

Raytech Deficiency Code Descriptions

Deficiency Code	Description	Resolution Description
001	Death Certificate	Please submit a copy of the injured persons 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. 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.
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
113	SSN of Claimant/Representative	Please provide the Personal Representative's Social Security Number.
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 Qualified Physician providing the diagnosis or a diagnosis of Mesothelioma by a board certified pathologist as defined in section 7.1 and Schedule A of the TDP.
117	Diagnosis of Lung Cancer	Please provide a Lung Cancer diagnosis by either a physical examination of the claimant by the Qualified Physician providing the diagnosis or a diagnosis of Lung Cancer by a board certified pathologist as defined in Section 7.1 and Schedule A of the TDP.
118	Diagnosis of Severe Asbestosis	Please provide a diagnosis of Severe Asbestosis Disease as described in section 7.1 and Schedule A of the TDP.
121	Other Cancer Diagnosis	Please provide a diagnosis of a primary tumor originating in the larynx, pharynx, stomach, esophagus, colon, or rectum caused or contributed to by asbestos exposure (hereinafter "other cancer type") by either a physical examination of the claimant by the Qualified Physician providing the diagnosis or a diagnosis of an other cancer type by a board certified pathologist as defined in Section 7.1 and Schedule A of the TDP.

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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 footnote 3 of Schedule A of 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 7.1 of the TDP	Medical Report submitted fails to comply with section 7.1 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 Qualified Physician providing the diagnosis. A physical examination includes a basic inspection of the patient by a physician for physical signs and symptoms of a disease or abnormality. The practical application of this definition includes a meeting between a physician and patient in an examination area where the physician proceeds to inspect the patient with the standard of care appropriate for examinations related to suspected asbestos-related diseases. The examining physician should also indicate that he or she performed or reviewed reports of B-Reading, pulmonary function testing, or pathology tests on which his or her opinion of the patient's condition is based.
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 7.2 of the TDP.
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.

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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 Raytech 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 7.2 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.
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.
158	Missing Signature on Physicians Report	The diagnosing medical report(s) submitted are missing a physicians signature or the physician on the diagnosing medical report(s) cannot be determined.
159	Raytech Company Exposure	With rare exceptions a Raytech 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.
161	Cert. by a Qualified Dr. (Decd)	Please provide certification by a Qualified Physician that an asbestos-related disease was a substantial contributing cause of death or meets the medical criteria of section 7.1 and Schedule A of the TDP.
162	Foreign Exposure	Pursuant to section 2.3(b) in the Raytech Corporation Trust Agreement, "PI Trust Claims eligible for payment by the PI Trust shall not, in any event, include claims submitted by foreign claimants. A foreign claimant shall be defined as an individual who is not a resident of the United States at the time at which the individual submits a claim to the Trust or at the time at which the claim is paid.

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163	Residential Exposure	The Raytech Trust will not validate residential only exposure claims for any injury category except mesothelioma, which is medically and legally accepted that minimal dosage levels may cause the development of the mesothelioma.
168	Company Exposure (6 months)	Please provide 6 months of meaningful and credible evidence of Exposure to Raytech Asbestos Products manufactured, produced, distributed, sold, fabricated, installed, released, maintained, repaired, replaced, removed or handled by Raytech and/or any entity for which Raytech is responsible. 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.
169	Company Exposure	Please provide meaningful and credible evidence of Exposure to Raytech Asbestos Products manufactured and or sold by Raytech as described in 7.2(c). 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.
170	Product Identification	Please provide for all sites where the Trust's products have not been established or are not presumed to be present, meaningful and credible evidence that demonstrates the presence of Raytech 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.
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.
202	Atypical Exposure	The product that the claimant was alleged to have been exposed is one not typically associated with claimant's occupation or description of duties. Please provide a detailed explanation as to how the claimant was exposed to the alleged asbestos-containing Raytech product.
204	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 7.1 (b) of the Raytech Trust Distribution Procedures that requires: "Before making any payment to a claimant, the PI Trust must have reasonable confidence that the medical evidence provided in support of the claim is credible and consistent with recognized medical standards."
475	Completion of all exposure sections of the claim form are mandatory	Completion of all exposure sections of the claim form are mandatory.

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476	RAY asbestos-containing products or materials is required.	The Raytech Trust Claim Form must list all of the asbestos-containing products or materials to which the Injured Party is alleging exposure.
477	Please provide a properly executed and notarized exposure affidavit.	Please provide a properly executed and notarized exposure affidavit.
479	Product Exposure Insufficient	The Injured Person's or Occupationally Exposed Person's description of exposure to Raytech 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).
481	Significant Occupational Exposure	Please provide a description of asbestos exposure to support the claimant's provided Significant Occupational Exposure.
482	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.
483	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.
484	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.