

BONDEX ASBESTOS PERSONAL INJURY TRUST
PROOF OF CLAIM FORM

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

You may submit and manage your claim electronically through the Bondex Asbestos PI Trust's (the "Trust") website. Visit www.bondexasbestostrust.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, <http://www.bondexasbestostrust.com>. Certain sections of the TDP, needed for completing this Claim Form are included in the enclosed *Instructions for the Claim Form*.

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 the enclosed *Instructions for the Claim Form* to determine what sections and questions need to be answered and what documentation is required. You may contact the Claimant Helpline toll free at (844) 318-5969 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.

Choice of Claim Process

Please choose the applicable claim process for your claim (*check only one box*):

- Expedited Review ("ER").** Expedited Review is a process requiring less information that pays qualified claims from a fixed schedule of claim values without negotiation. **Expedited Review is not available for: a) Lung Cancer 2 (Level VI) Claims; b) Secondary Exposure Claims other than Mesothelioma; or c) Foreign Claims.** Secondary exposure means the injured person was exposed because of his/her contact with a person who worked directly with the Bondex asbestos product(s), 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 the Bondex asbestos product.

- Individual Review ("IR").** The Individual Review process may require more information and qualified claims are valued individually based on all the information submitted. Qualified claims may be valued higher or lower than the fixed schedule value for the claim category. **You must choose Individual Review if: this claim is solely or in part from secondary exposure to asbestos (from someone else who worked directly with or around the asbestos containing product, such as a family member who brought home asbestos fibers from his/her workplace) and the disease claimed by the injured person with secondary exposure is other than Mesothelioma.** **You must choose IR also if this is a foreign claim or if this is a Lung Cancer 2 (Level VI) claim.**

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Part 1: Information about the Injured Person, the person who suffered the injury or died from asbestos exposure. *This section should be completed for all claims.*

1. Name: _____ (Last) _____ (First) _____ (MI)

2. Social Security Number: _____ - _____ - _____ 3. Gender: Male Female

4. Date of Birth: _____ / _____ / _____
(month) (day) (year)

5. Name of Claimant (i.e., the person submitting the claim) if not the same as 1 above:

5a. Claimant Social Security Number: _____ - _____ - _____

5b. Claimant Relationship to Injured Person: _____

6. Legal Representation: *If an attorney represents claimant, please provide the following information.*

6a. Attorney Name: _____ (Last) _____ (First) _____ (MI)

6b. Law Firm Name: _____ 6c. Law Firm EIN: _____

6d. Law Firm Address: _____

6e. Attorney Phone: (____) _____ Fax: (____) _____ Email: _____

6f. Paralegal or Contact Name: _____ (Last) _____ (First) _____ (MI)

6g. Contact Phone: (____) _____ Fax: (____) _____ Email: _____

7. Is Injured Person deceased? Yes → **Enclose copy of Death Certificate** No → **Skip to Q. 8**

7a. Date of death: _____ / _____ / _____ 7b. Was death asbestos-related? Yes No
(month) (day) (year)

8. If Injured Person is living and **not** represented by counsel, please complete the following:

8a. Injured Person Mailing Address: _____
(Street/PO Box)

(City/State/Zip)

8b. Daytime Phone: (____) _____ - _____ 8c. Email Address: _____

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9. If Injured Person or Claimant is deceased or has a personal representative other than, or in addition to, his/her attorney, please indicated the following for the personal representative. *(Estate documentation or Certificate of Official Capacity must be enclosed.)*

9a. Name: _____
(Last) (First) (MI)

9b. Social Security Number: _____ - _____ - _____ or Tax ID Number: _____

9c. Mailing Address: _____
(Street/PO Box)

(City/State/Zip)

9d. Daytime Phone: (____) _____ - _____ 9e. Email Address: _____

9f. Relationship to Injured Person: _____
(spouse, child, etc.)

Medicare Reporting Information

10. Medicare Health Insurance Claim Number (HICN) (if applicable and known): _____

Check this box if the Injured Person's Bondex Exposure ended before December 5, 1980.

Please note that if a Claimant is unable or chooses not to answer question 10, the Trust will presume exposure on or after December 5, 1980 for Medicare Reporting purposes only. This presumption will not affect the calculation of an Injured Person's exposure for purposes of meeting the TDP exposure requirements.

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Part 2: Diagnosed Asbestos-Related Injuries. *This section should be completed for all claims. Claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in section 5.6(a) of the TDP. The presumptive medical criteria for the Disease Categories set forth below are included in the *Instructions for Claim Form*.*

1. Place an X in the box next to the highest level (most serious) asbestos-related disease that has been diagnosed for the Injured Person and for which appropriate medical documentation is enclosed with this Claim Form. See Instructions for Claim Form, for a list of specific medical criteria and records that must be enclosed for each disease (*Check only the highest, most serious disease*).

Check One	Level	Disease
<input type="checkbox"/>	VIII	Mesothelioma
<input type="checkbox"/>	VII	Lung Cancer 1 (select this category if injured party also has diagnosis of other underlying asbestosis or pleural disease and occupational exposure of more than 5 years)
<input type="checkbox"/>	VI	Lung Cancer 2 (select this category for all other Lung Cancers) (This level requires the selection of the Individual Review claims process. See page 1 for Claim Process selection)
<input type="checkbox"/>	V	Other Cancer (Please specify: _____)
<input type="checkbox"/>	IV	Severe Asbestosis (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"/>	III	Disabling Asbestosis/Pleural Disease (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"/>	II	Asbestosis/Pleural Disease (Bilateral Asbestos-Related Non-Malignant Disease)
<input type="checkbox"/>	I	Other Asbestos Disease (Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma)

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

- Please check this box if: 1) the Claimant filed a claim against Bondex 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 Sections 5.6(a)(1)(A) and 5.6(a)(1)(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 Bondex asbestos product(s)?

Direct exposure means the Injured Person worked with or in the vicinity of the Bondex asbestos product him/herself.

Secondary exposure means the Injured Person did not work directly with Bondex asbestos products but was exposed to Bondex asbestos products because of his/her contact with a person who did work directly with Bondex asbestos product(s). 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 the Bondex asbestos product.

- Direct only → *Skip to Q. 2 below*
- Secondary only → *Answer Q. 2 below and Parts 4-6 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 Bondex asbestos, please complete Parts 4-6 for the direct exposure of the Injured Person and Parts 4-7 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 Bondex asbestos exposure you claim.

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

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5. Did the exposed person use a Bondex product in home repair/remodeling himself/herself or was the exposed person in the area where the products were being used by others, e.g. drywalling, cleaning up debris?
- Exposed person used Bondex product in home/other building
 - Exposed person was in the home/other building area where Bondex product was being used.
6. If claim also involves occupational exposure to Bondex asbestos, complete Part 5 and Part 6. If no occupational exposure to other manufacturer's asbestos products, skip Part 5 and complete Part 6.

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Part 5: Bondex Occupational Exposure. *This section should be completed for Bondex 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 Bondex asbestos product(s), complete this part for the person who worked directly with the Bondex asbestos product(s).*

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.

“Bondex 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 SPHC Party, or for which one or more SPHC Parties otherwise have legal responsibility or (b) to conduct for which one or more SPHC Parties have legal responsibility that exposed the claimant to an asbestos-containing product.

*For Bondex Exposures, a list of approved Bondex sites **may** be available on the Trust website (www.bondexasbestostrust.com). Please reference this list and enter the Approved Bondex Site Code in item #1 below.*

If no site list exists, or the site at which you are alleging exposure to Bondex’s products or activities is not on the approved Bondex site list, provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products or activities for which Bondex is liable. 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, Construction or similar records*
- Sworn statement, interrogatory answers, sworn work history, or deposition*

1. Site/Plant/Ship where Exposure Occurred:

(A) If the site is on the Bondex approved site list enter the Site Code from the website www.bondexasbestostrust.com (if available)

Approved Site Code (if available): _____

(B) If a Site Code is entered, please skip to question 3, otherwise provide:

Name of Plant/Site of Exposure: _____

City: _____

State/Province: _____

Country: _____

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2. If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by an SPHC Party, or for which an SPHC Party is responsible, identify the products:

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

4. Occupation at time of Exposure (*e.g.*, boilermaker, laborer, drywaller, etc):

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

If code 37 – Other, please describe: _____

Industry Codes

- | | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 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. **Bondex Exposure.** Every claimant must submit evidence of exposure to Bondex asbestos products or activities.

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 an SPHC Party 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 Asbestos/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 Bondex asbestos product(s), complete this part for the person who worked directly with the Bondex asbestos product(s).

1. Did the exposed person have regular occupational exposure to any asbestos-containing product (Bondex and any other) for at least 5 years?

- Yes → Please provide the following information for each employment period you rely upon to document at least 5 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/Ship 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

- | | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 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 raw 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 three activities
- None of the above

7. If the exposed person's occupation/industry combination ***does not*** appear on the list of Presumptive SOE Occupations Ratings on the website, or "None of the above" was checked in question 6 above, 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 Bondex or another SPHC Party 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 Bondex or another SPHC Party 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 Bondex or another SPHC Party for this asbestos related injury?

Yes No

3. Did the claimant sign to release Bondex or another SPHC Party regarding this injury?

Yes No

4. Did the claimant and an SPHC Party 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 an SPHC Party 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 Bondex re: this claim? Yes _____ No _____

6. Claim process selected:

Expedited Review → ***Skip to Part 10*** Individual Review → ***Complete Part 9***

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7. Financial Dependents and Beneficiaries. **List any other persons who may have rights associated with this claim. Be sure to include the Injured Person's spouse and/or any other financial dependents who derive (or who derived at the time of diagnosis of the asbestos-related disease claimed) at least one-half of their financial support from the Injured Person.**

If additional space is required, please photocopy this page and insert after current page.

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____ (Last) (First) (MI)	2. Date of Birth: ____/____/____ (mo) (da) (yr)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Claim 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. If you are filing an IR claim and have additional information (see TDP section 5.3) and documentation you want the Trust to consider in evaluating your claim, please include these documents with Claim Form.
4. 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 *Instruction for Claim Form*.
 - Parts 4-6. Proof of Bondex Exposure and Significant Occupational or Cumulative 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. Documentation of economic loss (if Part 8 is applicable)
 - Additional information for Individual Review claim (per TDP section 5.3), if applicable.
5. Submit completed claims to:

**Claims Processing Facility, Inc.
East-West Corporate Center
1771 W. Diehl Rd., Ste. 220
Naperville, IL 60563
Telephone: (844) 318-5969**