

Keene Deficiency Code Descriptions

Deficiency Code	Description	Resolution Description
001	Death Certificate	Please submit a copy of the injured person's death certificate.
002	Personal Representative	Please submit the name of Personal Representative, SSN, and Certificate of Official Capacity. This information should pertain to the guardian or representative of the estate, not the injured party. Requisite documentation consists of one of the following: Executive of the Estate, Letter of Administration, and Letter of Official Capacity. In the alternative, where there has been no administration of a decedent's estate, please complete one of the personal representative affidavits to be used to establish an individual's authority to act for, bind, and accept payment on behalf of a decedent/injured party and his/her estate and heirs. The affidavit forms are available at www.cpf-inc.com .
003	Injured party's SSN	Please submit a copy of the injured person's social security number or foreign identification number.
004	Date of Birth	Please submit the injured party's date of birth.
007	Date of Diagnosis	Please submit the date of diagnosis based on the disease that you expect will be confirmed by the medical documentation.
025	Lawsuit State	Please provide State in which suit was originally filed.
026	Lawsuit Date	Please provide the date on which suit was originally filed.
030	Signature of Claimant/Representative	Please provide signature of Claimant/Representative.
060	Suspended Physician	The nonmalignant or underlying nonmalignant asbestos-related diagnosis is based upon the medical report of one of the suspended doctors referenced in the February 13, 2006 letter to Counsel, therefore, this claim will not be processed any further without receipt of medical documentation resulting from a physician other than one of the suspended physicians.
100	Beginning and ending exposure dates	Please provide the time period at each specific job site.
101	Medical Documentation	Please provide medical records as required by the Trust Distribution Procedures for the injury categorization.
102	Exposure Documentation	Please provide proof of Company Exposure, and if applicable, Significant Occupational Exposure as required in the Trust Distribution Procedures.
103	Plant/Site of Exposure	Please provide the plant/site of exposure.
104	No occupation provided	Please provide the occupation and description of job duties that led to claimant's exposure.
105	Industry	Please provide the industry and the description of the industry where exposed.

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106	Bystander	Please provide beginning and ending dates of claimant's non-occupational exposure.
107	Filed Complaint	Please submit a photocopy of the endorsed cover sheet of the filed complaint naming Keene as a defendant and the claimant as the plaintiff.
108	Wage Information	Please provide W-2 and first page of IRS form 1040 (if Part 10 is applicable)
109	Injured party's name	Due to conflicting information provided in the claim submissions, please provide clarification of the spelling of the injured party's name.
110	Date of Birth - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Date of Birth.
111	Social Security Number - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Social Security Number.
112	Date of Death	Due to conflicting information in the claim submissions, please provide clarification of the injured party's Date of Death
115	Latency	Please provide either a statement by the physician that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis or a history of the claimant's exposure sufficient to establish a 10 year latency period.
116	Diagnosis of Mesothelioma	Please provide a Mesothelioma diagnosis by either a physical examination of the claimant by the physician providing the diagnosis or a diagnosis of Mesothelioma by a board certified pathologist as defined in section 5.3 (a) and 5.5 (a)(i) of the TDP.
117	Diagnosis of Lung Cancer	Please provide a Lung Cancer diagnosis by either a physical examination of the claimant by the physician providing the diagnosis or a diagnosis of Lung Cancer by a board certified pathologist as defined in section 5.3 (b)(c) and 5.5 (a)(i) of the TDP.
118	Diagnosis of Severe Asbestosis	Please provide a diagnosis of Severe Asbestosis Disease as described in section 5.3(e) and 5.5 (a)(i) of the TDP.
119	Diagnosis of Asbestosis/Pleural Disease	Please provide a diagnosis of Asbestosis/Pleural Disease level II as described in Section 5.3(f) and 5.5 (a)(i) of the TDP.
120	Diagnosis Asbestosis/Pleural Disease Lev	Please provide a diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease as described in section 5.3 (g) and 5.5 (a)(i) in the TDP.

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121	Other Cancer Diagnosis	Please provide a diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer (hereinafter "other cancer type") by either a physical examination of the claimant by the physician providing the diagnosis or a diagnosis of an other cancer type by a board certified pathologist as defined in section 5.3 (d) and 5.5 (a)(i) in the TDP.
122	Nonmalignant Underlying Asbestos Disease	Please provide a medical report from a qualified physician demonstrating evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease as defined in section 5.3(b)(d) in the TDP.
123	Causation Lung Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged lung cancer.
124	Causation Other Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged other cancer type.
125	Causation Pulmonary Condition	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged pulmonary condition.
126	Medical Report submitted fails to comply with section 5.6 of the TDP	Medical Report submitted fails to comply with section 5.6 of the TDP.
127	Alleged injury not compensable	The alleged injury is not compensable by the Trust under the TDP.
128	Medical documentation not for claimant	The medical documentation provided is not for the above named claimant.
129	Physical examination report	Please submit a physical examination of the claimant by the physician providing the diagnosis. A physical examination includes a basic inspection of the patient by a physician for physical signs and symptoms of a disease or abnormality. The practical application of this definition includes a meeting between a physician and patient in an examination area where the physician proceeds to inspect the patient with the standard of care appropriate for examinations related to suspected asbestos-related diseases. The examining physician should also indicate that he or she performed or reviewed reports of B-Reading, pulmonary function testing, or pathology tests on which his or her opinion of the patient's condition is based.
130	X-Ray reading	Please submit a chest x-ray reading by a certified B-reader.
131	Pulmonary Function Test	Please submit a pulmonary function test report.
140	SOE	Please provide evidence of Significant Occupational Exposure as described in section 5.5(b)(ii) of the TDP.

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141	Company Exposure (6 months)	Please provide six months of meaningful and credible evidence of Exposure to Keene Asbestos Products manufactured and/or sold by Keene as described in section 5.3 and 5.5 of the TDP. This may be established by an affidavit of the claimant, by an affidavit of a coworker or in case of a deceased claimant an affidavit of a family member or by invoices, construction or similar records.
142	Company Exposure	Please provide meaningful and credible evidence of Exposure to Keene Asbestos Products manufactured and or sold by Keene as described in section 5.3 (a) (c) and 5.5 (b)(i) & (iii) of the TDP. This may be established by an affidavit of the claimant, by an affidavit of a coworker or in case of deceased claimant an affidavit of a family member or by invoices, construction or similar records.
143	Occupation	Please provide the occupation that led to claimant’s exposure to asbestos products.
144	Employer, Plant/Site of Exposure	Please submit the employer(s) or site(s) where claimant’s exposure occurred.
145	Time Period	Please submit the time period employed at each specific job site.
146	Product Identification	Please provide for all sites where Keene products have not been established or are not presumed to be present, meaningful and credible evidence that demonstrates the presence of Keene asbestos containing products at the site of the claimed exposure. This may be established by an affidavit of the claimant, by an affidavit of a coworker or in the case of a deceased claimant an affidavit of a family member or by invoices, construction or similar records.
147	Bystander (source of exposure)	Please submit exposure information pertaining to the person who was the source of exposure for a claimant alleging non-occupational exposure. Please complete and submit Part 4 of the claim form.
148	Bystander (relationship)	Please submit the relationship to the occupationally exposed individual.
149	Bystander (injured party)	Please describe how Injured Party was exposed to Keene products through the occupationally exposed person. Please complete and submit Part 4 of the claim form.
150	Contradicting Exposure Allegations	Please provide clarification of the contradicting exposure allegations. Exposure information contained in the documents submitted with the claim filing contradicts exposure allegations provided for on the claim form.
151	Occupational Asbestos Exposure	Please provide five cumulative years of occupational exposure to asbestos as described in section 5.3 of the TDP.
152	Individualized job description	Please provide a job description that is specific to the individual Claimant’s actual employment experience and cannot be a generic generalized statement.

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153	Exposure documentation is not for the claimant	The exposure documentation provided is not for the above named claimant.
154	Alleged dx cat needs occ exp evidence	The alleged disease category requires evidence of occupational exposure.
155	Exp. Post 1982 not compensable	Exposure occurring post 1982 is not compensable.
156	Keene Employee Exception not provided	With rare exceptions a Keene Company Employee is barred from pursuing a tort claim against his/her employer and is limited to workers compensation remedies. If one of these exceptions is applicable please provide evidence.
157	Foreign Exposure	The Keene Trust requires independent proof of the presence of the Keene asbestos containing product at the site and in the country alleged to be the source of exposure. The Keene Trust does not have evidence of the exportation of Keene asbestos containing products outside of the United States. A single affidavit purporting exposure to the product will be insufficient proof of product at the alleged site.
158	Missing Signature on Physicians Report	The diagnosing medical report(s) submitted are missing a physician's signature or the physician on the diagnosing medical report(s) cannot be determined.
200	Reliability of Chest X-Ray	The chest x-ray relied upon in diagnosing the non-malignant underlying disease cannot be considered because either the lung cancer tumor is obscuring the lung parenchyma being evaluated, or the treatment of the malignancy indicates that one or more of the lung lobes were removed.
203	Quality 3 X-ray	The Chest x-ray/B Reader report provided has a film quality rating of a 3 and therefore the claim cannot be validated. A quality 3 rating fails to comply with Section 5.6 of the Keene Trust Claims Resolution and Distribution Procedures that requires: "In all cases, the Trust may require that medical x-rays, tests, laboratory examinations and other medical evidence comply with recognized medical standards regarding equipment, testing methods, and procedures to assure that such evidence is reliable."
375	Completion of all exposure sections of the claim form are mandatory	Completion of all exposure sections of the claim form are mandatory.
376	KCT asbestos-containing products or materials is required.	The Keene Trust Claim Form must list all of the asbestos-containing products or materials to which the Injured Party is alleging exposure.
377	Please provide a properly executed and notarized exposure affidavit.	Please provide a properly executed and notarized exposure affidavit.

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378	Atypical Exposure	The product that the Injured Party was alleged to have been exposed is one not typically associated with Injured Party's occupation or description of exposure. Please provide a detailed explanation as to how the claimant was exposed to the alleged asbestos-containing Keene product.
379	Product Exposure Insufficient	The Injured Person's or Occupationally Exposed Person's description of exposure to Keene asbestos containing product(s) is either insufficient or has not been provided. (e.g., the frequency of exposure, the duration of exposure, whether the exposure was from working directly with the product, working in the area where the product was handled, working in the area where the product was present).
380	Nature of Exposure	Please provide a description of the Occupationally Exposed Person's exposure to a Keene asbestos-containing product. Section 5.5(b)(iii) of the TDP states that "the claimant must demonstrate meaningful and credible exposure" to a Keene asbestos-containing product. "Meaningful and credible exposure" should include the regularity, proximity and frequency the Claimant came into direct contact or had material exposure to Keene asbestos-containing products. This job description must be individualized to the Claimant's employment experience and cannot be a generic generalized statement. Also, the description of the job duties should not merely state that the Claimant was frequently exposed in close proximity to other tradesmen using Keene products. Instead, the job duties description should be detailed enough to be able to determine how the person was exposed to the Keene asbestos containing product and how often this exposure occurred.
381	Significant Occupational Exposure	Please provide a description of asbestos exposure to support the claimant's provided Significant Occupational Exposure.
382	The Injured Party's date of birth cannot be confirmed.	The Injured Party's date of birth cannot be confirmed by our independent third party verification service. Please provide independent proof of the Date of Birth. This proof may be established by a Birth Certificate or Government issued ID that includes the Date of Birth.
383	The Injured Party's social security number cannot be confirmed.	The Injured Party's Social Security Number cannot be confirmed by our independent third party verification service. Please provide independent proof of the Social Security Number. This proof may be established by a copy of a Social Security Card, Social Security Records, Military Records, Driver's license or other Government issued ID.
384	The Injured Party's name cannot be confirmed.	The Injured Party's name cannot be confirmed by our independent third party verification service. Please provide some form of ID that correctly spells the Injured Party's legal name.