

NMBFiL ASBESTOS PERSONAL INJURY TRUST  
INDIVIDUALIZED REVIEW PROOF OF CLAIM FORM  
(All Trust Claims shall undergo the Individual Review Process)

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

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

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

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

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

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

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





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

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

<input type="checkbox"/>	<b>VIII</b>	<b>Mesothelioma</b>
<input type="checkbox"/>	<b>VII</b>	<b>Lung Cancer 1</b> (select this category if injured party also has a diagnosis of other underlying asbestosis or pleural disease and occupational exposure of more than 5 years.
<input type="checkbox"/>	<b>VI</b>	<b>Lung Cancer 2</b> (Not Applicable)
<input type="checkbox"/>	<b>V</b>	<b>Other Cancer</b> (Please specify: _____)
<input type="checkbox"/>	<b>IV</b>	<b>Severe Asbestosis</b> (Diagnosis of Asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathology plus (a) TLC less than 65% or (b) FVC less than 65% plus FEV1/FVC ratio greater than 65%)
<input type="checkbox"/>	<b>III</b>	<b>Asbestosis/Pleural Disease</b> (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
<input type="checkbox"/>	<b>II</b>	<b>Asbestosis/Pleural Disease</b> (Bilateral Asbestos-Related Non-Malignant Disease)
<input type="checkbox"/>	<b>I</b>	<b>Other Asbestos Disease</b> (Cash Discount Payment, not subject to the Payment Percentage)

2. Date of Diagnosis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Please check this box if: 1) the Claimant filed a claim against NMBFiL or any other asbestos defendant in the tort system before 5/31/2010; and also 2) the Claimant has a report from a physician who diagnosed the Injured Person's disease after physical exam of the Injured Person. (See Section 5.5(a)(C) of the TDP).

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

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

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

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

- Direct only → *Skip to Q. 2 below*
- Secondary only → *Answer Q. 2 below and Parts 4, 5, and 6 on the following pages for the directly exposed person and complete Part 7 for the Injured Person who had the secondary exposure.*
- Direct and secondary → *If the Injured Person experienced both direct AND secondary exposure to an NMBFiL asbestos-containing product, please complete Parts 4, 5, and 6 for the direct exposure of the Injured Person and Part 7 for the secondary exposure.*

2. Was the Injured Person exposed outside the workplace (i.e., non-workplace) and/or work (occupational). Check one box below to indicate the type of NMBFiL asbestos exposure you claim.

- A. Direct NMBFiL exposure was entirely non-workplace, for example, during unpaid automobile repair or restoration. ***Complete Part 4 and Part 6 next.***
- B. Direct NMBFiL exposure was entirely occupational, that is, exposure occurred in the course of paid employment. ***Complete Part 5 and Part 6 next.***
- C. Direct NMBFiL exposure was both non-workplace and occupational. ***Complete Part 4, 5, and 6 next.***



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

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

*“NMBFiL Exposure” means meaningful and credible exposure, which occurred prior to December 31, 1982 (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by an NMBFiL Party, or for which NMBFiL otherwise had legal responsibility or (b) to conduct for which NMBFiL has legal responsibility that exposed the claimant to an asbestos-containing product.*

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

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

1. Site/Repair Shop where Exposure Occurred:

Name of Plant/Site of Exposure: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

2. If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by NMBFiL, identify the products:

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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5. Industry in which Exposure occurred: \_\_\_\_\_ (**Industry codes listed below**)

If code 37 – Other, please describe: \_\_\_\_\_

**Industry Codes**

- |   |                                     |
|---|-------------------------------------|
| 11. Aerospace/aviation                  | 25. Insulation                      |
| 12. Asbestos abatement                  | 27. Railroad                        |
| 13. Automobile/mechanical friction      | 30. Shipyard-construction/repair    |
| 16. Chemical                            | 31. Textile                         |
| 17. Construction                        | 32. Tire & rubber                   |
| 18. Iron/steel                          | 33. Utilities                       |
| 19. Longshore                           | 34. Asbestos products manufacturing |
| 20. Maritime                            | 36. Building occupant/bystander     |
| 21. Military                            | 37. Other                           |
| 23. Non-asbestos products manufacturing |                                     |

6. **NMBFiL Exposure.** Every claimant must submit evidence of exposure to NMBFiL asbestos-containing product or relevant activities exposing the claimant to an NMBFiL asbestos-containing product.

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 NMBFiL at this site:

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

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

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

1. Did the exposed person have regular occupational exposure to any asbestos-containing product (NMBFiL and any other) for at least 10 years?

- Yes → Please provide the following information for each employment period you rely upon to document at least 10 years of asbestos exposure
- No → **Skip to Part 7**

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

2. Site/Plant where other Asbestos Exposure Occurred:

Name of Plant/Site of Exposure:

\_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

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

4. Occupation at time of Exposure:

\_\_\_\_\_

5. Industry in which Exposure occurred: \_\_\_\_\_ **(Industry codes listed below)**

If code 37 – Other, please describe: \_\_\_\_\_

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**Industry Codes**

- |   |                                     |
|---|-------------------------------------|
| 11. Aerospace/aviation                  | 25. Insulation                      |
| 12. Asbestos abatement                  | 27. Railroad                        |
| 13. Automobile/mechanical friction      | 30. Shipyard-construction/repair    |
| 16. Chemical                            | 31. Textile                         |
| 17. Construction                        | 32. Tire & rubber                   |
| 18. Iron/steel                          | 33. Utilities                       |
| 19. Longshore                           | 34. Asbestos products manufacturing |
| 20. Maritime                            | 36. Building occupant/bystander     |
| 21. Military                            | 37. Other                           |
| 23. Non-asbestos products manufacturing |                                     |

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

- The exposed person handled asbestos fibers on a regular basis
- The exposed person fabricated asbestos-containing products such that the exposed party 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 party was exposed on a regular basis to asbestos fibers
- The exposed person was employed in an industry or occupation such that the exposed party worked on a regular basis in close proximity to workers who did one or more of the above activities
- None of the above

7. Provide a description of how the exposed person was exposed to asbestos at each relevant site.

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

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

Yes     No → **Skip to Q. 2**

a. State or country in which the suit was originally filed: \_\_\_\_\_

b. Name of the court in which the suit was originally filed: \_\_\_\_\_

c. Case number: \_\_\_\_\_

d. Date the suit was originally filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month)      (day)      (year)

e. Was NMBFiL named as a defendant?     Yes     No

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

**Enclose copy of judgment with Claim Form**

If no judgment, was an appeal filed by NMBFiL or the plaintiff in connection with the suit?

Yes       No

If an appeal was filed, please provide the case number of the appeal and indicate whether a letter of credit, appeal bond, supersedeas bond or other security or surety was issued in connection with the appeal, verdict, or judgment.

\_\_\_\_\_

2. Has the Injured Person received money from NMBFiL for this asbestos related injury?

Yes       No

3. Did the claimant sign to release NMBFiL regarding this injury?

Yes       No

4. Did the claimant and NMBFiL have a tolling agreement?

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

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

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

5. Was a claim filed with NMBFiL pursuant to an administrative settlement agreement:

Yes \_\_\_\_\_ No \_\_\_\_\_ . If yes,

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

b. Have you received money from NMBFiL re: this claim? Yes \_\_\_\_\_ No \_\_\_\_\_





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

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

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

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

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

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

Signature: \_\_\_\_\_

Please print the name: \_\_\_\_\_

Relationship to the Claimant of the signatory above: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          (month)   (day)   (year)

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**Procedures for Claim Submission**

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

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