

CLAIM FORM

EAGLE-PICHER INDUSTRIES, INC. PERSONAL INJURY SETTLEMENT TRUST

Submit completed claims to:

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

Instructions for the Claim Form

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. See <http://www.cpf-inc.com/epi-trust/epi-trust-claim-filing--instructions/> for further instructions.

In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records as instructed in Part 3, below
- Proof of Eagle-Picher product exposure as instructed in Part 4, below

Please select which Option you are filing a Claim Form for:

- Individualized Review
- Discounted Cash Payment

Representation

If Claimant is represented by counsel, please print or type the following information:

Attorney Name: _____
(Please print full name)

Paralegal or Contact Name: _____
(Please print full name)

Name of Law Firm: _____
(Please print full name of firm)

Firm Address: _____
(Street/PO box number/suite number)

(City, State and Zip)

Attorney Phone: _____ Email Address: _____
(Area Code & Number)

Contact Phone: _____ Email Address: _____
(Area Code & Number)

**EAGLE-PICHER INDUSTRIES, INC. PERSONAL INJURY
SETTLEMENT TRUST**

Part 1: Injured Party Information

Name: _____ (Please print FULL NAME)	Social Security #: _____
Gender: Male____ Female____	Date of Birth: ____/____/____ (Month) (Day) (Year)

I. Is injured party living? Yes: _____ No: _____

II. If injured party is living and not represented by counsel, please complete the following:

Mailing Address: _____
(Street PO box number)

(City/State/Zip)

Daytime Phone: () _____ - _____

III. If Injured party is deceased: (***Death Certificate must be enclosed***)

Date of Death: ____/____/____
(Month) (Day) (Year)

Was death asbestos-related? Yes: _____ No: _____

IV. If injured party is deceased or has a personal representative other than, or in addition to, his/her attorney, please indicate the following information for the representative: (**Certificate of Official Capacity must be enclosed.**)

Name: _____ Social Security #: _____

Mailing Address: _____

Daytime Phone: () _____ - _____

Relationship to Injured Party: I am party's: _____
(Guardian, Administrator, Brother, etc.)

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Part 3: Diagnosed Asbestos-Related Injuries

Place an X next to all injuries below that have been or were diagnosed for the injured party **and** for which medical documentation is attached to this claim form. See <http://www.cpf-inc.com/epi-trust/epi-medical-requirements/> for listing of medical records that must be enclosed.

<input type="checkbox"/> Mesothelioma	Date of Diagnosis: <u> </u> / <u> </u> / <u> </u> (Month) (Day) (Year)
<input type="checkbox"/> Lung Cancer	Date of Diagnosis: <u> </u> / <u> </u> / <u> </u> (Month) (Day) (Year)
<input type="checkbox"/> Other Cancer: _____ (Indicate Type)	Date of Diagnosis: <u> </u> / <u> </u> / <u> </u> (Month) (Day) (Year)
<input type="checkbox"/> Non-Malignancy (e.g., asbestosis, pleural lung disease)	Date of Diagnosis: <u> </u> / <u> </u> / <u> </u> (Month) (Day) (Year)

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Proof of Eagle-Picher product exposure must be enclosed. (See <http://www.cpf-inc.com/epi-trust/epi-exposure-requirements/> for further instructions)

Date Exposure Began: ____/____/____ Date Exposure Ended: ____/____/____
(Month) (Day) (Year) (Month) (Day) (Year)

Occupation: _____

Description of Job Duties: _____

Industry in which exposure occurred: ____ If Code 37 (Other), specify: _____

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 Trades | 33. Utilities |
| 18. Iron/Steel | 34. Eagle-Picher asbestos products manufacturing |
| 19. Longshore | 35. Non-Eagle-Picher asbestos products manufacturing/mining |
| 20. Maritime | 36. Building occupant/bystander |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |
| 24. Petrochemical | |

Describe how and why Eagle-Picher product was used at the site:

Employer: _____

Plant or Site Name: _____

Location of plant or site where exposure occurred: _____

City: _____ State: _____

Describe how injured party was exposed to Eagle-Picher product:

Name of Eagle-Picher product(s) to which injured party was exposed:

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Proof of Eagle-Picher product exposure must be enclosed. (See <http://www.cpf-inc.com/epi-trust/epi-exposure-requirements/> for further instructions)

Date Exposure Began: ____/____/____ Date Exposure Ended: ____/____/____
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Occupation: _____

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Industry Codes

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| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |
| 24. Petrochemical | |

Describe how and why Eagle-Picher product was used at the site:

Employer: _____

Plant or Site Name: _____

Location of plant or site where exposure occurred: _____

City: _____ State: _____

Describe how injured party was exposed to Eagle-Picher product:

Name of Eagle-Picher product(s) to which injured party was exposed:

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Part 5: Exposure to an Occupationally Exposed Person

Is the claimant alleging an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member (spouse, father, sister, etc.)?

Yes: _____ No: _____

Name of Occupationally Exposed Person: _____

Date Exposure to Other Person Began: Month _____ Year _____

Date Exposure to Other Person Ended: Month _____ Year _____

Relationship to occupationally exposed individual:

I am his/her _____
(Brother, Son, Spouse, etc.)

Describe how injured party was exposed to the Eagle-Picher product:

**Part 4, page 5, must be completed for the occupationally
exposed person**

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Part 6: Smoking/Tobacco History

For each item, indicate whether injured party has smoked or used the given product. If used, indicate the dates they were used.

Has injured party ever:

Smoked Cigarettes? Yes: _____ No: _____

From _____/_____/_____ To _____/_____/_____
 (Month) (Year) (Month) (Year)

From _____/_____/_____ To _____/_____/_____
 (Month) (Year) (Month) (Year)

Has injured party ever:

Smoked Cigars? Yes: _____ No: _____

From _____/_____/_____ To _____/_____/_____
 (Month) (Year) (Month) (Year)

From _____/_____/_____ To _____/_____/_____
 (Month) (Year) (Month) (Year)

Has injured party ever:

Smoked Pipes? Yes: _____ No: _____

From _____/_____/_____ To _____/_____/_____
 (Month) (Year) (Month) (Year)

From _____/_____/_____ To _____/_____/_____
 (Month) (Year) (Month) (Year)

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Part 7: Asbestos Litigation

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

Yes: _____ No: _____

Two-letter abbreviation of the state in which the suit was originally filed:

Name of court in which suit was originally filed: _____

Date on which the suit was originally filed: _____

Has injured party received settlement money from Eagle-Picher Industries, Inc.?

Yes: _____ No: _____

Has injured party received settlement money from the Eagle-Picher Industries, Inc.
Personal Injury Settlement Trust?

Yes: _____ No: _____

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Part 8: Employment Information

Current Employment Status:

- Full-time, outside the home
- Full-time, within the home
- Part-time, outside the home
- Part-time, within the home
- Retired
- Disabled

Amount of last annual wage: \$ _____, _____.

Date of last wage received: _____ / _____
(Month) (Year)

(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 enclosed if lost wages are being claimed**

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Part 9: Signature Page

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

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge I certify under penalty of perjury that the information submitted is accurate and complete.

Signature of Claimant or Representative

Please print the name and relationship to the claimant of the signatory above

Please review your submission to ensure it is complete.

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records as instructed in Part 3, above
- Proof of Eagle-Picher product exposure as instructed in Part 4, above
- W-2 and first page of 1040 for last year of full employment (if applicable)

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Signature of Claimant's Attorney for Deceased Injured Party

I certify that my office has performed a duly diligent investigation and is satisfied that the claimant(s) named herein has (have) all requisite legal authority to act for, bind, and accept payment on behalf of the decedent on whose exposure to asbestos the claim is based.

Signature of Attorney

Please print the name and name of firm