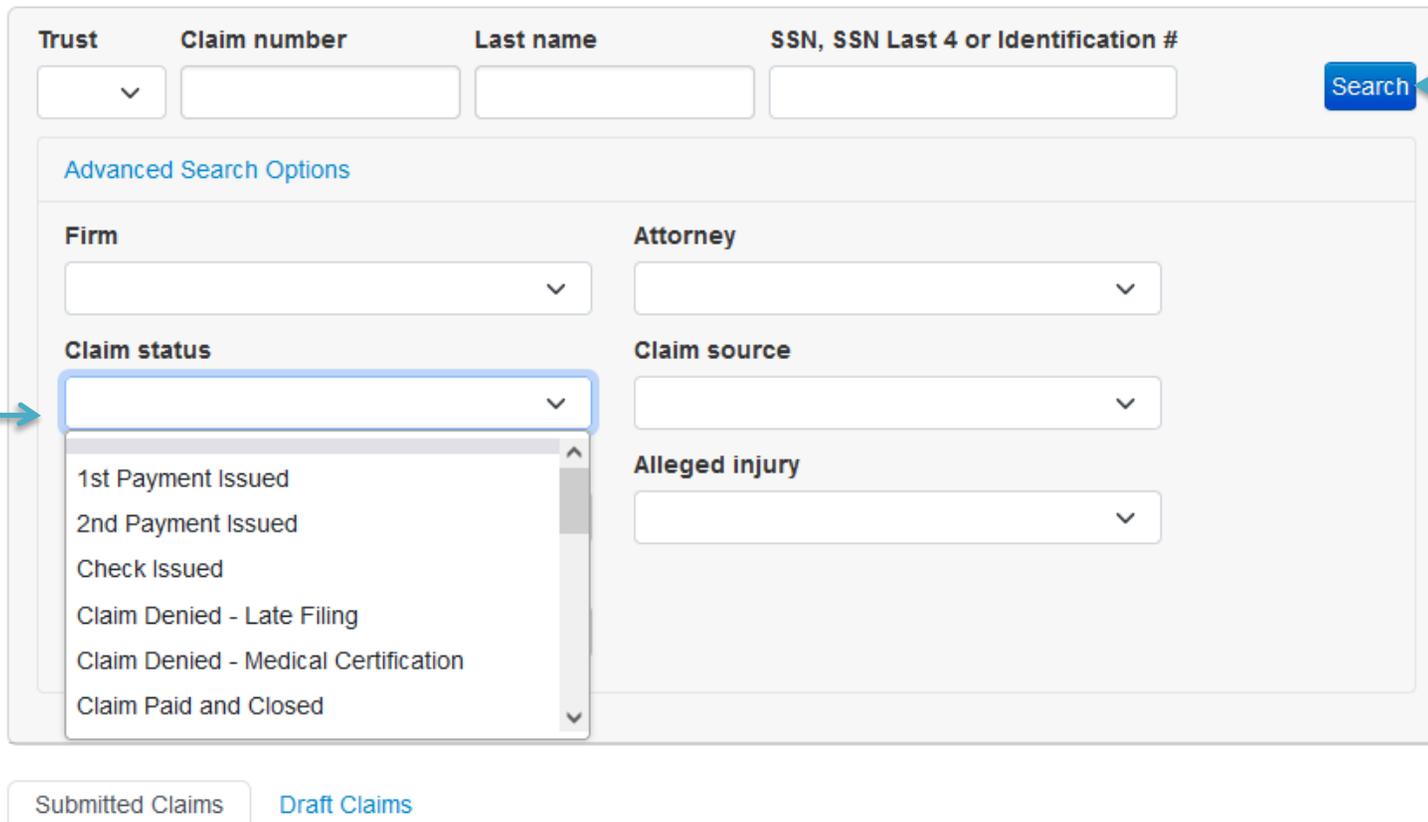
- **Draft** – Claims that have not yet been submitted. These claims can be edited. Draft claims are available in the draft claim tab and not show in the claim status dropdown in the advanced search options.
- **1st Payment Issued** – Claims that have had the 1st payment issued.
- **2nd Payment Issued** – Claims that have had the 2nd payment issued.
- **Check Issued** – Claim for which a check has been issued.
- **Claim Deficient** – Claim has been reviewed and is deficient.
- **Claim Denied – Late Filing** – This claim will remain time-barred until a response is received and reviewed by CPF.
- **Claim Denied – Medical Certification** – The Trust was not able to verify the physical board certification or any Joint Commission accreditation.
- **Claim Paid and Closed** – Claim has no more payments and is closed.
- **Claim Received – Not Reviewed** – Claims that have been submitted and are waiting to be processed. You may edit claims in the state. (Note: SSN, Injured Last Name, and DOB cannot be changed.)
- **Claim Withdrawn** – Claim has been withdrawn by firm.
- **Deferred Claim** – Claim has been deferred. (Bondex, Keene, and UGL only)
- **Deficient Claims Disallowed** – Claim has been deemed deficient and was disallowed (UNR only).

- **Duplicate Inactive** – Claim is duplicate and marked inactive (UNR only).
- **Final Review Deficiency** – Claim has received a Final Deficiency. No response to the Final Deficiency has been received.
- **In Review Process** – Claim is currently in review process.
- **Intake Deficiency** – Claim has NOT been reviewed and is deficient (applies only to Keene and Raytech).
- **Offer Issued** – Claim has had an offer issued.
- **Offer Pending** – Claim has offer scheduled to be issued.
- **Release Returned** – Claim offer has been signed by firm, returned to, and approved by CPF.
- **Review Deficiency** – Claim has received a Review Deficiency. No response to the Review Deficiency has been received.
- **Second Review Deficiency** – Claim has received a Second Review Deficiency. No response to the Second Review Deficiency has been received.

Curing Deficiencies

To cure your claim, search for claims with deficiencies. Select the **Advanced Search Options** and select the disallowance type in the **Claim Status** dropdown. Next, choose Initial, Second, or Final Disallowance. Click the **Search** button to display the results. You also have the option to search for one claim by typing the claim number in the **Claim Number** search criteria.

Manage Claims



Trust	Claim number	Last name	SSN, SSN Last 4 or Identification #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Advanced Search Options

Firm <input type="text"/>	Attorney <input type="text"/>
Claim status <input type="text"/>	Claim source <input type="text"/>
Alleged injury <input type="text"/>	

Submitted Claims [Draft Claims](#)

After your results are displayed, click the **Show** button corresponding to the claim with deficiencies you wish to cure.

Manage Claims

Trust	Claim number	Last name	SSN, SSN Last 4 or Identification #	Search
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search"/>
Advanced Search Options				
Firm	Attorney			
<input type="text"/>	<input type="text"/>			
Claim status	Claim source			
<input type="text" value="Claim Received - Not Reviewed"/>	<input type="text"/>			
Process option	Alleged injury			
<input type="text"/>	<input type="text"/>			
Law firm reference				
<input type="text"/>				

New claims can be saved and then submitted at a later date.

Displaying 1 claim

Trust	Name	Claim #	Attorney	Status	Alleged	Option	
EPI	Doe, John (***-**-6789)	801544	Attorney, Test	Claim Received - Not Reviewed	MES	IRC	Show

The screen will display information for the claim along with options in the right-hand navigation pane.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: EPI
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/01/1901
Injured Party SSN/ID: ***-**-9999

QUESTIONS ABOUT THIS CLAIM?
[Contact CPF](#)
[View Help Section](#)
[View Job Site Listings](#)
 CLAIM OPTIONS
[View/Print Original Claim](#)
[View/Print Current Claim](#)
[View/Print Fax & Mail Coversheet](#)
[Send Claim Instructions](#)
[Cure this claim](#)
[Withdraw Claim](#)
 DOCUMENTS

Click **Cure this claim** to begin the process of curing the deficiencies.

Claim Status:

Claim Source: eFile
Current Option: IRC
Current Status: Initial Disallowance
Response Deadline: 11/18/2015
Instructions: This claim has been disallowed due to the specific items listed below. A notification of the claim disallowance is either pending or has been mailed. This claim will remain in this status until a response is received by the CPF. If a response is not received by the deadline indicated above, this claim will be withdrawn. To respond to this disallowance, please follow the instructions listed in your disallowance notification. The next step in the process will be evaluation of the response.

You may also choose one of the other options to **View/Print Fax & Mail Coversheet, Send Claim Instructions** or **Withdraw** the claim

Submitted Documents:

Submitted Documents:

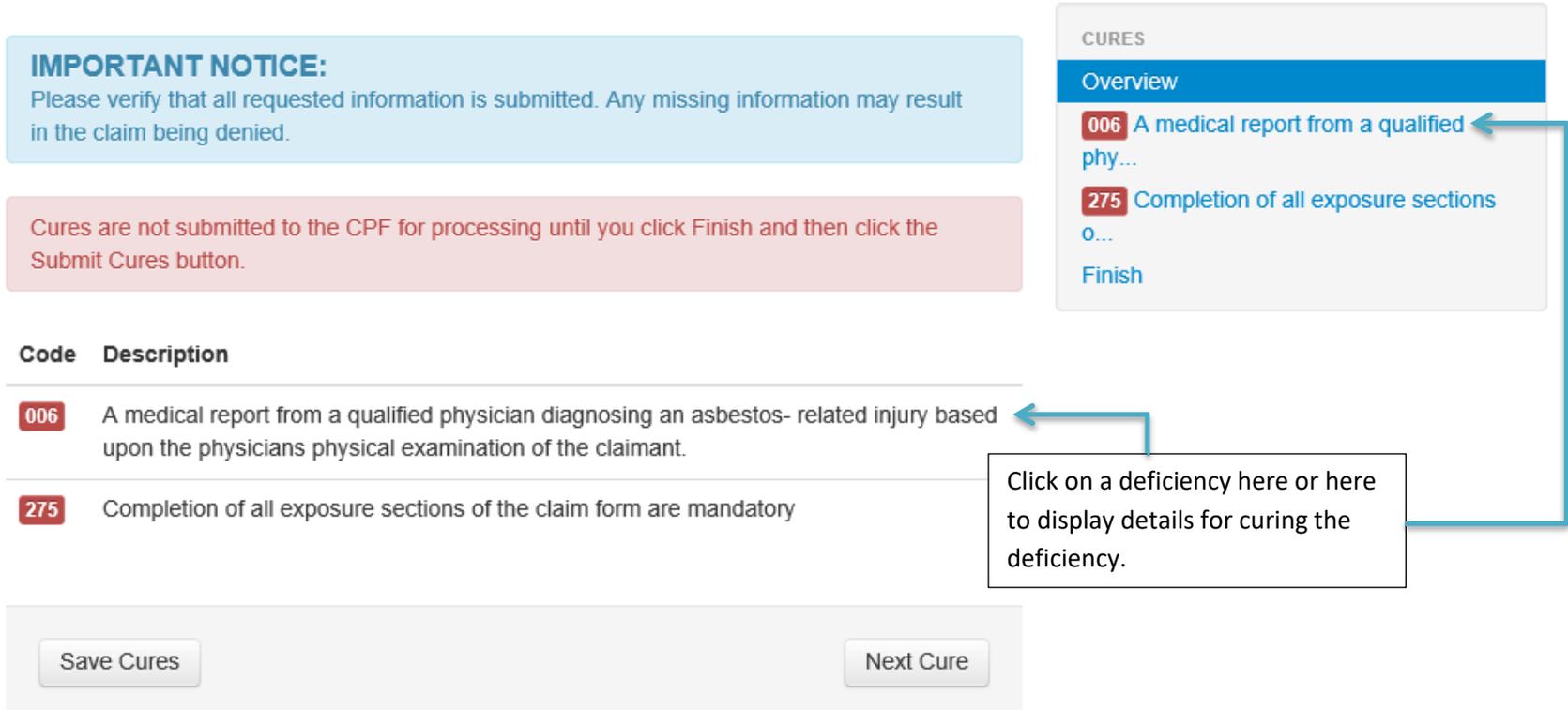
Originally Submitted Claim: claim.html

Deficiencies:

Code	Description
007	Date of Diagnosis
008	A pathology report with findings clearly diagnosing mesothelioma

List of deficiencies

After selecting **Cure this claim**, this screen will appear. In this example, the claim has four deficiencies listed on the left portion of the screen. The right-hand navigation also lists a link for each of the deficiencies.



IMPORTANT NOTICE:
Please verify that all requested information is submitted. Any missing information may result in the claim being denied.

Cures are not submitted to the CPF for processing until you click Finish and then click the Submit Cures button.

Code	Description
006	A medical report from a qualified physician diagnosing an asbestos- related injury based upon the physicians physical examination of the claimant.
275	Completion of all exposure sections of the claim form are mandatory

CURES
Overview
006 A medical report from a qualified phy...
275 Completion of all exposure sections o...
Finish

Click on a deficiency here or here to display details for curing the deficiency.

Save Cures Next Cure

After selecting a deficiency, details for curing the deficiency will appear. This is an example of an Exposure cure. You can **Add Exposure** information, **attach documents** or provide a **reason** why required information was not provided.

Eagle-Picher Individualized Review (IRC) Claim

018 Beginning and ending dates (including months) of exposure at each specific job site.

Please provide the time period employed at each specific job site. The Trust requires no less than 12 months of acceptable exposure unless the Claimant was diagnosed with mesothelioma. This 12-month rule does not require that Claimant be employed at each site for 12 months or that the exposure is for 12 consecutive months, but that the overall time of valid EPI exposure equals no less than 12 months. However, if the claim is unclear as to the amount of time at a site (i.e., the claim form says exposure occurred from 1964-1964 or intermittently between 1960-1990), the Trust will not assume the employment was for 12 months or that the years of exposure were during the years when EPI manufactured asbestos containing products. The burden of proof for establishing the time period and duration at each site lies with the claimant.

CURES

- Overview
- 001 Injured party's Death Certificate is ...**
- 018 Beginning and ending dates (including ...)**
- 008 Asbestos Related Malignant Injury
- Finish

Exposure

• Please supply requested exposure information

Add Exposure

Click **Add Exposure** to enter exposure information in the screen that appears (see following pages).

Documents

• Please attach requested document(s)

Attach Documents

Click **Attach Documents** to upload. (See following pages.)

Reason

• If applicable, please supply the reason required information was not provided

Provide comments if needed.

Secondary Exposure

• Please supply information about exposure to occupationally exposed person

Add Exposure

Click **Add Exposure** to add **bystander** Exposure information. (See following pages.)

Save Cures Next Cure

Click **Save Cures** to continue cure process later, or **Next Cure** to move on to the next cure.

Exposure

Use the scroll bar to add additional exposure details.

Occupational Exposure Incident

Exposure Dates:

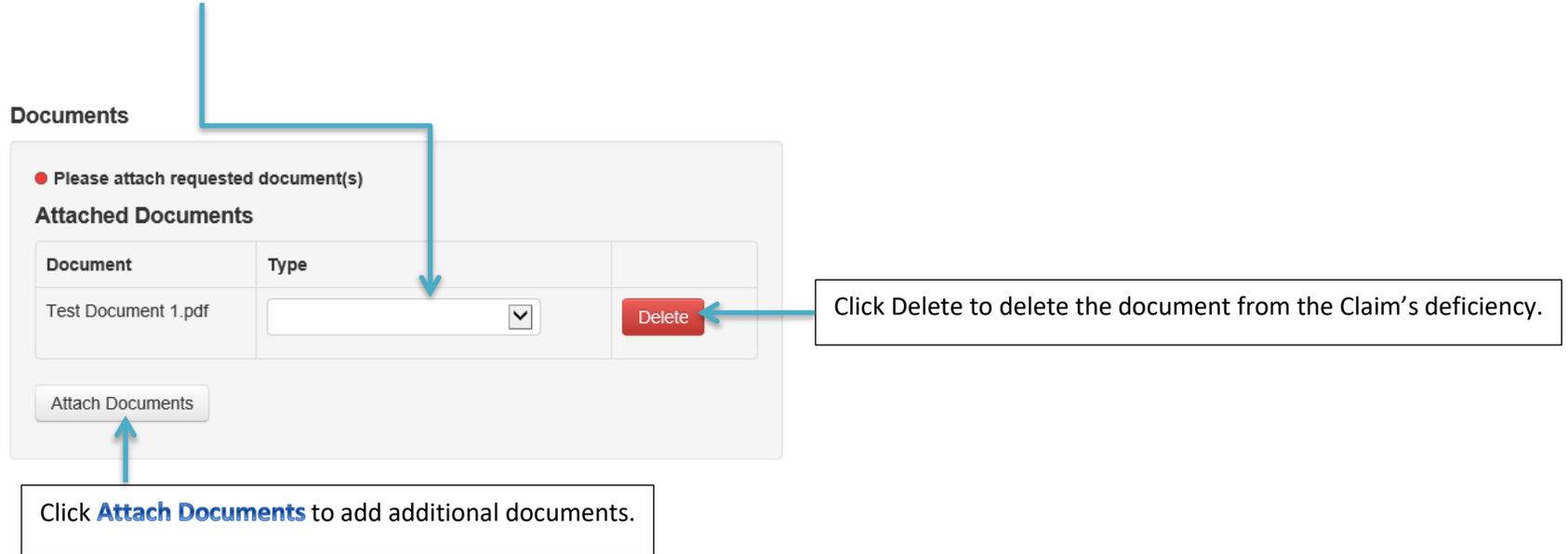
- **Begin Date (mm/dd/yyyy)**
- **End Date (mm/dd/yyyy)**
- **Occupation**
- **Industry in which Exposure Occurred**
- **Employer**
- **Plant or Site Name**
- **Country**

Done

Click **X** to **cancel** the entry. Or click **Done** to **save** the exposure details.

Attach Documents

After clicking **Attach Documents** and selecting the document for upload, the Documents section will reflect the name of your document. Use the **Type** drop-down arrow to identify the type of document.



Documents

● Please attach requested document(s)

Attached Documents

Document	Type	
Test Document 1.pdf	<input type="text"/>	Delete

Attach Documents

Click **Attach Documents** to add additional documents.

Click Delete to delete the document from the Claim's deficiency.

Bystander Exposure

Use the scroll bar to add additional exposure details.

Bystander Exposure Form

Injured Party's Exposure to Occupationally Exposed Person:

Exposure Dates to Other Person:

- Begin Date (mm/dd/yyyy)
- End Date (mm/dd/yyyy)
- Relationship to Occupationally Exposed Individual:
- Describe How Injured Party was Exposed to Keene Product through the Other Person

Name of Occupationally Exposed Person:

- First name
- MI
- Last name

Exposure Dates:

Done

Click **X** to **cancel** the entry. Or click **Done** to **save** the exposure details.

Once a deficiency has been addressed, the number will turn **green**. Once all the deficiencies have been addressed, click **Finish** to complete the cure process.

276 EPI asbestos-containing products or materials is required.

The Eagle-Picher Trust Claim Form must list all of the asbestos-containing products or materials to which the Injured Party is alleging exposure.

Detail

● **Please enter requested information**

Required information

CURES

Overview

006 A medical report from a qualified phy...

275 Completion of all exposure sections

0...

276 EPI asbestos-containing products or m...

Finish

Once you have clicked **Finish** you will be reminded to verify that all requested information was provided and given the opportunity to **Save Cures** or proceed to **Submit Cures**.

IMPORTANT NOTICE:

Please verify that all requested information is submitted. Any missing information may result in the claim being denied.

Cures are not submitted to the CPF for processing until you click Finish and then click the Submit Cures button.

Save Cures

Submit Cures

CURES

Overview

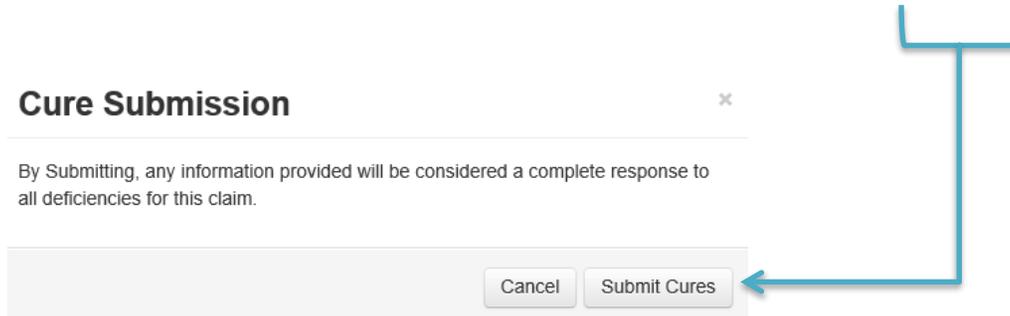
006 A medical report from a qualified phy...

275 Completion of all exposure sections

0...

Finish

If you clicked **Submit Cures** on the previous screen, you will be prompted to **Cancel** or **Submit Cures** one final time.



Note that **Submit Cures is considered a complete response to all deficiencies for the claim.**

If you click **Cancel**, you will be given the opportunity to **Save Cures** for later submission.

After you click **Submit Cures**, the screen will display claim information with a message and the cure date.

Claim Information:

e-File Number: E 0000000
 Filing Date: 08/11/2015
 Claim Number: 000000
 Trust: EPI
 Filing Firm: CPF Test Firm
 Filing Attorney: Attorney, Test
 Injured Party: Tester, Larry
 Date of birth: 01/01/1901
 Injured Party SSN/ID: ***-**-9999

QUESTIONS ABOUT THIS CLAIM?

- [Contact CPF](#)
- [View Help Section](#)
- [View Job Site Listings](#)

CLAIM OPTIONS

- [View/Print Original Claim](#)
- [View/Print Current Claim](#)
- [View/Print Fax & Mail Coversheet](#)
- [Send Claim Instructions](#)
- [Withdraw Claim](#)

DOCUMENTS

Claim Status:

Claim Source: eFile
 Current Option: IRC
 Current Status: Initial Disallowance
 Response Deadline: 10/09/2015
 Instructions: This claim has been disallowed due to the specific items listed below. A notification of the claim disallowance is either pending or has been mailed. This claim will remain in this status until a response is received by the CPF. If a response is not received by the deadline indicated above, this claim will be withdrawn. To respond to this disallowance, please follow the instructions listed in your disallowance notification. The next step in the process will be evaluation of the response.

Submitted Documents:

Show Documents

Submitted Documents:

Originally Submitted Claim: claim.html

Deficiency cures were submitted on: 08/11/2015

Deficiencies:

Code	Description
001	Injured party's Death Certificate is required.
048	Beginning and ending dates (including months) of exposure at each specific job site.
088	Asbestos Related Malignant Injury

Releases

Searching for a Release

To View or Download your Releases online, enter the **Manage Claims** screen.

Search for **Offer Issued** located under **Claim Status**, or search for a particular **Claim Number**.

When your results are displayed, click the **Show** button to continue.

Manage Claims

Trust	Claim number	Last name	SSN, SSN Last 4 or Identification #	Search
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Advanced Search Options				
Firm	Attorney			
<input type="text"/>	<input type="text"/>			
Claim status	Claim source			
Offer Issued	<input type="text"/>			
Process option	Alleged injury			
<input type="text"/>	<input type="text"/>			
Law firm reference				
<input type="text"/>				

New claims can be saved and then submitted at a later date.

[New Claim](#)

Submitted Claims [Draft Claims](#)

Displaying 1 claim [Export Results](#)

Trust	Name	Claim #	Attorney	Status	Alleged	Option	
EPI	Doe, John (**-**-6789)	801544	Attorney, Test	Offer Issued	MES	IRC	Show

This screen provides a basic summary of the Release that was issued for the claim. Click the **Show** button to **View** or **Download** the Release.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: EPI
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/01/1901
Injured Party SSN/ID: ***-**-9999

Claim Status:

Claim Source: eFile
Current Option: DCP
Current Status: Offer Issued
Instructions: An offer has been issued for this claim and is currently outstanding. The release will be approved if it is properly executed and received by the CPF within the applicable deadline. Additional supporting documentation may be submitted via mail or fax.

Submitted Documents:

Show Documents

Releases:

Amount	Release Date	
\$0,000.00	05/28/2015	Show

QUESTIONS ABOUT THIS CLAIM?

- [Contact CPF](#)
- [View Help Section](#)
- [View Job Site Listings](#)

CLAIM OPTIONS

- [View/Print Original Claim](#)
- [View/Print Current Claim](#)
- [View/Print Fax & Mail Coversheet](#)
- [Send Claim Instructions](#)
- [Edit this claim](#)
- [Withdraw Claim](#)

DOCUMENTS

[Attach Documents](#)

A more detailed description of the Release is found on the Release Review Screen. You have the ability to select the **Payment Option** (depending on Trust) and **View** or **Download** the release. The following pages provide information on how to perform these actions.

Release Summary

Gross EPI Settlement Value (GSV)	\$000,000.00
Current Payment Percentage	00.000% *
Current Liquidation Value (CLV)	\$00,000.00
One Payment Plan	
70% of CLV	\$00,000.00
Two Payment Plan	
First Payment (50%)	\$00,000.00
Second and Final Payment	<small>Payable within two years after the date of the first payment listed above. The amount will be subject to recalculation as outlined in the release.</small>
Release Date	05/28/2015
Payment Option	One Payment Plan <input type="button" value="v"/>

If applicable click this dropdown to select your **Payment Option.**

Claim Information

Injured Name:	Tester, Larry
Injured Party SSN/ID:	***-**-9999
Injured Date of Death:	
Claimant Name:	
Claimant Relationship to Injured:	
Trust:	EPI

Release Acceptance Disclaimer

By clicking the "I AGREE" box below the user understands that in order for the settlement to be processed and a settlement check issued, Claimant's Counsel of Record, or his/her designee, must return to the CPF either an original executed release or a PDF file containing an executed Release that is identical to the Release generated in connection with this claim and has not been changed or interlineated in any way.

* Additionally, the payment percentage is subject to change by the Board of Trustees.

I AGREE

Accepting a Release

On the bottom of the Release Review screen, the **Release Acceptance Disclaimer** is displayed. Be sure to read through this before selecting **I AGREE**. If you want to view or download a copy of this release, click the box to place a checkmark inside the **I AGREE** box, then click on **View Release**.

Release Acceptance Disclaimer

By clicking the "I AGREE" box below the user understands that in order for the settlement to be processed and a settlement check issued, Claimant's Counsel of Record, or his/her designee, must return to the CPF either an original executed release or a PDF file containing an executed Release that is identical to the Release generated in connection with this claim and has not been changed or interlineated in any way.

* Additionally, the payment percentage is subject to change by the Board of Trustees.

I AGREE

View Release

Viewing/Downloading a Release

Claim Information

Injured Name: Tester, Larry
Injured Party SSN/ID: ***-**-9999
Injured Date of Death:
Claimant Name:
Claimant Relationship to Injured:
Trust: EPI

Release Acceptance Disclaimer

By clicking the "I AGREE" box below the user understands that in order for the settlement to be processed and a settlement check issued, Claimant's Counsel of Record, or his/her designee, must return to the CPF either an original executed release or a PDF file containing an executed Release that is identical to the Release generated in connection with this claim and has not been changed or interlineated in any way.

* Additionally, the payment percentage is subject to change by the Board of Trustees.

I AGREE

[View Release](#)

[Back](#)

Clicking on **View Release** will display the release. Depending on your internet browser settings it may just auto download or open the window below, allowing you to view/print your Online Release in *.PDF format, or download and save it to your computer.

Do you want to open or save **release.pdf** (113 KB) from **efile.cpf-inc.com**?

Open

Save

Cancel

x

Note: A copy of this release must be signed and returned to the CPF (by way of Mail, Fax, Attach Documents button in e-File, or Email) for payment within the applicable deadline.

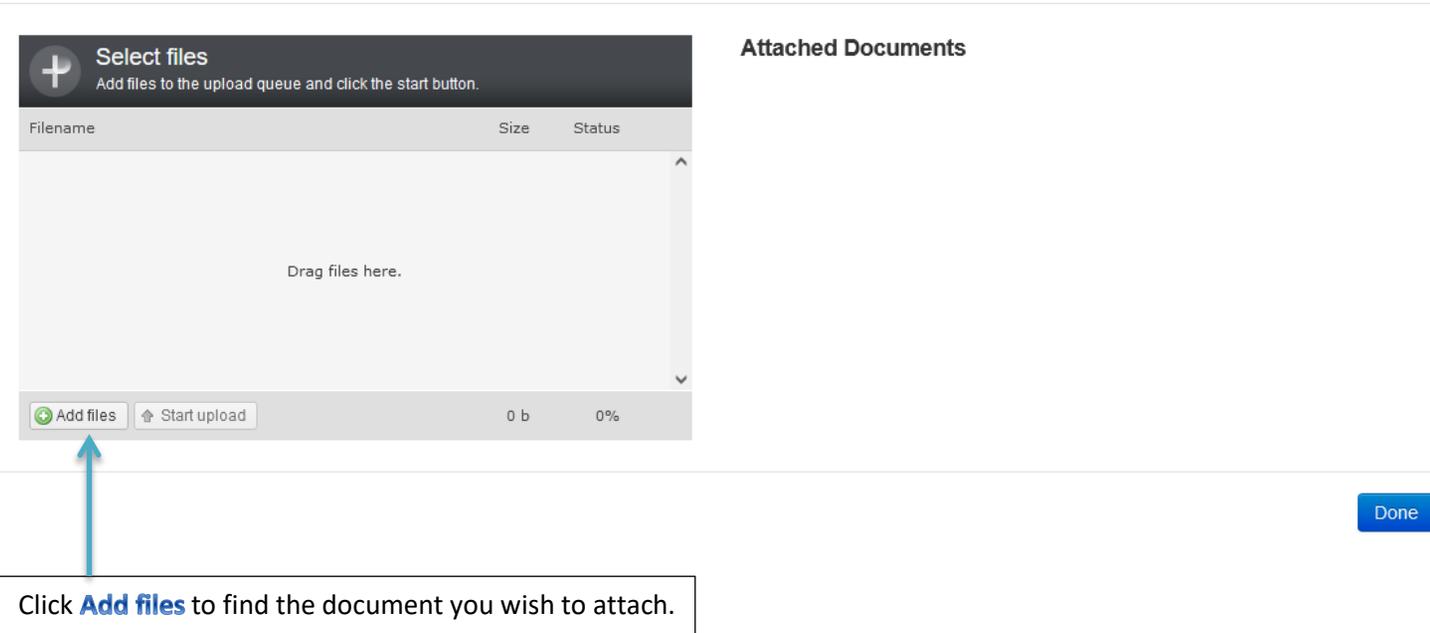
Uploading a Signed Release (Includes Send Claim Instructions)

To attach your release click **Attach Documents**.

Note: Currently, CPF only accepts files in the Tiff and PDF formats (.tiff, *.tif, *.pdf)*

After selecting Attach, the following window will pop up on screen. Attach your release from this window.

Documents



Select files
Add files to the upload queue and click the start button.

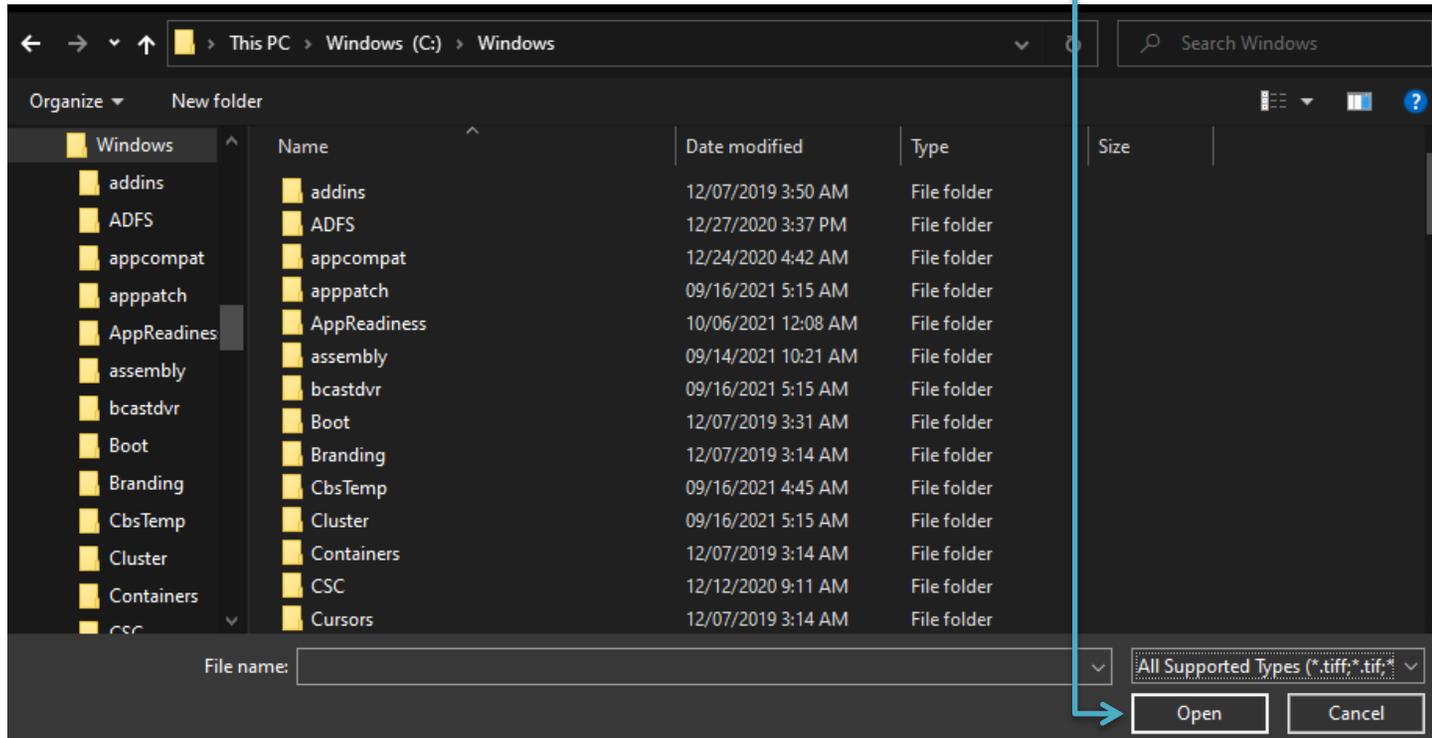
Filename	Size	Status
Drag files here.		

0 b 0%

Attached Documents

Click **Add files** to find the document you wish to attach.

Navigate to the appropriate directory, select the file you would like to attach, and click **Open**.



Note: Maximum size of a single document that can be uploaded is 15mb

The document(s) you selected in the previous screen will be added to the window below.

Documents

Select files
Add files to the upload queue and click the start button.

Filename	Size	Status
TEST.pdf	82 KB	0% 

Attached Documents

The Red circle indicates the file has not yet been uploaded.

Click on **Start upload** to upload the documents listed in the upload queue.

Done

Documents

Select files
Add files to the upload queue and click the start button.

Filename	Size	Status
Signed Release.pdf	311 KB	100%

Attached Documents

Name: Signed Release.pdf

Document type

Release Information

Create Attachment

The green circle indicates that the file successfully uploaded.

Once the file(s) have successfully uploaded, select the **Release Information document type** for the uploaded document. Alternatively, click the red **X** to delete the document from the claim.

Click **Create Attachment** when finished.

Note: Until you select the document type from the drop down and click create attachment, your file is not attached to the claim. Once you have clicked submit, the release will be attached to the claim. As long as you selected “release information” as the document type, a claim instruction will be sent automatically to the Release Administrator alerting them to the attachment. This notification to the Release Administrator occurs once daily for all releases submitted the prior business day.

Once you have clicked create attachment you will be redirected back to the manage claim screen with a message stating your documents have been queued for processing. You can verify the release has attached to the claim properly by looking for the name in the Submitted Documents section of that page.

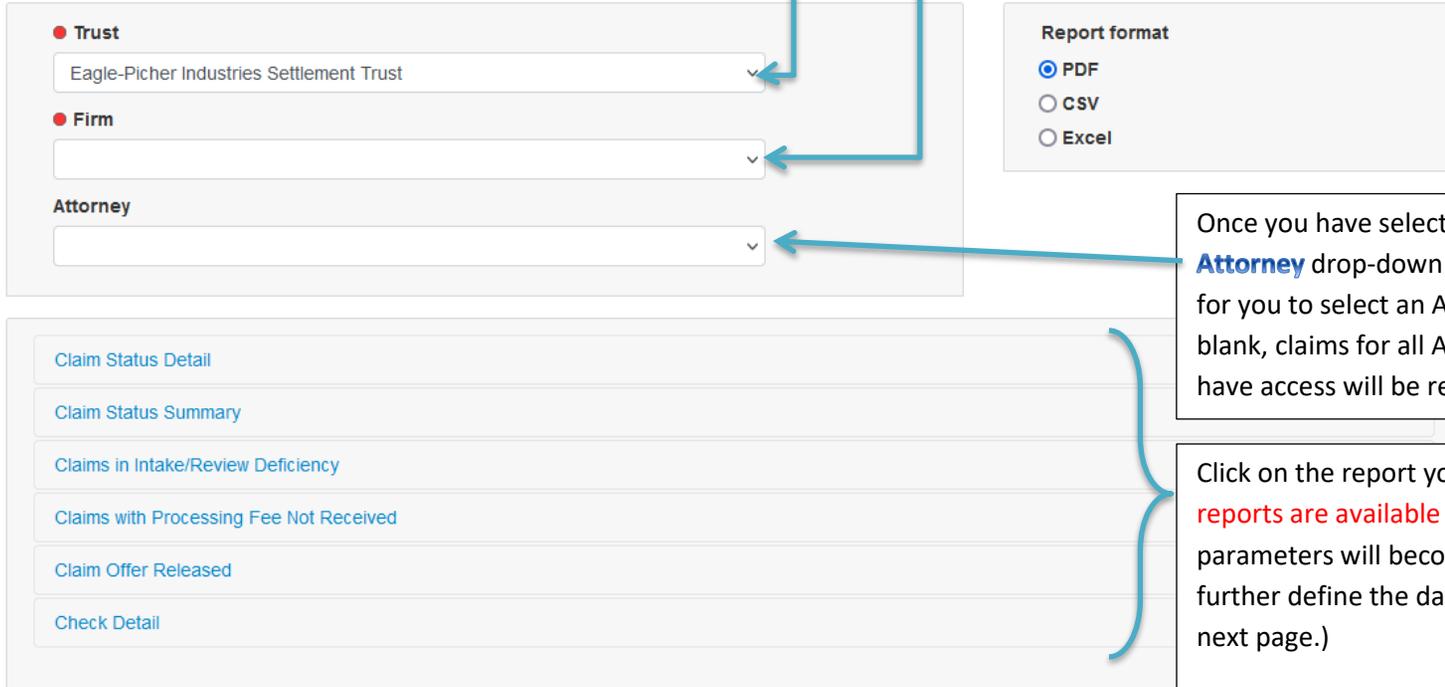
Submitted Documents:

Originally Submitted Claim:	claim.html
Release Information:	Signed Release.pdf

Running Claim Reports

To run a Claim Report, Click on **Reports** in the Menu, then select the **Trust** and **Firm** from the Report drop-down list. Sections available will depend on trust selected.

Reports



The screenshot shows the 'Reports' section of a web application. It features three dropdown menus for selection: 'Trust' (currently showing 'Eagle-Picher Industries Settlement Trust'), 'Firm', and 'Attorney'. To the right, there is a 'Report format' section with radio buttons for 'PDF' (selected), 'CSV', and 'Excel'. Below these are several report options: 'Claim Status Detail', 'Claim Status Summary', 'Claims in Intake/Review Deficiency', 'Claims with Processing Fee Not Received', 'Claim Offer Released', and 'Check Detail'. Blue arrows point from the text above to the 'Trust' and 'Firm' dropdowns, and another arrow points to the 'Attorney' dropdown. A callout box explains that the 'Attorney' dropdown becomes active after selecting a 'Trust' and 'Firm'. Another callout box explains that not all reports are available for all trusts and that additional parameters will be visible for some reports.

Once you have selected a **Trust** and **Firm**, the **Attorney** drop-down list will become active for you to select an Attorney if desired. If left blank, claims for all Attorneys for which you have access will be reported.

Click on the report you wish to run. **Not all reports are available for all trusts.** Additional parameters will become visible for you to further define the data to be reported. (See next page.)

Use the drop-down list to provide the **Status Code** parameter information and click **Run Report**. If a required report parameter is not provided, an error message will be displayed when you click **Run Report**.

The screenshot shows a web interface for generating reports. At the top, there is a red error banner that reads "1 error prohibited production of this report:" with a close button (X) in the top right corner. Below the banner, there are three main sections: "Trust", "Firm", and "Attorney", each with a dropdown menu. The "Trust" dropdown is currently set to "Eagle-Picher Industries Settlement Trust". The "Firm" dropdown is empty and has a red border with the text "can't be blank" below it. The "Attorney" dropdown is also empty. To the right of these fields is a "Report format" section with three radio buttons: "PDF" (selected), "CSV", and "Excel". A callout box with an arrow points to the "CSV" option, containing the text "Select the format for your report." Below these fields is a "Claim Status Detail" section with a "Status code" dropdown menu and a "Run Report" button. A large blue L-shaped arrow highlights the "Status code" dropdown and the "Run Report" button. At the bottom of the page, there are several navigation links: "Claim Status Summary", "Claims in Intake/Review Deficiency", "Claims with Processing Fee Not Received", "Claim Offer Released", and "Check Detail".

The **Claim Status Summary** report does not require additional parameters. Click **Run Report** to generate the report.

Reports

Trust
Eagle-Picher Industries Settlement Trust

Firm
CPF Test Firm

Attorney

Report format
 PDF
 CSV
 Excel

Select the format for your report.

Claim Status Detail

Claim Status Summary

Run Report

Claims in Intake/Review Deficiency

Claims with Processing Fee Not Received

Claim Offer Released

Check Detail

To run the **Claims in Deficiency** Report, click to select **Deficiency status**, enter a **Mailed Date** (date of letter), if desired, and click **Run Report**. Sections available will depend on trust selected.

Reports

Trust

Eagle-Picher Industries Settlement Trust

Firm

CPF Test Firm

Attorney

Report format

PDF

CSV

Excel

Claim Status Detail

Claim Status Summary

Claims in Intake/Review Deficiency

Deficiency report

Review Deficiency Second Review Deficiency Final Review Deficiency

Mailed Date (optional)

Run Reports

Claims with Processing Fee Not Received

Claim Offer Released

Check Detail

Select the format for your report.

Not all types of this report are available for all trusts.

The **Claims with Processing Fee Not Received** report does not require additional parameters. Click **Run Report** to generate the report. (Note this report is only available in Excel.)

Reports

Trust
Eagle-Picher Industries Settlement Trust

Firm
CPF Test Firm

Attorney

Report format

PDF
 CSV
 Excel

[Claim Status Detail](#)

[Claim Status Summary](#)

[Claims in Intake/Review Deficiency](#)

[Claims with Processing Fee Not Received](#)

Note: Reports in this section are available as Excel only.

Processing Fee Not Received

[Claim Offer Released](#)

[Check Detail](#)

This report is only available to trusts that have processing fees.

To run the **Claim Offer Released** Report, use the drop-down list to select a **Claim Option**, enter a **Mailed Date** (if desired), and click **Run Report**.

Reports

Trust
Eagle-Picher Industries Settlement Trust

Firm
CPF Test Firm

Attorney

Report format
 PDF
 CSV

Select the format for your report.

Claim Status Detail

Claim Status Summary

Claims in Intake/Review Deficiency

Claims with Processing Fee Not Received

Claim Offer Released

Select claim option: [dropdown] Mailed Date (optional): [text box]

Run Report

Check Detail

To run the **Check Detail** Report, enter a **Check date** or **Check number** and click **Run Report**.

Reports

Trust
Eagle-Picher Industries Settlement Trust

Firm
CPF Test Firm

Attorney

Report format
 PDF
 CSV
 Excel

Select the format for your report.

Claim Status Detail
Claim Status Summary
Claims in Intake/Review Deficiency
Claims with Processing Fee Not Received
Claim Offer Released
Check Detail

Check date **Check number**

Run Report

View/Print Original Claim

If a claim has been submitted, you can [View/Print Original Claim](#) information. By selecting [View/Print Original Claim](#), a window will pop up displaying a summary of the information **as originally filed** for that specific claim (see following pages). This feature is limited to claims filed online. If you wish to see information on a paper filed claim, please contact the CPF.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: EPI
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/01/1901
Injured Party SSN/ID: ***-**-9999

QUESTIONS ABOUT THIS CLAIM?

[Contact CPF](#)
[View Help Section](#)
[View Job Site Listings](#)

CLAIM OPTIONS

[View/Print Original Claim](#)
[View/Print Current Claim](#)
[View/Print Fax & Mail Coversheet](#)
[Send Claim Instructions](#)

DOCUMENTS

Claim Status:

Claim Source: eFile
Current Option: DCP
Current Status: Claim Paid and Closed
Instructions: This claim is considered paid and closed.

Submitted Documents:

Show Documents

Submitted Documents:

Originally Submitted Claim: claim.html

Releases:

Amount	Release Date	
\$000.00	02/26/2015	Show

If a claim is listed in **Claim Received – Not Reviewed** Status or in **Offer Issued** Status, you can attach additional documents. Otherwise, the [Attach Documents](#) button will not appear on screen (as is the case in this example).



View Claim image:

Trust: Eagle-Picher Industries Settlement Trust
Claim number: 000000
Submission Date: 12/22/2014 01:42:12 PM Central Standard Time

Review Claim :

[Part 1 - Injured Party Information](#)

Claim option: IRC

Injured Party Information :

Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
First name: Larry
Last name: Tester
Date of birth: 01/01/1901
Country: UNITED STATES
SSN: ***-**-9999
Gender: M
Deceased: No

Representative Information :

Does the injured party have a personal representative other than, or in addition to, his/her attorney?: No

[Part 2 - Dependents and Beneficiaries](#)

Dependents & Beneficiaries:

Has dependents: No

[Part 3 - Diagnosed Asbestos Related Injuries](#)

Alleged Diagnosis :

Alleged injury code: MES
Alleged diagnosis date: 11/06/2012

Part 4 - Exposure

Occupational Exposure :

Begin date: 01/1973
End date: 12/1974
Occupation: Millwright
Duty description: set up, calibrated, and maintained turbines and ancillary equipment.
Industry: Utilities
How why used: Eagle-Picher Spray-Mastic Coating was used to insulate and assist with the adhesion of block insulation on the pipes
Country: UNITED STATES
City: Kansas City
State: MO
Name of products: Spray-Mastic Coating
Description of exposure: The spray application and wear of the product created visible dust and debris.

Exposure Incident To Occupationally Exposed Person :

Exp begin date: 01/1973
Exp end date: 12/1974
Relationship: Child
How exposed: Claimant resided with his father during this time period.
Begin date: 01/1973
End date: 12/1974
Occupation: Millwright
Duty description: set up, calibrated, and maintained turbines and other ancillary, power-generating equipment. t.
Country: UNITED STATES
City: Kansas City
State: MO
Name of products: Eagle-Picher Spray-Mastic Coating
Description of exposure: The spray application and wear of the product created visible dust and debris.

Part 5 - Smoking/Tobacco History

Smoking/Tobacco History :

Has the injured party ever smoked tobacco?: No

Part 6 - Asbestos Litigation/Jurisdiction

Asbestos Litigation/Jurisdiction :

Has an asbestos-related lawsuit ever been filed on behalf of the injured party? If no lawsuit is on file, jurisdiction is the State/Province the injured party is or was domiciled.: Yes
Lawsuit country: UNITED STATES
Lawsuit state: IL
Lawsuit court: 3rd Judicial Circuit, Madison Co
Lawsuit date: 04/2013

Part 7 - Employment Information

Employment Information :

Employment Status: DISABLED

View/Print Current Claim

If a claim has been submitted, and you have made changes since submitting, you can [View/Print Current Claim](#) information. By selecting [View/Print Current Claim](#), a window will pop up displaying a summary of the information **as it currently exists** for that specific claim. This feature is limited to claims filed online. If you wish to see information on a paper filed claim, please contact the CPF.

Claim Information:

e-File Number:	E 0000000
Filing Date:	08/11/2015
Claim Number:	000000
Trust:	EPI
Filing Firm:	CPF Test Firm
Filing Attorney:	Attorney, Test
Injured Party:	Tester, Larry
Date of birth:	01/01/1901
Injured Party SSN/ID:	***-**-9999

QUESTIONS ABOUT THIS CLAIM?

[Contact CPF](#)

[View Help Section](#)

[View Job Site Listings](#)

CLAIM OPTIONS

[View/Print Original Claim](#)

[View/Print Current Claim](#)

[View/Print Fax & Mail Coversheet](#)

[Send Claim Instructions](#)

DOCUMENTS

Claim Status:

Claim Source:	eFile
Current Option:	DCP
Current Status:	Claim Paid and Closed
Instructions:	This claim is considered paid and closed.

Submitted Documents:

[Show Documents](#)

Submitted Documents:

Originally Submitted Claim:	claim.html
------------------------------------	------------

Releases:

Amount	Release Date	
\$000.00	02/26/2015	Show

If a claim is listed in **Claim Received – Not Reviewed** Status or in **Offer Issued** Status, you can attach additional documents. Otherwise, the [Attach Documents](#) button will not appear on screen (as is the case in this example).

View/Print Fax and Mail Coversheet

Click the [View/Print Fax and Mail Coversheet](#) and it will display a form on screen that you can print to use as a coversheet when submitting additional information (see next page for example). The [View/Print Fax and Mail Coversheet](#) can be found when you view a claim that has been submitted, curing a deficiency, or viewing a release.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: EPI
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/01/1901
Injured Party SSN/ID: ***-**-9999

QUESTIONS ABOUT THIS CLAIM?

[Contact CPF](#)
[View Help Section](#)
[View Job Site Listings](#)

CLAIM OPTIONS

[View/Print Original Claim](#)
[View/Print Current Claim](#)
[View/Print Fax & Mail Coversheet](#)
[Send Claim Instructions](#)

DOCUMENTS

Claim Status:

Claim Source: eFile
Current Option: DCP
Current Status: Claim Paid and Closed
Instructions: This claim is considered paid and closed.

Submitted Documents:

Show Documents

Submitted Documents:

Originally Submitted Claim: claim.html

Releases:

Amount	Release Date	
\$000.00	02/26/2015	Show



← **Print** Use the **Print** button to print the coversheet.

e-File Fax and Mail Cover Sheet

Trust: EPI
Claim Number: 000000
Claim Submission Date: 08/11/2015
Injured Party: Tester, Larry
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
User ID: ehel@cpf-inc.com

CPF Reference Only
ID: E0000000

For Fax Submissions Send To: e-File Fax Server At 630-281-6800
For Mail Submissions Sent To: Attn: CPF e-File Submissions
East-West Corporate Center
1771 W. Diehl Road, Suite 220
Naperville, IL 60563

Print this page and use as cover sheet to fax or mail in additional supporting documentation for this claim

Send Claim Instructions

Click [Send Claim Instructions](#) and it will display a form on screen so you can include special instructions to the CPF for the claim.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: EPI
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/01/1901
Injured Party SSN/ID: ***-**-9999

QUESTIONS ABOUT THIS CLAIM?

- [Contact CPF](#)
 - [View Help Section](#)
 - [View Job Site Listings](#)
- CLAIM OPTIONS
- [View/Print Original Claim](#)
 - [View/Print Current Claim](#)
 - [View/Print Fax & Mail Coversheet](#)
 - [Send Claim Instructions](#)

DOCUMENTS

Claim Status:

Claim Source: eFile
Current Option: DCP
Current Status: Claim Paid and Closed
Instructions: This claim is considered paid and closed.

Submitted Documents:

Show Documents

Submitted Documents:

Originally Submitted Claim: claim.html

Releases:

Amount	Release Date	
\$000.00	02/26/2015	Show

Enter the instructions in the Information window, and click [Save Instructions](#) to send them to the CPF.

Claim Instructions



Information

[Save Instructions](#)

Withdraw Claim

Click on **Withdraw Claim** to withdraw it from processing. You will be prompted to confirm the withdrawal. If you confirm the withdrawal, the claim will be withdrawn and considered closed. You cannot reverse this action.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: KCT
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/08/1901
Injured Party SSN/ID: ***-**-9999

Claim Status:

Claim Source: eFile
Current Option: IR
Current Status: Claim Received - Not Reviewed
Instructions: This claim is pending review in the CPF claim processing system. At this time, you may attach additional supporting documentation to be included in the claim review process.

QUESTIONS ABOUT THIS CLAIM?

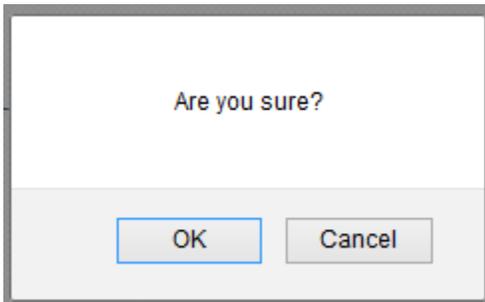
[Contact CPF](#)
[View Help Section](#)
[View Job Site Listings](#)

CLAIM OPTIONS

[View/Print Original Claim](#)
[View/Print Current Claim](#)
[View/Print Fax & Mail Coversheet](#)
[Send Claim Instructions](#)
[Edit this claim](#)
[Withdraw Claim](#)
[Defer](#)

DOCUMENTS

[Attach Documents](#)



Click ok, to **Withdraw** the claim. Click **Cancel** if you no longer wish to withdraw.

Defer a Claim

Certain Trusts support the ability to defer a claim. If a claim can be deferred a **Defer** button will display on the screen.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: KCT
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/08/1901
Injured Party SSN/ID: ***-**-9999

Claim Status:

Claim Source: eFile
Current Option: IR
Current Status: Claim Received - Not Reviewed
Instructions: This claim is pending review in the CPF claim processing system. At this time, you may attach additional supporting documentation to be included in the claim review process.

QUESTIONS ABOUT THIS CLAIM?

- [Contact CPF](#)
- [View Help Section](#)
- [View Job Site Listings](#)

CLAIM OPTIONS

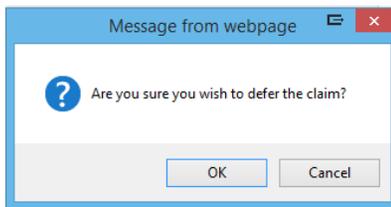
- [View/Print Original Claim](#)
- [View/Print Current Claim](#)
- [View/Print Fax & Mail Coversheet](#)
- [Send Claim Instructions](#)
- [Edit this claim](#)
- [Withdraw Claim](#)

Defer

DOCUMENTS

[Attach Documents](#)

Once the **Defer** button has been clicked e-File will confirm that you would like to defer the claim, as shown below.



Once a claim is deferred its status will show as deferred and will become a selectable search criterion on the manage claims screen.

Un-Defer a Claim

Certain Trusts support the ability to un-defer a claim. If a claim can be un-deferred an **Un-Defer** button will display on the screen.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: BDX
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/08/1901
Injured Party SSN/ID: ***-**-9999
FIFO Processing Queue Position: FIFO N/A

Claim Status:

Claim Source: eFile
Current Option: ER
Current Status: Defer Claim
Instructions: The claim has been deferred and can remain in this state for a period up to three years.

QUESTIONS ABOUT THIS CLAIM?

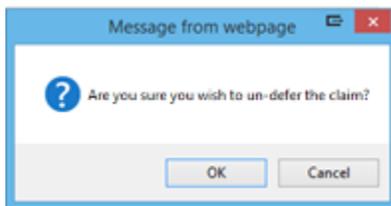
- Contact CPF
- View Help Section
- View Job Site Listings

CLAIM OPTIONS

- View/Print Original Claim
- View/Print Current Claim
- View/Print Fax & Mail Coversheet
- Send Claim Instructions
- Withdraw Claim
- Un-Defer** ←

DOCUMENTS

Once the **Un-Defer** button has been clicked e-File will confirm that you would like to un-defer the claim, as shown below.



Contacting the CPF

*East-West Corporate Center
1771 W. Diehl Road, Suite 220
Naperville, IL 60563*

Claims Processing Facility, Inc.

*Toll free: 888 CPFFILE (273-3345)
Local: 630-281-6600
Fax: 630-281-6800*

Home **Contact**

CPF e-File Contact Information

Claims Processing Facility, Inc.
East-West Corporate Center
1771 W. Diehl Road, Suite 220
Naperville, IL 60563
<https://www.cpf-inc.com>

Toll free: 888 CPFFILE (273-3345)
Local: 630-281-6600
Fax: 630-281-6800

Your contact information:

First name

Last name

Email

Organization

Telephone

If you have questions, comments or concerns regarding the e-File system or claims, click the **Contact** menu option. The following form will appear. Complete the form and click the **Submit** button.

Claim Processing Related Questions:

- Bondex Trust Claim Filings
- EPI Trust Alternate Dispute Resolution (ADR)
- EPI Trust Claim Filings
- Keene Trust Claim Filings
- Raytech Claim Filings
- UGL Trust Claim Filings

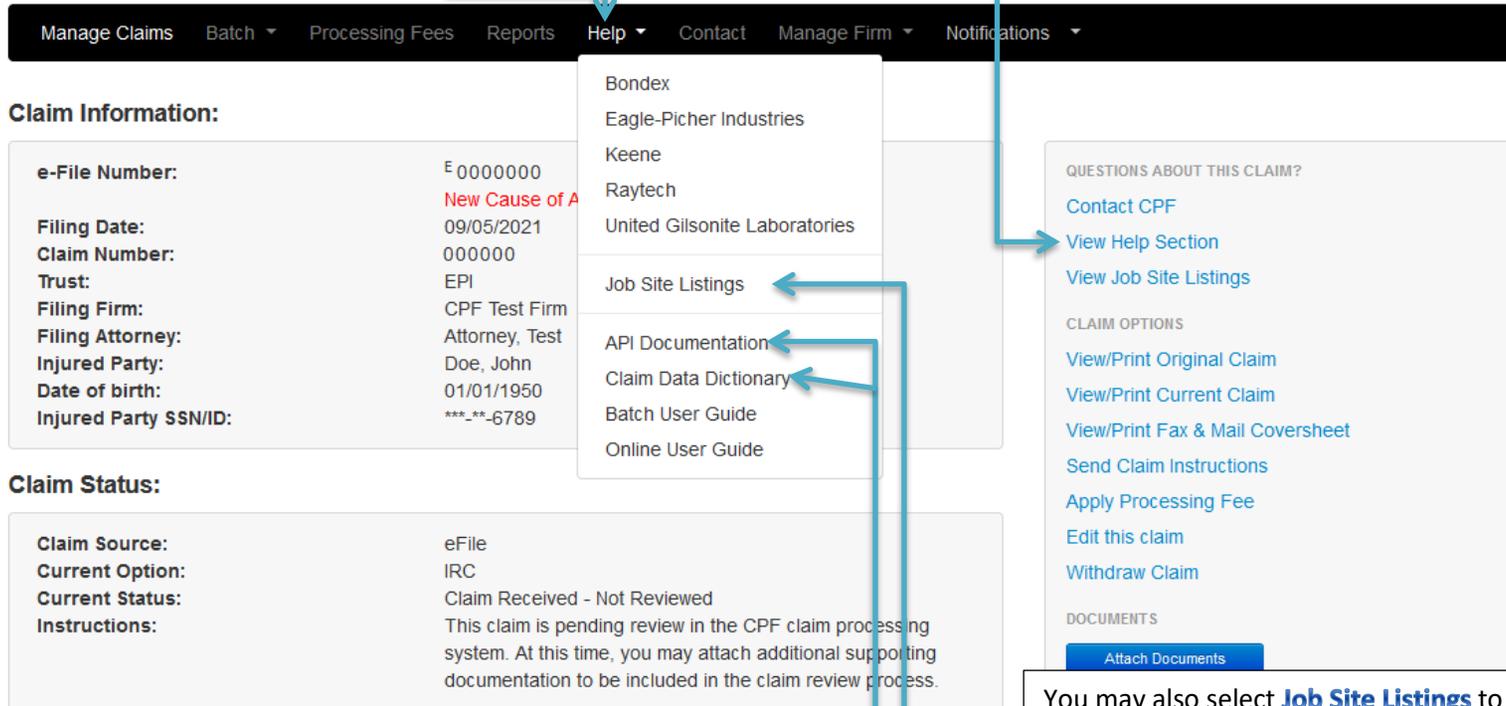
Subject

Message

Online Help File

Any time during your filing, you can access **Help**. **Help** provides quick links to answers to any questions you might have.

Click the **Help** menu option and select a Trust, or use the right-hand navigation and click **View Help Section**.



The screenshot shows the CPF web application interface. At the top is a navigation bar with the following items: Manage Claims, Batch, Processing Fees, Reports, Help, Contact, Manage Firm, and Notifications. The 'Help' menu is open, displaying a list of options: Bondex, Eagle-Picher Industries, Keene, Raytech, United Gilsonite Laboratories, Job Site Listings, API Documentation, Claim Data Dictionary, Batch User Guide, and Online User Guide. On the left side, there are two main sections: 'Claim Information' and 'Claim Status'. The 'Claim Information' section includes fields for e-File Number, Filing Date, Claim Number, Trust, Filing Firm, Filing Attorney, Injured Party, Date of birth, and Injured Party SSN/ID. The 'Claim Status' section includes fields for Claim Source, Current Option, Current Status, and Instructions. On the right side, there are two panels: 'QUESTIONS ABOUT THIS CLAIM?' with links for Contact CPF, View Help Section, and View Job Site Listings; and 'CLAIM OPTIONS' with links for View/Print Original Claim, View/Print Current Claim, View/Print Fax & Mail Coversheet, Send Claim Instructions, Apply Processing Fee, Edit this claim, and Withdraw Claim. Below these is a 'DOCUMENTS' section with an 'Attach Documents' button. Blue arrows point from the text above to the 'Help' menu, 'Job Site Listings', 'API Documentation', 'Claim Data Dictionary', and 'View Help Section' options.

You may also select **Job Site Listings** to view and download Approved Job Sites.

The **API Documentation** and **Claim Data Dictionary** options are used by IT personnel.

Trust-specific Help. Close the Help “tab” in your browser to continue working in the e-File system.

View help regarding the following:

Injured Party and Representative Information

[Question: Claim Option.](#)

[Section: Injured Party Information.](#)

[Question: Asbestos Related.](#)

[Section: Representative Information.](#)

[Question: Documentation naming personal representative.](#)

Dependents and Beneficiaries

[Question: Additional Information.](#)

Diagnosed Asbestos-Related Injuries

[Question: Alleged diagnosis.](#)

Exposure

[Question: Description of job duties.](#)

[Question: Describe how and why Eagle-Picher product was used at the site.](#)

[Question: Employer/Plant or Site Name.](#)

[Question: Date Exposure Began/Date Exposure Ended.](#)

[Question: Describe how injured party was exposed to Eagle-Picher product.](#)

[Question: Name of Eagle-Picher product\(s\) to which injured party was exposed.](#)

[Section: Exposure Incident to Occupationally Exposed Person.](#)

[Question: Name of Occupationally Exposed Person](#)

Claim Reports

[Question: Definition of claim reports.](#)

Question: Claim Option

Claimant will file *either* a Discounted Cash Payment (DCP) or an Individualized Review Claim (IRC) claim form. Under the DCP option, the Trust's Plan provides for an expedited review of the claim. The discounted cash payment is designed, in part, for claimants who can easily be determined by the Trust to have a valid nonmalignant injury claim and who wish to have a fixed payment now and a limited release retaining the right to receive a further payment if the injured should subsequently be diagnosed as having an asbestos-related malignancy. The DCP option is also available for malignancy claims in which the claim settlements are also based on a fixed payment schedule. The payment schedule is a one-time payment as follows:

Mesothelioma: \$6,500

Lung Cancer: \$2,000

Other Cancer: \$1,000

Non-malignant: \$ 400

Whereas, an Individualized Review Claim (IRC) is an in-depth review of the claim using tort system principles and uses a claim valuation model to value the claim based on value ranges within each injury category. The model places a value on the claim pegged not to current tort system results, but to historical EPI pre-bankruptcy settlement amounts. This requirement promotes similar treatment over time of similar claims regardless of unexpected trends in the tort system. This option is designed for claimants with serious or fatal asbestos-related injuries, but can also be used for other categories of claims.

[Top Of Page](#)



04/27/2023 – Revision: 26

API – Application Programming Interface

Firms that would like to use API to exchange information with e-File can find additional information at the following [link](#). Please contact CPF to be setup.

*East-West Corporate Center
1771 W. Diehl Road, Suite 220
Naperville, IL 60563*

Claims Processing Facility, Inc.

*Toll free: 888 CPFFILE (273-3345)
Local: 630-281-6600
Fax: 630-281-6800*

Viewing Documents Online

If you would like to view documents for a claim, click **Show** on the Manage Claims page.

Manage Claims

Trust **Claim number** **Last name** **SSN, SSN Last 4 or Identification #**

EPI tester

[Advanced Search Options](#)

New claims can be saved and then submitted at a later date.

Submitted Claims [Draft Claims](#)

Displaying **all 2** cms/claims

Trust	Name	Claim #	Attorney	Status	Alleged	Option	
EPI	Tester, Larry (***-**-9999)	000007	Attorney, Test	Claim Received - Not Reviewed	CRC	IRC	Show

Click the [Show Documents](#) button. A list of document links will appear. Click on the document link to view the image.

Claim Information:

e-File Number: E 0000000
Filing Date: 08/11/2015
Claim Number: 000000
Trust: EPI
Filing Firm: CPF Test Firm
Filing Attorney: Attorney, Test
Injured Party: Tester, Larry
Date of birth: 01/01/1901
Injured Party SSN ID: ***-**-9999

Claim Status:

Claim Source: eFile
Current Option: IRC
Current Status: Claim Received - Not Reviewed
Instructions: This claim is pending review in the CPF claim processing system. At this time, you may attach additional supporting documentation to be included in the claim review process.

Submitted Documents:

Show Documents

QUESTIONS ABOUT THIS CLAIM?

- [Contact CPF](#)
- [View Help Section](#)
- [View Job Site Listings](#)

CLAIM OPTIONS

- [View/Print Original Claim](#)
- [View/Print Current Claim](#)
- [View/Print Fax & Mail Coversheet](#)
- [Send Claim Instructions](#)
- [Edit this claim](#)
- [Withdraw Claim](#)

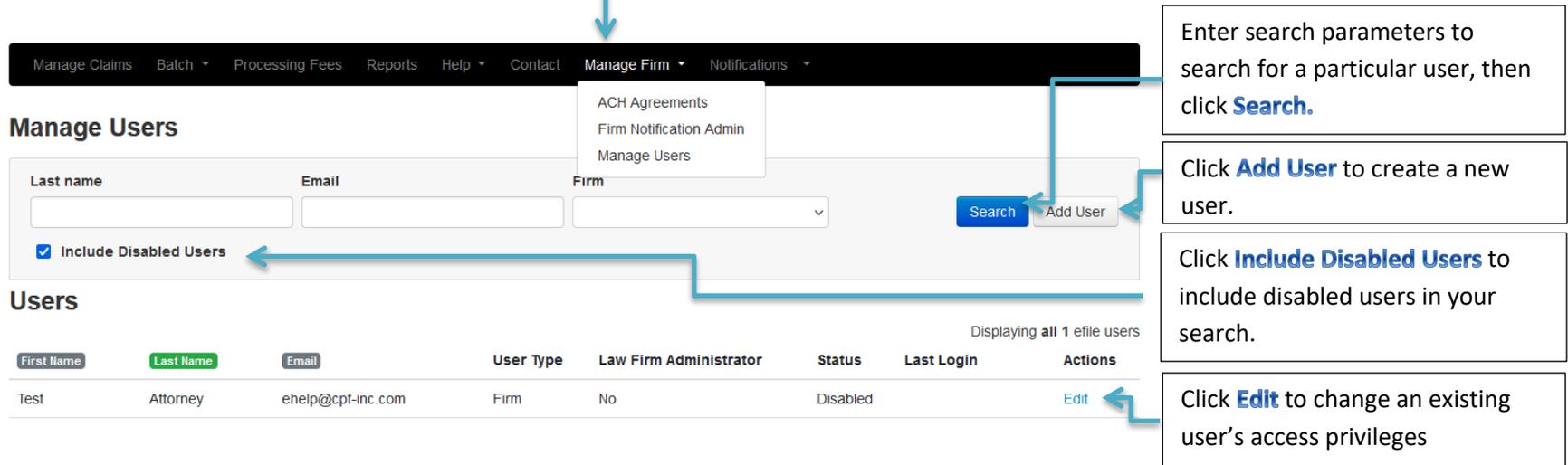
DOCUMENTS

[Attach Documents](#)

Managing Users

This section is for Law Firm Administrators only.

Click the **Manage Firm** menu option, then select **Manage Users** to grant and revoke user rights. A list of users for the Law Firm(s) to which you have access will appear.



The screenshot shows the 'Manage Users' page in the CPF system. The navigation bar includes 'Manage Claims', 'Batch', 'Processing Fees', 'Reports', 'Help', 'Contact', 'Manage Firm', and 'Notifications'. The 'Manage Firm' dropdown menu is open, showing 'ACH Agreements', 'Firm Notification Admin', and 'Manage Users'. Below the navigation is a search form with fields for 'Last name', 'Email', and 'Firm', a 'Search' button, and an 'Add User' button. There is a checkbox for 'Include Disabled Users' which is checked. Below the search form is a table of users. The table has columns for 'First Name', 'Last Name', 'Email', 'User Type', 'Law Firm Administrator', 'Status', 'Last Login', and 'Actions'. One user is listed: 'Test' (Attorney), 'ehelp@cpf-inc.com', 'Firm', 'No', 'Disabled', and an 'Edit' link. Four callout boxes provide instructions: 1. 'Enter search parameters to search for a particular user, then click Search.' 2. 'Click Add User to create a new user.' 3. 'Click Include Disabled Users to include disabled users in your search.' 4. 'Click Edit to change an existing user's access privileges.'

New User

First name **Last name**
 Email
 Password
 Password confirmation
 Send Reset Password Email

Click **Send Reset Password Email** to notify new user to set password. (If clicked you are not required to enter a password)

Enter user information in spaces provided. **First** and **Last Names** are required.

Select a **Firm** from the Firm drop-down selection and click **Add Firm**. Repeat for each firm to which the user will be assigned.

Add Firm
Assigned Firms
 CPF Test Firm

Place a check mark next to each **Attorney** for which the user will have responsibility. A checkmark means the user will be able to manage and report on claims for the specified attorney.

Attorney, Test

Check **Law firm administrator** if the user has rights to add users for the firm(s) to which (s) he is assigned.

Click **Create e-File user** to save the new user.

Law firm administrator
 Email Opt Out
 Report viewer
 Disabled

Check **Email Opt Out** if user* no longer wants to receive email notifications. *N/A for Firm Admins

If the user has rights to request reports, check **Report viewer**.

Check **Disabled** if you do not want the user to have access to the system.

Editing User

First name Last name
 Test Attorney
 Email
 Password
 Password confirmation
 Send Reset Password Email

 Api key
[Get new key](#)

Firms

Please select [Add Firm](#)
 Assigned Firms
 CPF Test Firm

Attorneys

Attorney, Test

User Options

Law firm administrator
 Email Opt Out
 Report viewer
 Disabled

Click **Send Reset Password Email** to notify user to reset password. (If clicked you are not required to enter a password)

Click **Update-File user** to save changes.

Change user information in spaces provided. **First** and **Last Names** are required.

Assign new password to user.

Used by IT personnel when accessing the e-File system via the published API (see "Help – API Documentation"). An "API key" is unique and associated with specific e-File user accounts. **IMPORTANT: "Get new key" operation will SET / REPLACE the API key for the current e-File user, rendering any previous key inactive.**

Select a **Firm** from the Firm drop-down selection and click **Add Firm**. Repeat to add additional firms.

Click the red **X** to remove the firm from the user.

Place a check mark next to each Attorney for which the user will have responsibility. A checkmark means the user will be able to manage and report on claims for the specified attorney.

Check **Law firm administrator** if the user has rights to add users for the firm(s) to which (s)he is assigned. Uncheck to revoke privileges.

Check **Email Opt Out** if user* no longer wants to receive email notifications. *N/A for Firm Admins.

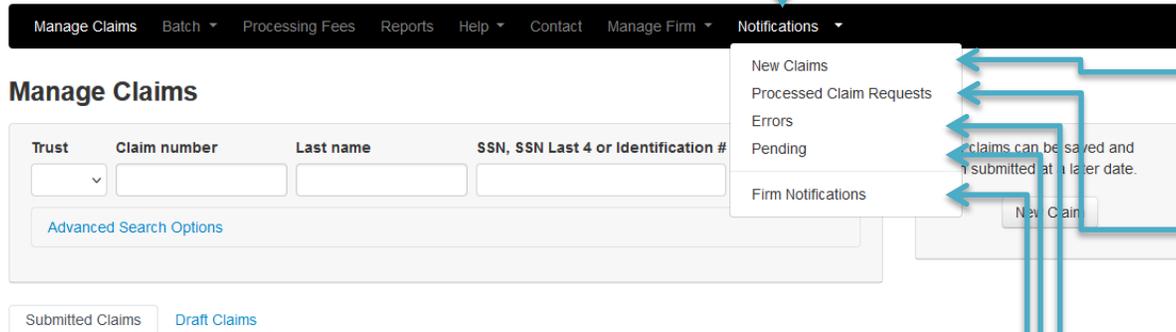
If the user has rights to request reports, click **Report viewer**.

Click **Disabled** to revoke all logon rights for this user.

Click **Delete e-File User** if you want to delete this user. Warning this is permanent.

Notifications

Click the **Notifications** menu option to view messages regarding recent claim activity.



Select **New Claims** for information about recently added claims.

Select **Processed Claim Requests** for information about recently completed activity.

Select **Errors** to view errors relating to claim activity.

Select **Pending** to view claim activity that has not yet been processed.

Select **Firm Notification** to view notifications sent to you within past year.

From the drop-down menu selection, choose an option to proceed to the appropriate queue.

The **New Claims** tab lists newly added claims for the current user. Click on a **Claimant** (if highlighted in blue) or **Claim Number** to go to the Claim Information page.

Notifications

New claims

Processed claim requests

Errors

Pending

New claims

Tracking #	Notification Type	Trust	Claimant	Claim Number	Notification Date
428455	Add claim	EPI	Tester, Larry (***-**-9999)	999992	10/04/2017 09:13:46 AM

The **Processed claim requests** tab lists new claim activity* for the current user. Click on a **Claimant** (if highlighted in blue) or **Claim Number** to go to the Claim information page.

Notifications

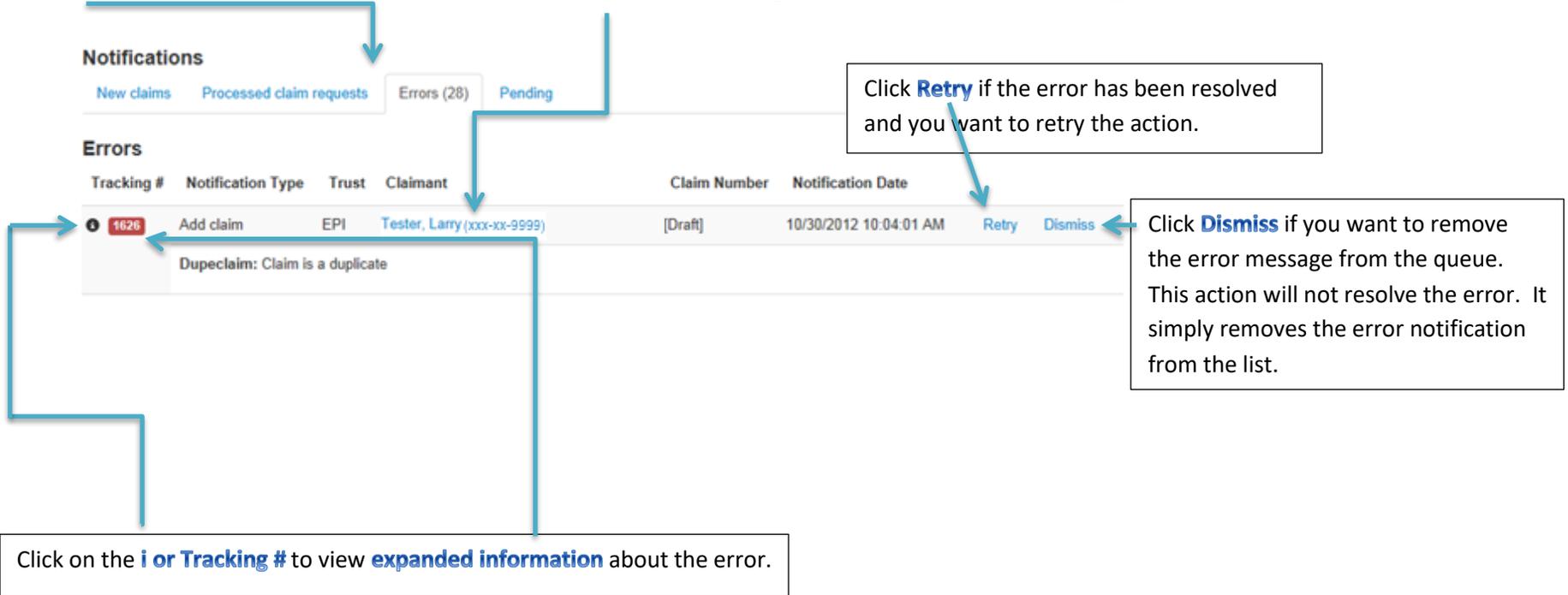
[New claims](#)
[Processed claim requests](#)
[Errors](#)
[Pending](#)

Processed claim requests

Tracking #	Notification Type	Trust	Claimant	Claim Number	Notification Date
New 428457	Edit claim	EPI	Tester, Larry (***-**-9999)	999992	10/04/2017 09:16:12 AM

***Claim Activity:** Edit claim, Attach Document, Claim Instructions, Cure, Withdraw Claim.

The **Errors** tab lists errors for the current user. Click on a **Claimant** to go to the Claim information page.



The screenshot shows the 'Errors' section of the CPF interface. At the top, there are tabs for 'New claims', 'Processed claim requests', 'Errors (28)', and 'Pending'. Below this is a table of errors. The first error row is highlighted and contains the following information:

Tracking #	Notification Type	Trust	Claimant	Claim Number	Notification Date		
1626	Add claim	EPI	Tester, Larry (xxx-xx-9999)	[Draft]	10/30/2012 10:04:01 AM	Retry	Dismiss

Below the table, the error message reads: "Dupeclaim: Claim is a duplicate".

Callouts in the image provide the following instructions:

- Click on the **i** or **Tracking #** to view **expanded information** about the error.
- Click **Retry** if the error has been resolved and you want to retry the action.
- Click **Dismiss** if you want to remove the error message from the queue. This action will not resolve the error. It simply removes the error notification from the list.

The **Pending** tab lists claim activity for the current user that has yet to be processed. Once processed, requests are no longer displayed on the Pending tab.

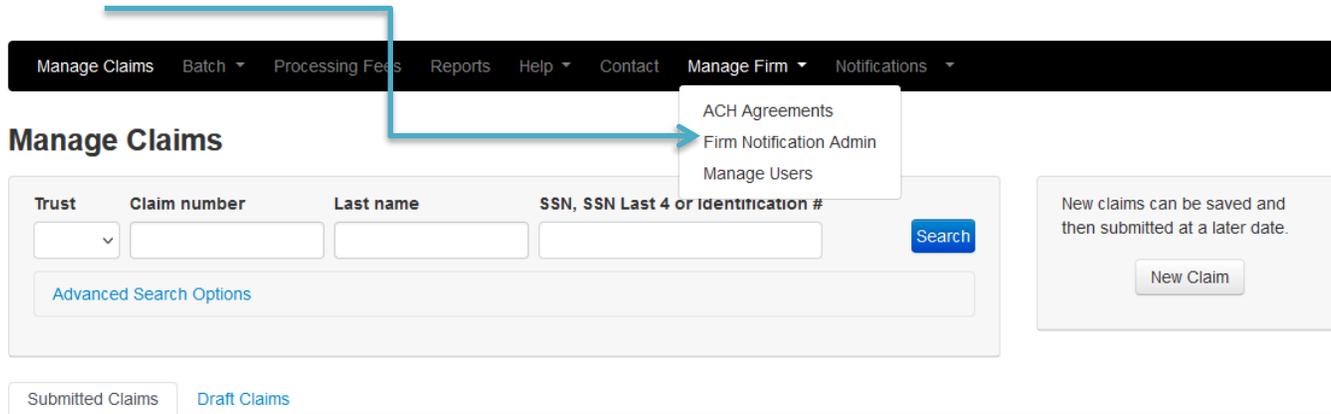
Notifications

[New claims](#) [Processed claim requests](#) [Errors](#) **Pending**

Pending

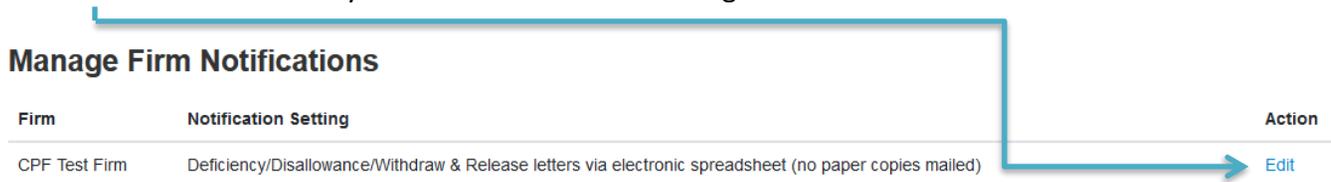
Tracking #	Notification Type	Trust	Claimant	Claim Number	Notification Date
------------	-------------------	-------	----------	--------------	-------------------

The “**Firm Notification Admin**” tab allows you to set up notification preferences for your firm.



The screenshot shows the 'Manage Claims' page. At the top, there is a navigation bar with the following items: Manage Claims, Batch, Processing Fees, Reports, Help, Contact, Manage Firm, and Notifications. The 'Manage Firm' dropdown menu is open, showing three options: ACH Agreements, Firm Notification Admin, and Manage Users. Below the navigation bar, the 'Manage Claims' section contains a search form with fields for Trust, Claim number, Last name, and SSN, SSN Last 4 or Identification #, along with a Search button and a link to Advanced Search Options. To the right, there is a box with the text 'New claims can be saved and then submitted at a later date.' and a 'New Claim' button. At the bottom, there are tabs for Submitted Claims and Draft Claims.

Click on the “**Edit**” button next to your firm’s notification setting.



The screenshot shows the 'Manage Firm Notifications' page. It features a table with the following columns: Firm, Notification Setting, and Action. The table contains one row of data for 'CPF Test Firm' with the notification setting 'Deficiency/Disallowance/Withdraw & Release letters via electronic spreadsheet (no paper copies mailed)'. An 'Edit' button is located in the Action column for this row. A blue arrow points from the 'Edit' button in the table to the 'Firm Notification Admin' option in the dropdown menu from the previous screenshot.

Firm	Notification Setting	Action
CPF Test Firm	Deficiency/Disallowance/Withdraw & Release letters via electronic spreadsheet (no paper copies mailed)	Edit

Click on the **drop-down arrow** to select your notification preference:

Editing Firm Notifications

Please select the method in which your firm would like to receive their Releases & Deficiency letters. Your selection will apply to Bondex, Eagle-Picher, Keene, Raytech and UGL Trusts. Your selection cannot vary between the above listed Trusts.

Firm name

CPF Test Firm

Firm Notification

Deficiency/Disallowance/Withdraw & Release letters via electronic spreadsheet (no paper copies mailed)



Paper copies of all letters (no electronic spreadsheet e-mailed)

Deficiency/Disallowance/Withdraw letters via electronic spreadsheet (no paper copies mailed)

Release (Offers) letters via electronic spreadsheet (no paper copies mailed)

Deficiency/Disallowance/Withdraw & Release letters via electronic spreadsheet (no paper copies mailed)

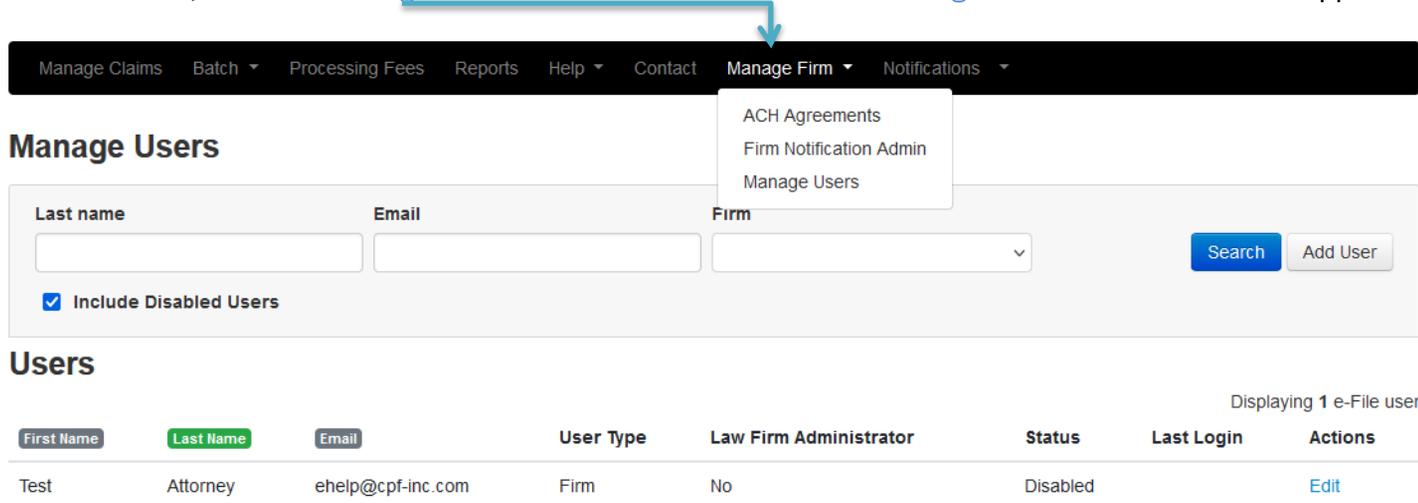
Highlight the **notification preference** you want from the drop-down choices.

Update Firm

Then click the **“Update Firm”** button. Your firm is now set up for the notification preferences you have chosen.

All users are automatically opted in to receive the notifications selected in the previous screens. However, if a particular user wants to opt out of email notifications, perform the following steps.

As Firm Administrator, click on “**Manage Firm**” in the menu bar then click “**Manage Users**”. This screen will appear.



Manage Users

Last name Email Firm

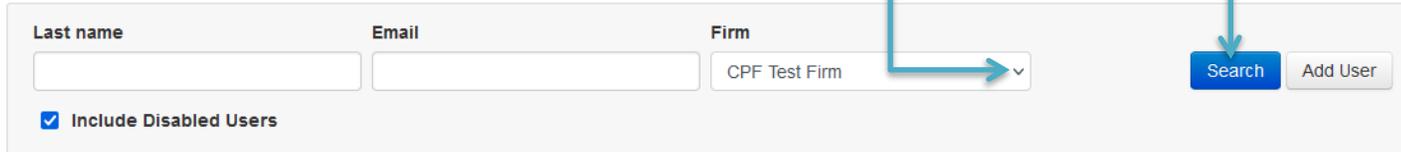
Include Disabled Users

Users Displaying 1 e-File user

First Name	Last Name	Email	User Type	Law Firm Administrator	Status	Last Login	Actions
Test	Attorney	ehel@cpf-inc.com	Firm	No	Disabled		Edit

Select your firm (if not already selected) from the “Firm” drop-down and click the “Search” button.

Manage Users



The screenshot shows a form with three input fields: Last name, Email, and Firm. The Firm field is a dropdown menu currently showing 'CPF Test Firm'. To the right of the Firm field is a blue 'Search' button and a grey 'Add User' button. Below the input fields is a checked checkbox labeled 'Include Disabled Users'. Two blue arrows originate from the text above: one points to the Firm dropdown and the other points to the Search button.

Users

Displaying 1 efile user

First Name	Last Name	Email	User Type	Law Firm Administrator	Status	Last Login	Actions
Test	Attorney	ehelp@cpf-inc.com	Firm	No	Disabled		Edit

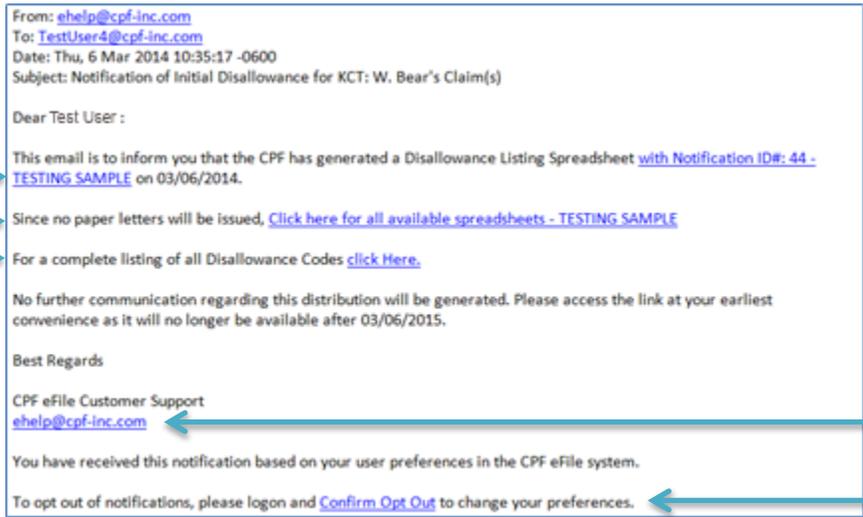


Click on “**Edit**” next to the user who wants to opt out. **Note: Firm Admins cannot opt out of email notifications. Firm Admins are the only users that receive ACH payment notifications.**

Click in the box next to “**Email Opt Out**” and click the “**Update e-File user**” button. The user will be opted out of future emails notifications.

The screenshot shows a web interface for editing a user. The main section is titled "Editing User" and contains several input fields: "First name" (Test), "Last name" (Attorney), "Email" (ehelp@cpf-inc.com), "Password", and "Password confirmation". There are also checkboxes for "Send Reset Password Email" and "Apl key" (with a "Get new key" link). Below this is the "Firms" section with a dropdown menu (set to "Please select") and an "Add Firm" button. The "Assigned Firms" list shows "CPF Test Firm" with a red delete icon. The "Attorneys" section has a checked checkbox for "Attorney, Test". The "User Options" section includes checkboxes for "Law firm administrator", "Email Opt Out", "Report viewer", and "Disabled". At the bottom, there are two buttons: "Update e-File User" and "Delete Efile User". Blue arrows from the text above point to the "Email Opt Out" checkbox and the "Update e-File User" button.

When CPF processes Disallowances, Deficiencies, Withdrawals, and Releases for your law firm, notifications will be sent based on designations set up in previous steps. Here is an example email notification:



Click this [link](#) to view the spreadsheet.

Click this [link](#) to view a list of all available spreadsheets. (This link routes you to the same page as if you clicked on “**Notifications**” → “**Firm Notifications**” in the e-File menu bar as shown on the following page.)

Click this [link](#) to view a list of Disallowance codes and corresponding descriptions. (This link only appears on Deficiency/Disallowance notifications.)

Click this [link](#) to Opt out of notifications.

Click this [link](#) to contact e-File Customer Support.

Viewing Notifications

The second link in the email routes you to same page as if you clicked on “**Notifications**” → “**Firm Notifications**”

Click the **Notification Type** arrow to display and select the Notification Type you'd like to view:

Notification type

- BDXOffers
- BDXPayments
- Claim Withdrawn
- Deficiency Issued
- EPIOffers
- EPIPayers
- Initial Disallowance
- KCTOffers
- RAYOffers
- Release Withdrawal
- Second Disallowance
- UGL Process Fee Required
- UGLOffers
- UGLPayers
- UNROffers

ID	Trust	Firm	Attorney	Notification Date	Type	Actions
1	RAY	CPF Test Firm	Attorney, Test	04/16/2014	Deficiency Issued	[Excel] [PDF]
2	RAY	CPF Test Firm	Attorney, Test	04/16/2014	Deficiency Issued	[Excel]
3	KCT	CPF Test Firm	Attorney, Test	02/23/2015	KCTOffers	[Excel] [PDF]

Click on the “**Action**” icon next to the notification you would like to see. Note that “Offers” have two icons, the Excel Spreadsheet Icon and the PDF icon. The other Notification Types have one icon, the Excel Spreadsheet Icon.

If you would like to see the Excel spreadsheet containing a list of all the offers in a particular Notification, click on the Excel Spreadsheet Icon.

If you prefer to see the actual Offer Letter(s) in the Notification, click on the PDF icon.

Batch

For details on Batch processing (including bulk add, withdrawal, and defer)

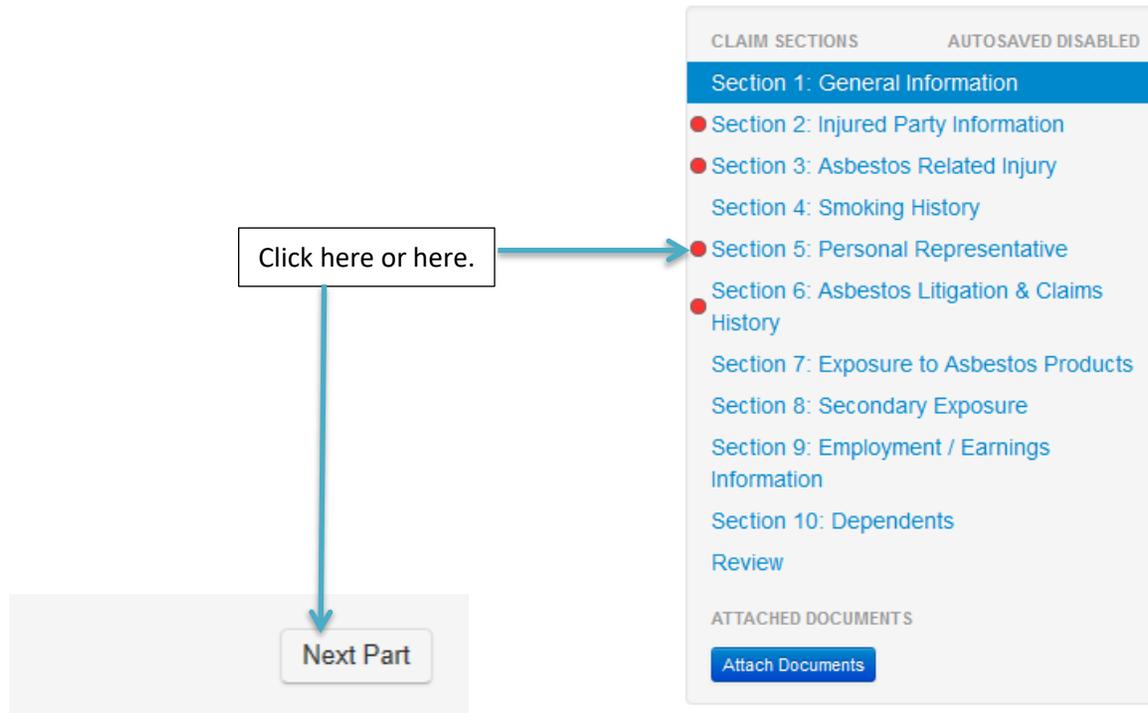
please see the Batch User Guide found at the following URL:

<https://www.cpf-inc.com/assets/1/6/E-FileBatchUserGuide.pdf>

Appendix A – UGL Trust

United Gilsonite Laboratories Asbestos Personal Injury Trust “UGL” specific claim entry requirements

Throughout the process of filing your claim, a Legend is shown on the right side of the claim form. This legend informs you of areas that are missing required or recommended information by displaying a red or yellow circle next to each section or part. You can quickly access those areas by clicking on the Section in that Legend, or by clicking on **Next Part** located on the bottom of your claim form.



General Information

Once you enter the Trust, Firm, Attorney, Claim Option, and basic Injured Party Information and click **Continue**, the following additional fields will appear for UGL. Check appropriate boxes and fill in the Law Firm's matter number.

Check the box next to the review election which best suits the injured party's situation [?]:

Extraordinary

Secondary Exposure

Foreign

If requesting exigent treatment, check here [?]:

Exigent Health

Exigent Hardship

Law Firm's matter number for this claim: [?]

Asbestos Litigation & Claims History – Section 6

This section is divided into two parts. Information you enter in Part 1 will dictate which information you need to enter in Part 2.

Part 1:

Has an asbestos-related lawsuit ever been filed on behalf of the injured party?

Yes No

Date on which Suit was Originally Filed (mm/dd/yyyy)

State and country in which the suit was originally filed:

Country

State Province

Or

Name of Court in which Suit was Originally filed

Case Number

UGL named as defendant?

Yes No

Has the injured party ever received settlement monies related to this lawsuit from UGL or its insurers?

Yes No

If "yes", amount:

Part 2:

Provide the following information regarding the Claimant's Jurisdiction; prior settlements and tolling agreements.

Has the injured party or the injured party's representative, on behalf of the injured party, executed a release releasing UGL? If Yes, please attach a copy of the release.

Yes No

Jurisdiction Selection

If no lawsuit has ever been filed against UGL on behalf of the injured party, indicate the state elected as the Claimant's Jurisdiction:

Country

State

Province

Or

Jurisdiction elected is (please check one of the following):

- The state in which the injured party resided at the time of diagnosis.
- The state in which the injured party resides when this claim is filed with the Trust.
- A state in which the injured party experienced exposure to an asbestos-containing product or to conduct for which UGL has legal responsibility.
- Pennsylvania, because all jurisdictions which could otherwise be elected describe the claim as one for "exemplary" or "punitive" damages.

This section will be greyed out if you selected "Yes" in Part 1, "UGL named as a defendant?"

Part 2 (Continued.)

Has a claim on behalf of the injured party ever been submitted to UGL pursuant to an administrative settlement agreement?

Yes No

If yes, provide the date of such submission. (mm/dd/yyyy)

Was the injured party or claimant a party to a tolling agreement with UGL?

Yes No

If Yes, provide beginning and end dates, if any, of tolling and attach documentation of the agreement.

Beginning Date (mm/dd/yyyy)

Ending Date: (mm/dd/yyyy)

Exposure to Asbestos Products - Section 7

This section is divided into five parts. To enter Secondary/Bystander Exposure, use Section 8. Otherwise, provide the information in Part 1 and Part 2, as applicable. Part 3 must be completed. Part 4 must be completed for Extraordinary Claims and Part 5 must be completed for Foreign claims.

Part 1: Do-it-Yourself Exposure to Asbestos Products:

Provide information for each location at which the injured party alleges exposure through a Do-it-Yourself project (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by UGL or for which it otherwise has legal responsibility or (b) to conduct for which UGL has legal responsibility that exposed the claimant to an asbestos-containing product. Add each project separately.

Attach proof of United Gilsonite Laboratories Trust product exposure to the right. Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

Add New DIY Exposure Project

For each exposure, click the **Add New DIY Exposure Project** button to add Exposure information.

After selecting Add New DIY Exposure Project, the following window will appear on screen. Enter the required and recommended fields.

DIY Exposure Incident x

Exposure Dates:

Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)

Location of Do-it-Yourself project:

Country

City

State Or Province

Describe Do-it-Yourself Project

Note: A scroll bar is visible on the right side of the form, and a callout box points to it with the text: "Use the scroll bar to access more information to enter."

Location where Do-it-Yourself product was purchased:

Country

City

State Or **Province**

Names of all asbestos-containing products or materials to which injured party was exposed during the Do-it-Yourself project and for which injured party alleges UGL is legally responsible.

If this is a claim for secondary exposure, please enter the name of the person performing the Do-it-Yourself project and complete Section 8:

Done

- When complete, click **Done** to save entry.
- Or
- Use the **X** in the upper right corner to **cancel** entry.

Part 2: Occupational Exposure to Asbestos Products 

Provide information for each location at which the injured party alleges exposure (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by UGL or for which it otherwise has legal responsibility or (b) to conduct for which UGL has legal responsibility that exposed the claimant to an asbestos-containing product. If the duration of the injured party's Debtor Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure or cumulative occupational exposure as required for the Disease Level in question), please provide information regarding other asbestos exposure to satisfy the applicable exposure criteria. Add each site, industry, and occupation combination separately. Provide the complete name and location of each individual site.

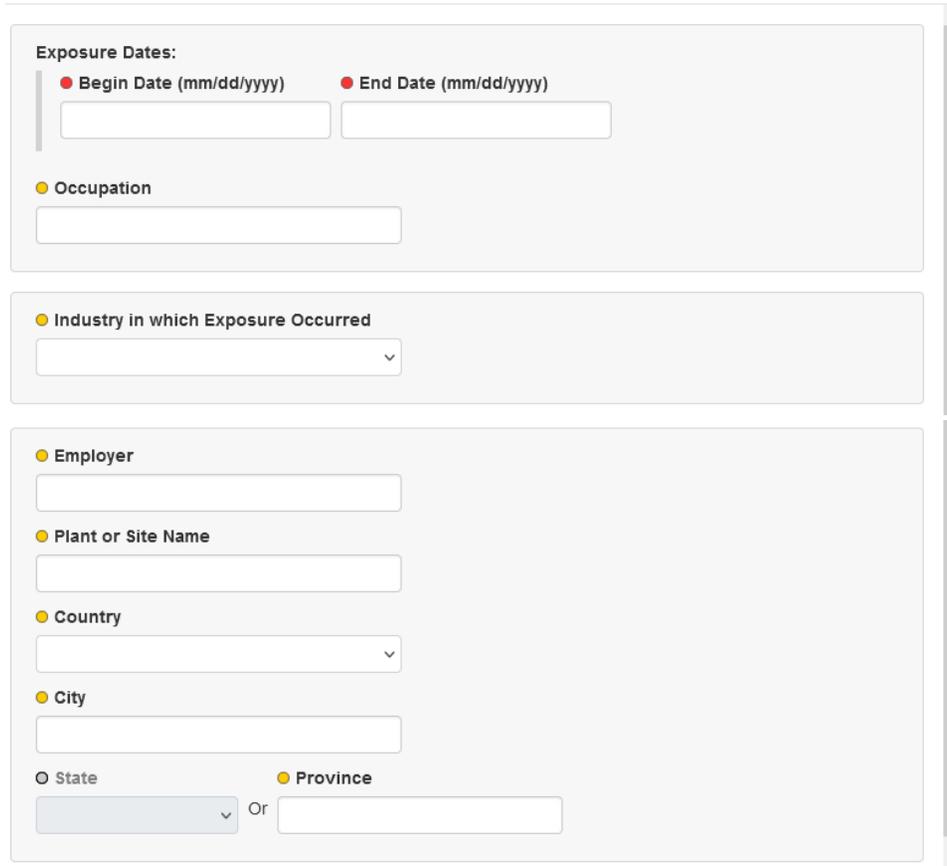
Attach proof of United Gilsonite Laboratories Trust product exposure to the right. Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

Add New Exposure Incident

For each exposure, click the **Add New Exposure Incident** button to add Exposure information.

After selecting Add New Exposure Incident, the following window will appear on screen. Enter the required and recommended fields.

Occupational Exposure Incident



The screenshot shows a web form titled "Occupational Exposure Incident" with a close button (X) in the top right corner. The form is divided into several sections, each with a yellow radio button icon:

- Exposure Dates:** Contains two red radio buttons: "Begin Date (mm/dd/yyyy)" and "End Date (mm/dd/yyyy)", each followed by a text input field.
- Occupation:** A yellow radio button followed by a text input field.
- Industry in which Exposure Occurred:** A yellow radio button followed by a dropdown menu.
- Employer:** A yellow radio button followed by a text input field.
- Plant or Site Name:** A yellow radio button followed by a text input field.
- Country:** A yellow radio button followed by a dropdown menu.
- City:** A yellow radio button followed by a text input field.
- State/Province:** A grey radio button for "State" followed by a dropdown menu, and a yellow radio button for "Province" followed by a text input field. The word "Or" is placed between the two options.

A vertical scroll bar is located on the right side of the form, and a blue arrow points from a text box to it.

Use the scroll bar to access more information to enter.

● Names of all asbestos-containing products or materials to which injured party was exposed and for which injured party alleges UGL is legally responsible.

● Description of Significant Occupation Exposure at this jobsite (check all that apply)

- Injured party handled raw asbestos fibers on a regular basis
- Injured party fabricated asbestos-containing products such that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers
- Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.
- Injured party was employed in an industry and occupation such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.

● Describe the circumstances of exposure supporting the answers to the question above

Done

- When complete, click **Done** to save entry.

- Or

- Use the **X** in the upper right corner to **cancel** entry.

Part 3: Medicare Reporting [Ⓜ]:

End date of the injured party's exposure to asbestos-containing products and/or conduct for which the injured party alleges UGL has legal responsibility (mm/dd/yyyy) (Medicare reporting)

Part 4:

● If the injured party is filing as an Extraordinary Claim, provide a clear and concise declaration as to how the claim satisfies Section 5.3(a) of the TDP

This Part is required for Foreign Claims.

Part 5:

Does the claimant allege that the injured party's exposure to an asbestos-containing product or

- conduct for which UGL has legal responsibility occurred outside of the United States and its Territories and Possessions and outside the Provinces and Territories of Canada?

Yes No

If the response to the previous question was yes, provide the following information about the foreign jurisdiction(s) in which the exposure allegedly occurred (attach additional copies as necessary):

- Country

- County, Province, and/or City

Describe how the alleged exposure occurred within the foreign jurisdiction:

The Trust may require additional information regarding your Foreign Claim and shall take into account all relevant procedural substantive legal rules to which the claim would be subject in the Claimant's Jurisdiction, as defined in Section 5.2(b)(2) of the TDP.

Secondary Exposure – Section 8

Exposure to an Occupationally Exposed Person:

If the injured party's asbestos exposure was solely due to exposure to an occupationally exposed person (OEP), or Do-it-Yourself person (DIYP), complete Section 7 Parts 1 and 2, as applicable, with the exposure information for the OEP and/or DIYP and provide the information below. Attach additional copies of this page if necessary.

Attach proof of United Gilsonite Laboratories Trust product exposure to the right. Note: Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

Reminder: Section 7 Part 3 must be completed for the occupationally exposed person.

Add New Bystander Exposure Incident

For each bystander exposure, click the **Add New Bystander Exposure Incident** button to add Bystander Exposure information.

Bystander Exposure Form

Injured Party's Exposure to Occupationally Exposed Person:

Exposure Dates to Other Person:

● Begin Date (mm/dd/yyyy)

● End Date (mm/dd/yyyy)

● Relationship to Occupationally Exposed Individual:

● Description of how injured party was exposed through the OEP or DIYP to asbestos-containing products sold, distributed, marketed, handled, processed, or manufactured by UGL, or to conduct for which UGL has legal responsibility that exposed the claimant to asbestos-containing products.

Name of Do-it-Yourself Exposed Person:

First Name MI Last Name

Exposure Dates:

Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)

Location of Do-it-Yourself project:

Country

City

State Province

Or

Describe Do-it-Yourself Project

Location where Do-it-Yourself product was purchased:

Country

City

State Province
 Or

Names of all asbestos-containing products or materials to which injured party was exposed during the Do-it-Yourself project and for which injured party alleges UGL is legally responsible.

Name of Occupationally Exposed Person:

First name Mi Last name

Exposure Dates:
 Begin Date (mm/dd/yyyy) End Date (mm/dd/yyyy)

Occupation

Social Security Number of the occupationally exposed person

Industry

Employer

Plant or Site Name

Country

City

State Or **Province**

● Name of United Gilsonite Laboratories Trust Product(s) to which Occupationally Exposed Person was Exposed

● Indicate circumstances of exposure (check all applicable):

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

● Describe the circumstances of exposure supporting the answers to the question above

Done

- When complete, click **Done** to save entry.

Or

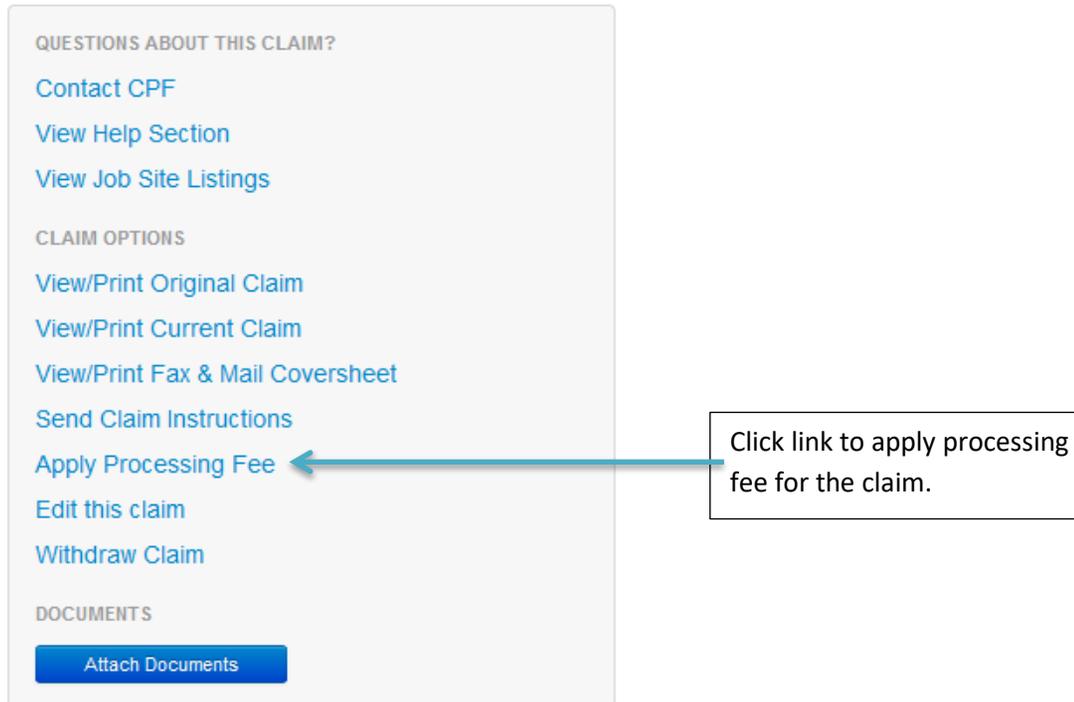
- Use the **X** in the upper right corner to **cancel** entry.

Appendix B – Processing Fees

EPI, FBK, & UGL Trust

Apply Processing Fee

Upon submission of a claim, and until a processing fee is applied, a link to apply the processing fee for that claim will appear in the right-hand navigation pane:



QUESTIONS ABOUT THIS CLAIM?

- Contact CPF
- View Help Section
- View Job Site Listings

CLAIM OPTIONS

- View/Print Original Claim
- View/Print Current Claim
- View/Print Fax & Mail Coversheet
- Send Claim Instructions
- Apply Processing Fee**
- Edit this claim
- Withdraw Claim

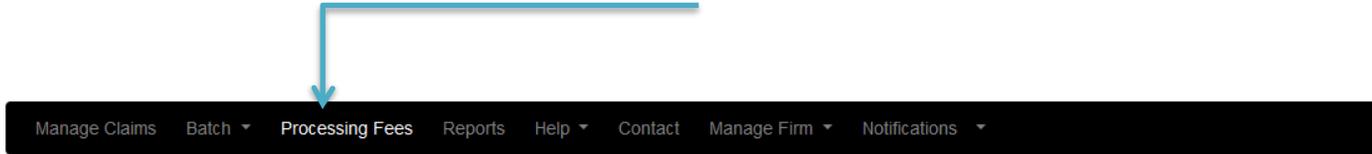
DOCUMENTS

Attach Documents

Click link to apply processing fee for the claim.

Once you click the link, a message will appear **“Fee Applied Successfully to claim#: “[claim number]”**, and the claim will be available for review.

To see the current status of Processing Fee funds for the firm, click [Processing Fees](#) in the menu:



Current Status of Processing Fees

Select the appropriate Trust and Law Firm from the drop-down and click [Get Processing Fees](#).

Processing Fees

Trust

Firm

[Get Processing Fees](#) [Get Details](#) [Get Processing Fee Not Received Claims](#)

The current status of the processing fees will appear:

Processing Fees

Trust: UGL **Firm:** CPF Test Firm
Available Funds: \$300.00
Allocated Funds: \$500.00

Check Detail of Processing Fees

Select the appropriate Trust and Law Firm from the drop-down and click **Get Detail**. The current check detail will appear.

Processing Fee Details

Trust: UGL
Firm: CPF Test Firm

Displaying entries 1 - 2 of 2 in total [Export Results](#)

Check #	Claim #	Date
611513	100000	04/19/2016
611513	100002	05/18/2016

You may export the results to a CSV file by clicking **Export Results**.





Get Fee Not Received Claims

Select the appropriate Trust and Law Firm from the drop-down and click **Get Fee Not Received Claims**. The current claims with a Processing Fee not received detail will appear.

Processing Fee Not Received Details

Trust: EPI
Firm: CPF Test Firm

Displaying 1 entry

Claim #	Injured first name	Injured last name	POC received date	Processing fee due date
801544	John	Doe	09/05/2021	11/04/2021

Appendix C – Bondex Trust

Bondex Asbestos PI Trust “BDX” specific claim entry requirements

General Information – Part 1

Once you enter the Trust, Firm, Attorney, Claim Option, and basic Injured Party Information and click **Continue**, the following additional fields will appear for BDX following the Representative Information. Fill in the applicable information and click **Next Part** to continue.

Medicare Reporting Information

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

- Check this box if the injured party's Bondex Exposure ended before December 5, 1980.

Please note that if a claimant is unable or chooses not to answer, 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 party's exposure for purposes of meeting the TDP's exposure requirements.

Alleged Diagnosis – Part 2

Once you enter the General Claim information and click **Next Part**, then **Add Diagnosis** the Alleged Diagnosis entry screen appears. Fill in the applicable information and click **Done** then **Next Part** to continue.

Alleged Diagnosis ×

● **Alleged injury code**

● **Diagnosis Date (mm/dd/yyyy)**

Please check this box if: 1) you filed a claim against Bondex or any other asbestos defendant in the tort system before 5/31/2010; and also 2) you have a report from a physician who diagnosed the injured person's disease after physical exam of the injured party. (See Sections 5.6(a)(1)(A) and 5.6(a)(1)(C) of the TDP).

Done

Type of Exposure Claimed – Part 3

Type of Exposure Claimed:

● Is this a claim for direct exposure or secondary exposure to Bondex asbestos product(s)?
Direct exposure means the Injured Person worked with or in the vicinity of the Bondex asbestos product him/herself.
Secondary exposure means the Injured Person did not work directly with Bondex asbestos products but was exposed to Bondex asbestos products because of his/her contact with a person who did work directly with Bondex 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 Bondex asbestos product.

● Was the Injured Person exposed outside the workplace (i.e., non-workplace) and/or work (occupational)?

Select the appropriate Type of Exposure

Select the entry that best describes where the Exposure took place.

Click **Next Part** to continue.

Non-Workplace Bondex Exposure – Part 4

Non-workplace Bondex Exposure:

This section should be completed for claims where the Bondex exposure was, solely or in part, the result of unpaid construction, repair or remodeling of a home or other structure. If this is a claim for secondary exposure, skip to Part 7.

Add New Non-Workplace Exposure

Save Draft

Next Part

For each Non-Workplace exposure, click the **Add New Non-Workplace Exposure** button to add the detailed information.

Click **Next Part** to continue.

Select the entry that best describes where the Exposure took

Non-Workplace Exposure Form

x

Where did the exposure to Bondex product occur?

Location where Exposure Occurred:

Location of Exposure

Country

City

State Or Province

If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by Specialty Products Holding Corp., Bondex International Inc., Republic Powdered Metals, Inc.(the "SPHC Parties"), or for which an SPHC Party is responsible, identify the products and provide a description of how the product(s) came to be used at that site

● **Date Exposure began** (mm/dd/yyyy) ● **Date Exposure ended** (mm/dd/yyyy)

● **If the product was not used during this entire period, please describe the frequency and duration of its use**

Did the exposed person use a Bondex product in home repair/remodeling himself/herself or was the exposed person in the area where the products were being used by others, e.g. dry walling, cleaning up debris?

Exposed person used Bondex product in home/other building

Exposed person was in the home/other building area where Bondex product was being used.

Done

When complete, click the **Done** button to save the entry, or use the **X** in the upper right corner to **cancel** the entry.

Bondex Occupational Exposure – Part 5

Bondex Occupational Exposure ⓘ:

"Bondex 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 Specialty Products Holding Corp., Bondex International, Inc., or Republic Powdered Metals, Inc. (the "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.

Attach proof of Bondex product exposure to the right.

Add New Exposure Incident

If no site list exists, or the site at which you are alleging exposure to Bondex's products or activities is not on the approved Bondex site list, provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products or activities for which Bondex 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

Save Draft

Next Part

For each Occupational Exposure Incident, click the **Add New Exposure Incident** button to add the detailed information.

Click **Next Part** to continue.

Occupational Exposure Incident

Name of Plant/Site of Exposure:

Country

City

State **Or** **Province**

If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by an SPHC Party, or for which an SPHC Party is responsible, identify the products:

Exposure Dates :

Date Exposure began **Date Exposure ended**

● Occupation at time of Exposure (e.g., boilermaker, laborer, dry waller, etc):

● Industry in which Exposure Occurred

● If Other, please describe:

Bondex Exposure.
Every claimant must submit evidence of exposure to Bondex asbestos products or activities.

Please provide a description of the Injured Person's exposure and the length of time of the exposure to the type of asbestos-containing product(s) that is attributed to an SPHC Party at this site:

Done

When complete, click the **Done** button to save the entry, or use the **X** in the upper right corner to **cancel** the entry.

Significant Occupational Exposure – Part 6

Significant Occupational Exposure (SOE) or Cumulative Exposure to Asbestos

This section should be completed for occupational exposure claims with one of the following diagnosed diseases: Lung Cancer, Other Cancer, Disabling Asbestos/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.

Add New SOE Incident

Save Draft

Next Part

For each Significant Occupational Incident (SOE), click the **Add New SOE Incident** button to add the detailed information.

Significant Occupational Exposure Incident x

Name of Plant/Site of Exposure:

Country

City

State Province
 Or

Exposure Dates (*):

Date Exposure began Date Exposure ended

Occupation at time of Exposure:

Industry in which Exposure Occurred

If Other, please describe:

Indicate circumstances of exposure to asbestos products or activities at this location (check all applicable):

- The exposed person handled raw asbestos fibers on a regular basis
- The 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 exposed person altered, repaired or otherwise worked with an asbestos-containing product such that the exposed person was exposed on a regular basis to asbestos fibers
- The 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 did one or more of the above three activities
- None of the above

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

Description

Done

When complete, click the **Done** button to save the entry, or use the **X** in the upper right corner to **cancel** the entry.

Secondary Exposure – Part 7

Secondary Exposure:

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

Add Secondary Exposure to Non-workplace Exposed Person

Add Secondary Exposure to Occupationally Exposed Person

Add Secondary Exposure to Significant Occupationally Exposed Person

Save Draft

Next Part

For each secondary exposure, click on of the **applicable buttons:**

- **Non-Workplace Exposed**
- **Occupationally Exposed**
- **Significant Occupationally Exposed** to add Secondary Exposure information.

Secondary Exposure to Non-workplace Exposed Person

Secondary Exposure Form: Non-workplace Exposed Person x

What is the name of the person who had the non-workplace Bondex product exposure?

First Name MI Last Name

Social Security Number of the exposed person

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

Exposure Dates to Other Person:

Date injured party's Exposure to other person began:

Date injured party's Exposure to other person ended:

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

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

Location where Non-workplace Exposure Occurred:

Where did the exposure to Bondex product occur?

Location of Exposure

Country

City

State Province

Or

● If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by Specialty Products Holding Corp., Bondex International Inc., Republic Powdered Metals, Inc.(the "SPHC Parties"), or for which an SPHC Party is responsible, identify the products and provide a description of how the product(s) came to be used at that site

Date Exposure began

(mm/dd/yyyy)

Date Exposure ended

(mm/dd/yyyy)

● If the product was not used during this entire period, please describe the frequency and duration of its use

Did the exposed person use a Bondex product in home repair/remodeling himself/herself or was the exposed person in the area where the products were being used by others, e.g. dry walling, cleaning up debris?

- Exposed person used Bondex product in home/other building
- Exposed person was in the home/other building area where Bondex product was being used.

Done

When complete, click the **Done** button to save the entry, or use the **X** in the upper right corner to **cancel** the entry.

Secondary Exposure to Occupationally Exposed Person

Secondary Exposure Form - Occupationally Exposed Person

What is the name of the person who had the direct Bondex product exposure?

First Name MI Last Name

Social Security Number of the exposed person

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

Exposure Dates to Other Person:

Date injured party's Exposure to other person began:

(mm/dd/yyyy)

Date injured party's Exposure to other person ended:

(mm/dd/yyyy)

If month and year secondary exposure began and ended is impractical to list, describe the

frequency and time period over which the secondary Bondex exposure occurred, e.g. how often work clothes were laundered over what period of time by the injured person.

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

Name of Plant/Site of Exposure:

Country

City

State Or Province

If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by an SPHC Party, or for which an SPHC Party is responsible, identify the products:

Exposure Dates :

Date Exposure began <input type="text" value="(mm/dd/yyyy)"/>	Date Exposure ended <input type="text" value="(mm/dd/yyyy)"/>
---	---

Occupation at time of Exposure (e.g., boilermaker, laborer, dry waller, etc):

Industry in which Exposure Occurred

If Other, please describe:

Please provide a description of the Injured Person's exposure and the length of time of the exposure to the type of asbestos-containing product(s) that is attributed to an SPHC Party at this site:

Done

When complete, click the **Done** button to save the entry, or use the **X** in the upper right corner to **cancel** the entry.

Secondary Exposure to Significant Occupationally Exposed Person

Secondary Exposure Form - Significant Occupationally Exposed Person

What is the name of the person who had the significant direct Bondex product exposure?

First Name MI Last Name

Social Security Number of the exposed person

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

Exposure Dates to Other Person:

Date injured party's Exposure to other person began:

(mm/dd/yyyy)

Date injured party's Exposure to other person ended:

(mm/dd/yyyy)

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

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

Name of Plant/Site of Exposure:

Country

City

State Or Province

Exposure Dates ⓘ:

Date Exposure began <input type="text" value="(mm/dd/yyyy)"/>	Date Exposure ended <input type="text" value="(mm/dd/yyyy)"/>
---	---

● Occupation at time of Exposure (e.g., boilermaker, laborer, dry waller, etc):

● Industry in which Exposure Occurred

● If Other, please describe:

Indicate circumstances of exposure to asbestos products or activities at this location (check all applicable):

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

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

● Description

▼

Done

When complete, click the **Done** button to save the entry, or use the **X** in the upper right corner to **cancel** the entry.

Asbestos Litigation/Jurisdiction – Part 8

This section is divided into multiple parts. Information you enter in the first part dictates which information to enter in remaining parts.

Asbestos Litigation and Claims History

Has an asbestos-related lawsuit ever been filed on behalf of the injured party?
 Yes No

Was an SPHC Party named as a defendant?
 Yes No

State and country in which the suit was originally filed:

Country
[Dropdown menu]

State [Dropdown menu] Or Province [Text box]

Name of Court in which Suit was Originally filed
[Text box]

Case Number
[Text box]

Date on which Suit was Originally Filed (mm/dd/yyyy)
[Text box]

Has the Injured Person received money from Bondex or another SPHC Party regarding this asbestos related injury?
 Yes No

Did the claimant sign to release Bondex or another SPHC Party regarding this injury?
 Yes No

This section will be Active if you answer “Yes” to the question: “Has an asbestos-related lawsuit ever been filed on behalf of the injured party”. It will grey out if you answer “NO”.

● If a lawsuit has been filed, was a final non-appealable judgment entered?

Yes No

If a final non-appealable judgment was entered, provide a copy of the judgment to the right. Note:
Currently, CPF only accepts files in the Tiff and PDF formats (*.tiff, *.tif, *.pdf).

If a final non-appealable judgment was not entered, was an appeal filed by an SPHC Party or the plaintiff in connection with the suit?

Yes No

If Yes, 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.

This section will be Active if you answer “Yes” to the question: “Has an asbestos-related lawsuit ever been filed on behalf of the injured party”. It will grey out if you answer “NO”.

If the Claimant has not filed a lawsuit against Bondex, in which state or country would the claimant have been qualified to file a lawsuit?

● Country

State Province

Or

● Jurisdiction elected is (please check one of the following):

The state/jurisdiction where the Injured Person resided at the time of diagnosis.

The state/jurisdiction where the Bondex Exposure occurred.

The state/jurisdiction where the Claimant resided at the time of the filing of this claim.

This section will grey out if you answer “YES” to the question: “Was an SPHC Party named as a defendant”. It will remain active if you answer “NO”.

Was a tolling agreement for the injured party ever in effect with respect to the claim(s) against an SPHC Party?

Yes No

If Yes, provide beginning and end dates, if any, of tolling and attach documentation of the agreement.

Beginning Date (mm/dd/yyyy)

Ending Date: (mm/dd/yyyy)

Was a claim filed with an SPHC Party pursuant to an administrative settlement agreement?

Yes No

If yes, provide the date of such submission. (mm/dd/yyyy)

Have you received money from Bondex re: this claim?

Yes No

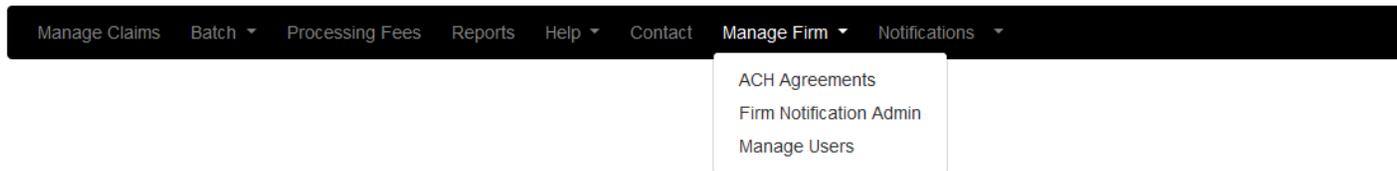
This section will be active if you answer "YES" to the question: "Has an asbestos-related lawsuit ever been filed on behalf of the injured party". It will grey out if you answer "NO".

ACH Agreements Payments

ACH Agreements

The ACH process screens will allow firms to register their account information to receive electronic payments. Typically, payments are issued monthly in accordance with trusts procedures.

Go to **Manage Firms** and then select **ACH Agreements** from the Manage Firm drop-down.



Select the Trust and Firm you will be working with. Buttons available will depend on trust selected.

ACH Agreements

Trust
Bondex Asbestos Trust

Firm

Get Current ACH Agreement Set New ACH Agreement

or

ACH Agreements

Trust
Eagle-Picher Industries Settlement Trust

Firm
CPF Test Firm

Get Current ACH Agreement Set New ACH Agreement Display Trust Processing Fee ACH

Get Current ACH Agreement

To view your current ACH information, click [Get Current ACH Agreement](#).

ACH Agreements

Trust

Bondex Asbestos Trust

Firm

CPF Test Firm

Get Current ACH Agreement

Set New ACH Agreement

Trust	Routing	Account	
Bondex Asbestos Trust	XXXXX6789	XXXXXXXXX2222	Copy ACH Agreement

Note: For copying existing agreements, please see Existing Agreements - Copy below.

Registration Process – Set New ACH Agreement (Edit Existing)

If you want to enter a new agreement or to change information on an existing agreement, click [Set New ACH Agreement](#)

ACH Agreements

I hereby affirm that I am the authorized agent, Firm Partner, Shareholder or Principal of the Law Firm.

Click [I Agree](#) if you agree to the statement.

The following screen will display:

Bondex Asbestos Trust: CPF Test Firm

I (we) hereby authorize the Trust to initiate entries to my (our) account at the Financial Institution named below and, if necessary, initiate adjustments for any transaction credited in error. Further, I (we) agree not to hold the Trust or CPF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or my (our) Financial Institution or due to an error on the part of the Financial Institution depositing funds into my (our) account. This agreement will remain in effect until Claims Processing Facility, Inc. (CPF) on behalf of the Trust(s) receives notice from me (us) to cancel the agreement or I (we) submit a new ACH Agreement to replace this one, allowing sufficient time for all impacted parties to implement the new agreement.

Name of Financial Institution

Routing Number Confirm Routing Number

Account Number Confirm Account Number

Type of account
 Checking Savings

Note: The ACH Routing Number is a 9 digit number unique to your firm's Financial Institution and MAY differ from the ABA number on the MICR line at the bottom of your check, so you should contact your bank to verify the correct ACH Routing Number to process ACH transactions for your account.

Note:
The designated CPF e-File Firm Administrator will receive payment notification via email.

Upon entering the Financial Institution information and clicking **Submit**, the firm is ready to receive electronic payments.

Existing Agreements – Copy

This section will demonstrate how to copy an existing agreement to a new trust. If you have an existing ACH Agreement in place for a specific Trust, please select that Trust and your Firm.

Trust

Trust

Firm

Click **Get Current ACH Agreement Information** to display submitted agreements:

Trust	Routing	Account	
Bondex Asbestos Trust	XXXXX6789	XXXXXXXXXX2222	<input type="button" value="Copy ACH Agreement"/>

Click **Copy ACH Agreement**

ACH Agreements

I hereby affirm that I am the authorized agent, Firm Partner, Shareholder or Principal of the Law Firm.

Click **I Agree** if you agree to the statement.

The following screen will display:

ACH Agreement

I (we) hereby authorize the Trust to initiate entries to my (our) account at the Financial Institution named below and, if necessary, initiate adjustments for any transaction credited in error. Further, I (we) agree not to hold the Trust or CPF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or my (our) Financial Institution or due to an error on the part of the Financial Institution depositing funds into my (our) account. This agreement will remain in effect until Claims Processing Facility, Inc. (CPF) on behalf of the Trust(s) receives notice from me (us) to cancel the agreement or I (we) submit a new ACH Agreement to replace this one, allowing sufficient time for all impacted parties to implement the new agreement.

- Initiate ACH Agreement for Fairbanks Asbestos Personal Injury Trust
- Initiate ACH Agreement for Eagle-Picher Industries Settlement Trust
- Initiate ACH Agreement for United Gilsonite Laboratories
- Initiate ACH Agreement for Keene Creditors Trust
- Initiate ACH Agreement for Raytech Asbestos Personal Injury Settlement Trust
- Initiate ACH Agreement for NMBFIL Asbestos Trust

Note: The ACH Routing Number is a 9 digit number unique to your firm's Financial Institution and MAY differ from the ABA number on the MICR line at the bottom of your check, so you should contact your bank to verify the correct ACH Routing Number to process ACH transactions for your account.

Note:

The designated CPF e-File Firm Administrator will receive payment notification via email.

Cancel

Submit

Check one (or more) boxes to Initiate ACH Agreement (for selected Trust) and the click **Submit**

Upon successful action, you will return to the ACH Agreement page:

Bondex Asbestos Trust account information has been successfully applied to Eagle-Picher Industries Settlement Trust and Bondex Asbestos Trust account information ✕
has been successfully applied to United Gilsonite Laboratories

ACH Agreements

Trust

Firm

Get Current ACH Agreement

Set New ACH Agreement

ACH Claim Processing Fees



04/27/2023 – Revision: 26

ACH Claim Processing Fees – Trust Specific

EPI Trust Only. If your firm would like to take advantage of the ACH option for submitting Claim Processing Fees for the EPI Trust please see <https://efile.cpf-inc.com/doc/epiprocessingfeeach>

Fairbanks Trust Only. If your firm would like to take advantage of the ACH option for submitting Claim Processing Fees for the FBK Trust please see <https://efile.cpf-inc.com/doc/fbkprocessingfeeach>

East-West Corporate Center
1771 W. Diehl Road, Suite 220
Naperville, IL 60563

Claims Processing Facility, Inc.

Toll free: 888 CPFFILE (273-3345)
Local: 630-281-6600
Fax: 630-281-6800