

**RAYTECH CORPORATION ASBESTOS PERSONAL INJURY SETTLEMENT TRUST**

**PROOF OF CLAIM FORM  
ASBESTOS-RELATED PERSONAL INJURY CLAIMS**

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

**Instructions for Proof of Claim Form**

**Note: It is possible for claim data previously submitted to the Eagle Picher Industries, Inc. Personal Injury Settlement Trust or the Keene Creditors Trust to be used to expedite the preparation and review of claims for the Raytech Corporation Asbestos Personal Injury Settlement Trust. Doing so will reduce the work necessary to file a claim and minimize the time it takes to review the claim. Please visit the Claims Processing Facility website ([www.cpf-inc.com](http://www.cpf-inc.com)) for information on how to make use of this data.**

Otherwise, 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. In addition to filing the forms that follow, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical records
- Proof of exposure to Raytech Product/Operations, as defined in section 7.2 of the Trust Distribution Procedures (“TDP”) and including, but not limited to, asbestos or asbestos-containing products manufactured, distributed, sold, or handled by **Raytech Corporation, Raymark Industries, Inc., Raymark Corporation, and Universal Friction Composites, Inc.**

**If applicable, please note if the claim meets the criteria for either of the following:**

Exigent Health Claim (see section 5.4(a) of the TDP)

Extreme Hardship Claim (see section 5.4(b) of the TDP)

**Representation:**

If counsel represents the Claimant, please print or type the following information:

1. Attorney name: \_\_\_\_\_  
(Last) (First) (MI)
2. Name of law firm: \_\_\_\_\_
3. Firm address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Paralegal or contact name: \_\_\_\_\_  
(Last) (First) (MI)
6. Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Attorney’s or law firm’s Tax ID Number: \_\_\_\_\_



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**Part 2: Diagnosed Asbestos-Related Injuries**

1. Check the box next to the asbestos-related Disease Category that has been diagnosed for the Injured Party and for which medical documentation is attached to this claim form. **(Check only the most serious Disease Category.)** See instructions for a listing of the specific medical records that must be enclosed for each Disease Category.

	<u>Category</u>	<u>Scheduled Disease</u>
<input type="checkbox"/>	1	Mesothelioma
<input type="checkbox"/>	2	Lung Cancer
<input type="checkbox"/>	3	Other Cancer
<input type="checkbox"/>	4	Severely Disabling Asbestosis

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

**Reminder: All claims must meet the relevant medical criteria and be supported by appropriate medical documentation as set forth in Schedule A to the TDP.**



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6. Identify the Raytech Product/Operations, as defined in section 7.2 of the TDP, to which the Injured Party is alleging exposure:

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7. Indicate circumstances of exposure (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 raw asbestos fibers
- Injured Party was employed in an industry or occupation such that the Injured Party worked on a regular basis in close proximity to workers who did one or more of the above three activities
- None of the above

8. Describe the circumstances of exposure supporting the answers to question 7 above:

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**Reminder: All claims must demonstrate meaningful and credible evidence of exposure to Raytech Product/Operations as set forth in section 7.2 of the TDP. This may be established by the original signature of the Claimant on this claim form made under penalty of perjury. In addition, meaning and credible exposure may be established by the following:**

- **An affidavit of a co-worker or family member (in the case of a deceased Injured Party)**
- **Invoices, construction, or similar records**

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**Part 4: Exposure to an Occupationally Exposed Person (Bystander Claim)**

**Note: The following information will be considered only if Mesothelioma or Lung Cancer is being alleged.**

1. Is the Injured Party alleging an asbestos-related disease resulting in whole or in part from another person's occupational exposure, such as a family member (spouse, father, sister, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Part 3 must be completed for the occupationally exposed person.

2. Date exposure to other person began: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

3. Date exposure to other person ended: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

4. Name of occupationally exposed person: \_\_\_\_\_  
(Last) (First) (MI)

5. Relationship of Injured Party to occupationally exposed person: \_\_\_\_\_  
(brother, son, spouse, etc.)

6. Social Security Number of the occupationally exposed person: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Describe the Injured Party's exposure to Raytech Product/Operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



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**Part 6: Signature Page**

**All claims must be signed by the Injured Party or the person filing the claim on his/her behalf (such as the personal representative).**

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Signature of Injured Party or Representative

Please print the name of the signatory above and his/her relationship to the Injured Party

**Please review your submission to ensure it is complete and includes the following documents, as applicable:**

- Death Certificate
- Certificate of Official Capacity (if personal representative is filing the claim)
- Medical records
- Proof of exposure to Raytech Product/Operations (as defined in section 7.2 of the TDP)

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