USG
ASBESTOS PERSONAL INJURY SETTLEMENT TRUST
PROOF OF CLAIM FORM

Submit completed claims to:
USG Asbestos Personal Injury Settlement Trust
P.O. Box 1080
Wilmington, DE 19899

Instructions for the Claim Form

File your claim more efficiently. Submit and manage your claim electronically through the USG Asbestos Personal Injury Settlement Trust's (the "Trust") website. Visit www.usgasbestostrust.com for more information.

Note: It is possible that claim data previously submitted to the Celotex Asbestos Settlement Trust and the Babcock & Wilcox Asbestos Settlement Trust can be used to expedite the preparation and review of claims for the 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 Trust's website (www.usgasbestostrust.com) for information on how to make use of this data. Presumptive Significant Occupational Exposure Occupation Ratings and Presumptive Company Exposure Occupation Ratings are available on the Trust's website www.usgasbestostrust.com.

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 this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Medical records as required by the Trust Distribution Procedures and as requested in instructions
- Proof of USG/A.P. Green exposure as set out in the instructions
- Documentation of Economic Loss (if applicable – see Part 8 below)
- Completed Form W-9 if using release that does not include W-9 language (if applicable)

Choice of Claim Process
Please choose the applicable claim process **(check only one)**:

☐ Expedited Review ("ER") (not available for Level VI, Lung Cancer 2, or Foreign Claims)
☐ Individual Review ("IR")

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

1. Attorney name: _____ _____ ____
(Last) (First) (MI)

2. Name of Law Firm: _____

3. Firm Address: _____

_____

4. Attorney Phone: ( ) _____ Fax: ( ) _____ Email: _____

5. Paralegal or Contact Name: _____ _____ ____

(Last) (First) (MI)

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

Part 1: Injured Party Information

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

2. Social Security Number: _____-_____-_____

3. Gender: Male _____ Female _____ 4. Date of Birth: _____/_____/_____
(month) (day) (year)

5. Is injured party living? Yes_____ No _____

6. If injured party is deceased, please complete the following: **(Death Certificate must be enclosed)**

6a. Date of death: _____/_____/_____
(month) (day) (year)

6b. Was death asbestos-related? Yes _____ No _____

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

7a. Mailing address: _____
(street/PO Box)

_____
(city/state/zip)

7b. Daytime Phone: ( ) _____- _____

7c. Email Address: _____

8. If injured party is deceased or has a personal representative or heir other than, or in addition to, his/her attorney, please indicate the following for the representative. **(Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)**

8a. Name: _____ _____ ____
(Last) (First) (MI)

8b. Social Security Number: _____-____- _____ ,or Tax ID Number: _____

8c. Mailing Address: _____
(street/PO Box)

_____
(city/state/zip)

8d. Daytime Phone: ( ) _____ - _____

8e. Email Address: _____

8f. Relationship to injured party: _____
(spouse, child, etc.)

Part 2: Diagnosed Asbestos-related Injuries

1. Place an X next to the highest level (most serious) asbestos-related Disease Category that has been diagnosed for the injured party and for which medical documentation is attached to this claim form. See instructions for a list of specific medical criteria and records that must be enclosed for each Disease Category. **(Check only the most serious)**

	Level	Scheduled Disease
☐	**VIII**	**Mesothelioma**
☐	**VII**	**Lung Cancer I**
☐	**VI**	**Lung Cancer 2** (Individual Review Only)
☐	**V**	**Other Cancer (Please specify: _____)**
☐	**IV**	**Severe Asbestosis** (ILO of 2/1 or greater, or asbestosis determined by pathology plus (a) TLC less than 65% or (b) FVC less than 65% plus FEVl/FVC ratio greater than 65%)
☐	**III**	**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%)
☐	**II**	**Asbestosis/Pleural Disease** (Bilateral Asbestos-Related Non-Malignant Disease)
☐	**I**	**Other Asbestos Disease** (Cash Payment Discount, not subject to the Payment Percentage)

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

The claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the Asbestos Personal Injury Trust Distribution Procedures. The presumptive medical criteria for the Disease Categories set forth above are included in the instructions.

☐ For claims filed against USG/A.P. Green or any other asbestos defendant in the tort system prior to the Petition Date (June 25, 2001), please check this box if you have a report of a diagnosing physician who conducted the physical exam of the claimant, or you have filed such a report with USG/A.P. Green or another defendant in the tort system or another asbestos-related personal injury settlement trust. (see Sections 5.7(a)(1)(a) and 5.7(a)(1)(c) of the TDP)

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Part 3: Exposure to Asbestos Products or Asbestos-Related Activities

Proof of Significant Occupational Exposure to asbestos-related products as well as proof of USG/A.P. Green exposure must be enclosed as required by Asbestos Personal Injury Trust Distribution Procedures sections 5.3 and 5.7(b). (See instructions) ***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.***

Please include detail concerning all asbestos exposure (not just USG/A.P. Green exposures) which you think is sufficient to meet the criteria for approval of the claim at the claimed disease level. List each site, industry and occupation combination separately.

For USG/A.P. Green exposures, a list of approved USG/A.P. Green sites is available on the Trust website (www.usgasbestostrust.com). Please reference this list and enter the Approved USG/A.P. Green Site Code in item #1 below.

If the site you are alleging exposure to USG/A.P. Green products or conduct is not on the approved USG/A.P. Green site list, provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products manufactured, supplied, specified, installed, maintained, or repaired by USG/A.P. Green or for which USG/A.P. Green is liable. This may be established by documentation including, but not limited to, the following:

- *An affidavit of the injured party (an example is included on the Trust website)*
- *An affidavit of a co-worker*
- *An affidavit of a family member in the case of a deceased claimant*
- *Invoices*
- *Construction or similar records*
- *Sworn statement, interrogatory answers, sworn work history, or deposition*

If you allege exposure to A.P. Green asbestos products or conduct, the information provided must demonstrate exposure to products or activities that were in the stream of commerce prior to January 2, 1968 (see instructions).

1. Site/Plant where exposure occurred:

   Name of Site/Plant of Exposure: _____, or
   if this site is on the approved USG/A.P. Green site list, enter the Site Code from Exhibit A (available on website): _____ (if a Site Code is entered, please skip to question 2)

   City: _____

   State/Province: _____

   Country: _____

   If this exposure involved **USG/A.P. Green** product(s) or conduct, list the names of the products or the name of the contractor and nature of the conduct to which the injured party is alleging exposure and provide the evidentiary basis for the claim that USG/APG products/conduct were at that site.

   _____

   _____

2. Date Exposure Began: _____/_____ (month) (year) Date Exposure Ended: _____/_____ (month) (year)

3. Occupation at Time of Exposure (*e.g.*, Boilermaker, Laborer, etc.): _____

4. 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 trades	32. Tire/rubber
18. Iron/steel	33. Utilities
19. Longshore	34. Asbestos products manufacturer
20. Maritime	36. Building occupant
21. Military	37. Other
23. Non-asbestos products manufacturing	

5. **Significant Occupational Exposure** If your occupation does not appear on the list of Presumptive SOE Occupations Ratings (available at www.usgasbestostrust.com), please advance directly to question 6. If it does appear on the list, indicate the circumstances of exposure to asbestos products or activities (check all applicable):

☐ Claimant handled raw asbestos fibers on a regular basis

☐ Claimant fabricated asbestos-containing products such that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers

☐ Claimant altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers

☐ Claimant was employed in an industry or occupation such that the claimant worked on a regular basis in close proximity to workers who did one or more of the above three activities

☐ None of the above

6. **Significant Occupational Exposure** If the claimant's occupation ***does not*** appear on the list of Presumptive SOE Occupations Ratings, or "None of the above" was checked in question 5 above, provide a description of how the claimant was exposed to asbestos.

_____

_____

7. If this exposure is in support of *Exposure to an Occupationally Exposed Person* from Part 4, please enter the name of the occupationally exposed individual:

_____ _____ ____
(Last) (First) (MI)

Part 4: Exposure from an Occupationally Exposed Person

Note: If a claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, the claimant must seek Individual Review of his or her claim pursuant to Sections 5.3(b) and 5.5 of the Trust Distribution Procedures. See Choice of Claim Process box on first page of this claim form.

1. Is the claimant 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 also be completed for each occupationally exposed person.

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

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

4. Relationship to occupationally exposed individual:

   _____
   (brother, son, spouse, etc.)

5. Social Security Number of occupationally exposed individual: _____-_____-_____

6. Describe how injured party was exposed through the occupationally exposed individual to the USG/A.P. Green products or conduct:

   _____

   _____

   _____

   _____

Reminder: Part 3 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Part 3 must also be completed for that exposure.

Part 5: Litigation/Claims History

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

   a. Was USG or A.P. Green named as a defendant? Yes____ No____

   b. State in which the suit was originally filed: _____

   c. Name of court in which the suit was originally filed: _____

   d. Case number: _____

   e. Date the suit was originally filed: _____/_____/_____
   (month) (day) (year)

   f. Have you received money from USG or A.P. Green regarding this suit? Yes____ No____

   g. Did you sign a release releasing USG or A.P. Green regarding this suit? Yes____ No____

2. If the answer to question 1(a) above is No, in which state/jurisdiction would the claimant have elected to file suit against USG or A.P. Green? _____ [see section 5.3(b)(2)]
   (state)

3. Was a tolling agreement for the injured party ever in effect with respect to the claim(s) against USG or A.P. Green? Yes____ No____

   a. Date the tolling agreement began: _____/_____/_____
   (month) (day) (year)

   b. Date the tolling agreement ended: _____/_____/_____
   (month) (day) (year)

4. Has a claim been filed with USG or A.P. Green pursuant to an administrative settlement agreement? Yes____ No____

   a. Date the claim was originally filed: _____/_____/_____
   (month) (day) (year)

   b. Have you received money from USG or A.P. Green regarding this claim? Yes____ No____

   c. Did you sign a release releasing USG or A.P. Green regarding this suit? Yes____ No____

Part 6: Financial Dependents

List any other persons who may have rights associated with this claim. Be sure to include the injured party'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 party. ***This must be completed for IR claims only.***

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

1. Name: ____ 2. Date of Birth: ______/______/_______
(Last) (First) (MI) (month) (day) (year)

3. Relationship: ☐ Spouse ☐ Child ☐ Heir ☐ Other ______________________

4. Financially Dependent: ☐ Yes ☐ No

1. Name: ____ 2. Date of Birth: ______/______/_______
(Last) (First) (MI) (month) (day) (year)

3. Relationship: ☐ Spouse ☐ Child ☐ Heir ☐ Other ______________________

4. Financially Dependent: ☐ Yes ☐ No

1. Name: ____ 2. Date of Birth: ______/______/_______
(Last) (First) (MI) (month) (day) (year)

3. Relationship: ☐ Spouse ☐ Child ☐ Heir ☐ Other ______________________

4. Financially Dependent: ☐ Yes ☐ No

1. Name: ____ 2. Date of Birth: ______/______/_______
(Last) (First) (MI) (month) (day) (year)

3. Relationship: ☐ Spouse ☐ Child ☐ Heir ☐ Other ______________________

4. Financially Dependent: ☐ Yes ☐ No

Part 7: Smoking History

For each item, indicate whether the injured party has smoked. Please indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate, *e.g.*, three and one-half packs would be entered as 3.5. ***This need only be completed for IR claims alleging disease Levels II through VII.***

1. Has the injured party ever **Smoked Cigarettes?** Yes_____ No_____

1a. From: _____/_____ To: _____/_____
(month) (year) (month) (year)

1b. Packs per day:_____ (use decimal)

1. Has the injured party ever **Smoked Cigars?** Yes_____ No_____

1a. From: _____/_____ To: _____/_____
(month) (year) (month) (year)

1b. Cigars per day:_____ (use decimal)

Part 8: Employment Information for Economic Loss

This is to be completed for IR claims only.

1. Current Employment Status of the injured party:
   - ☐ Full-time, outside the home
   - ☐ Full-time, within the home
   - ☐ Part-time, outside the home
   - ☐ Part-time, within the home
   - ☐ Retired
   - ☐ Disabled
   - ☐ Deceased

2. Amount of last annual wages: $_____

3. Date of last wage received: _____/_____
   (month) (year)

(Enter current date if currently earning work-related compensation.)

If economic losses are being claimed, you must enclose an economic report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.

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).

If signed by the claimant or the personal representative, I (the claimant or personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge, under penalty of perjury, the information submitted is accurate and complete.

If signed by the claimant's counsel, Upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate and complete.

Signature of claimant, personal representative, or claimant's counsel.

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

Date: _____/_____/_____
(month) (day) (year)

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

- ☐ Death Certificate (if applicable)
- ☐ Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law.
- ☐ Medical Records as required by the Trust Distribution Procedures and as requested in the instructions
- ☐ Proof of USG/A.P. Green exposure and Significant Occupational Exposure as required in the Trust Distribution Procedures and requested in the instructions, including affidavits from the injured party or others.
- ☐ Documentation of Economic Loss (if Part 8 is applicable)

If you are filing an IR claim and have additional information (see TDP section 5.3(b)(2)) you want the Trust to consider in evaluating your claim, please include these documents with the Claim Form.