

Instructions For Filing a Malignant Claim With Pittsburgh Metals Asbestos Settlement Trust

The **MALIGNANT CLAIM FORM & DECLARATION – Pittsburgh Metals Asbestos Settlement Trust** (the “Claim Form”), is required of all Injured Parties filing a claim with the Pittsburgh Metals Asbestos Settlement Trust (the “Trust”).

These instructions are intended to summarize certain significant issues related to filing a personal injury claim with the Trust. Nothing in these instructions is intended to replace or modify the requirements of the Pittsburgh Metals Asbestos Settlement Trust Distribution Procedures (“TDP”). All claimants are encouraged to thoroughly read and understand the TDP before filing a claim with the Trust. Capitalized terms used but not defined in these Instructions shall have the meanings assigned in the TDP.

Submitting a Completed Claim to the Trust:

Claimants must complete the Claim Form as thoroughly and accurately as possible. All applicable questions must be answered.

To submit a valid personal injury claim, a claimant must provide:

- A completed Claim Form; and
- A medical diagnosis of a compensable disease; and
- Evidence of exposure to an asbestos-containing PMP¹ product with the dates of commencement and termination of such exposure.

If applicable, a claimant must also provide:

- A death certificate for the Injured Party;
- A Certificate of Official Capacity or other estate documentation if applicable per state law; and/or
- Documentation of Economic Loss

Claim Form—Part 1: INJURED PARTY INFORMATION

1.1: Provide the full name, social security number and date of birth of the injured party for whom the claim is being filed. If the injured party is living and not represented by counsel, please provide current contact information.

1.2: Check the appropriate box indicating whether the injured party is living. If the injured party is deceased, provide the Date of Death and indicate whether the injured party's death was asbestos-related. If applicable, please provide the full name and contact information of the Official Representative as well as a description of the Official Representative's relationship to the injured party. Additionally, provide one of the following if required by state law;

- Certificate of Official Capacity
- Other applicable document authorizing a person to act of behalf of the Injured Party

1.3: Provide the injured party's law firm contact information, including firm name, attorney name, email, and phone number, paralegal/administrative assistant name, email, phone number and address.

¹ “PMP” means Pittsburgh Metals Purifying Company, Inc. and its predecessors, successors, and assigns.

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Claim Form—Part 2: DIAGNOSED DISEASE

Check *only* the box identifying the highest Disease Level for which the injured party has been diagnosed and provide the first date of diagnosis for the Disease Level claimed.

Medical Evidence

All diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least ten (10) years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the claimant's exposure sufficient to establish a 10-year latency period. A finding by the diagnosing physician that a claimant's disease is "consistent with" or "compatible with" asbestosis will be treated by the Trust as meeting the standard of a reasonable degree of medical probability.

Unacceptable Doctors and Medical Facilities

The Trust must have reasonable confidence that the medical evidence provided in support of the claim is credible and consistent with recognized medical standards. The Trust has determined, based on currently available information, that medical reports or medical evidence from certain doctors and medical facilities may not meet the reliability standards of this section. Accordingly, until further notice, the Trust will not accept medical reports and/or medical evidence from the following doctors and medical facilities: Dr. James Ballard, Dr. Kevin Cooper (of Pascagoula, Mississippi), Dr. Todd Coulter, Dr. Andrew Harron, Dr. Ray Harron, Dr. Glynn Hilbun, Dr. Barry Levy, Dr. George Martindale, Dr. Gregory Nayden, Dr. W. Allen Oaks, Netherland & Mason, Inc., Respiratory Testing Services, Inc. and Occupational Diagnostics.

Medical/Exposure Criteria

Level II: Other Cancer: (1) Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months occupational exposure to PMP asbestos product prior to January 1, 1986, plus Significant Occupational Exposure, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Level III: Lung Cancer: (1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months occupational exposure to PMP asbestos product prior to January 1, 1986, plus Significant Occupational Exposure, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Level IV: Mesothelioma: (1) Diagnosis of Mesothelioma; and (2) credible evidence of exposure to PMP asbestos product prior to January 1, 1986.

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Claim Form—Part 3: Litigation

Complete this section **only** if an asbestos-related personal injury lawsuit has been filed against PMP on behalf of the Injured Party.

1. Provide the State and court where the lawsuit was filed along with the case or docket number and original date of filing for the lawsuit. If the lawsuit resulted in a settlement, judgment, verdict, or dismissal, please provide the applicable information.
2. If no lawsuit was filed against PMP on behalf of the injured party, select one of the following as the Claimant's Jurisdiction and identify the jurisdiction selected: (1) a state in which the injured party was exposed to asbestos-containing PMP products, (2) if living, the injured party's current state of residence, (3) if the injured party is deceased, the injured party's state of residence at the time of death, or (4) the injured party's state of residence at the time of diagnosis.
3. If the injured party's claim was subject to a tolling agreement with PMP, please complete this question and submit a copy of the tolling agreement with your Claim Form. If this question is not answered, the Trust will assume that no tolling agreement applies to the claim.
4. If a claim was filed with PMP pursuant to an administrative settlement agreement, please provide a copy of the agreement and provide the date the claim was filed with PMP. You must also indicate whether the injured party or claimant received money from PMP for the claim.

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Claim Form—Part 4: Occupational Exposure

Part 4 must be completed

Exposure Evidence

Pursuant to TDP Section E.2, all claimants must demonstrate meaningful and credible exposure to a PMP asbestos product, which occurred prior to January 1, 1986 (“**PMP Exposure**”). Meaningful and credible exposure evidence may be established by an affidavit or sworn statement of the claimant, by an affidavit or sworn statement of a co-worker or the affidavit or sworn statement of a family member in the case of a deceased claimant (providing the Trust finds such evidence reasonably reliable), by invoices, construction or similar records, or by other credible evidence. Claimants alleging Disease Levels II (Other Cancer) and III (Lung Cancer) must demonstrate at least six (6) months of PMP exposure prior to January 1, 1986.

4.1: PMP Asbestos Exposure. Every claimant must submit evidence of exposure to PMP asbestos products or activities.

There is currently **NO** approved Jobsite List for the Trust. For each employment site, industry, product and occupation upon which you rely to meet the exposure requirements of the TDP, provide the following:

- Provide the name of the Injured Party’s employer, site location, dates of employment, and dates of exposure along with a description of the Injured Party’s occupation and exposure to PMP asbestos-containing products. Please include the identity of the products in your description.
- **Attach all documents necessary to meet the meaningful and credible evidence of exposure requirements of the TDP.**

4.2: Significant Occupational Exposure

Section 5.7(b) (2) of the TDP states:

Significant Occupational Exposure. “**Significant Occupational Exposure**” means employment for a cumulative period of at least five (5) years prior to January 1, 1986, in an industry and an occupation in which the claimant (a) handled raw asbestos fibers on a regular basis; (b) fabricated asbestos-containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers; (c) altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers; or (d) was employed in an industry and occupation such that the claimant worked on a regular basis in close proximity to workers engaged in the activities described in (a), (b) and/or (c).

If exposure information provided in 4.1 above is not sufficient to meet the Significant Occupational Exposure requirements, please provide additional occupational exposure information (i.e., employer, site location, dates of employment, and dates of exposure along with a description of the injured party’s occupation and exposure to asbestos).

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Claim Form – Part 5: Medicare Reporting Information

Pursuant to Section 4.2(d) of the Plan, The Trust must provide to Insurers as required (i) all information specified by CMS Guidance that is necessary for a Responsible Reporting Entity (“RRE”) to determine if the claimant is or has been a Medicare beneficiary and (ii) all information required by CMS Guidance to be reported for a Total Payment Obligation to a Claimant (“TPOC”) amount, as CMS defines that term, for the purpose of permitting insurer to collect and report such information to CMS (the information specified in Section (i) and (ii) will be collectively referred to as “Medicare Information”). Medicare Information shall include but is not limited to the name of claimant, amount of settlement, date of birth, health insurance claim number (“HICN”) or social security number, ICD-9 Codes, gender, name of legal representative and any other information required pursuant to the Medicare, Medicaid, and SCHIP Extension Act of 2007 (“MMSEA”) or specified in CMS Guidance. To the extent necessary to permit the Trust to comply with this condition, the Trust will amend the Proof of Claim form and any and other relevant agreements or documents.

To comply with these provisions and enable the Trust to determine whether the claimant under the age of 65 may be a Medicare beneficiary, please indicate whether the injured party received Social Security Disability or Railroad Retirement Board disability benefits for a period of at least 24 months and whether the injured party has, or had, ALS or End Stage Renal Disease.

For Medicare Reporting purposes, you must also provide the first and last date of exposure to PMP asbestos products as well as the brand and generic name of such products.

For all claimants, if known, please provide the injured party's HICN.

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Claim Form – Part 6: Proof of Exposure

Proof of exposure may be demonstrated by one or more of the following:

The Injured Party, Attorney or Official Representative may demonstrate proof of exposure by completing **Part 7: CERTIFICATION** of the Claim Form, allowing the Claim Form to serve as the declaration.

OR

One or more of the following documents may be submitted to supplement credibility as to proof of exposure. The documents should be submitted as an attachment to the Claim Form and **Part 7: CERTIFICATION** section of the Claim Form must be signed.

- Affidavit or sworn statement of the claimant
- Affidavit or sworn statement of a co-worker or family member in the case of a deceased claimant (provided the Trust finds such evidence reasonably reliable)
- Invoices, employment, construction or similar records
- Other Evidence
 - Verified Listing of employer/jobsites
 - Verified Work History
 - Answers to Claimant Interrogatories with verification page.
 - Deposition Transcript with cover page(s)

Claim Form – Part 7: Certification

Check the box identifying the person is certifying the Claim Form.

Sign and print name.

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Scheduled, Average and Maximum Values:

The Scheduled, Average and Maximum Values for claims involving Disease Levels II-IV shall be as follows:

Scheduled Disease	Scheduled Value
Mesothelioma (Level IV)	\$
Lung Cancer (Level III)	\$
Other Cancer (Level II)	\$

Payments

All payments made by the Trust on account of PI Trust Claims shall be subject to the applicable Payment Percentage.

Releases:

A Release will be generated and sent when an offer is made. The Trust requires return of the individual executed Release, either by mail or by electronic submission.

Where to Submit Claim Forms:

Claim submissions for Pittsburgh Metals Asbestos Settlement Trust should be sent to:

-Individual Claims

- Electronic Filing Option (user ID and Password required)
 - mfrclaims.com
- PMinquiries@mfrclaims.com (PDF or TIF formats)
- Mail to:

Pittsburgh Metals Asbestos Settlement Trust
c/o MFR Claims Processing, Inc.
115 Pheasant Run
Suite 112
Newtown, PA 18940

-Bulk Upload Claims

- Electronic Filing (user ID and Password required)
 - mfrclaims.com

-Web Services (user ID and Password required)

- Bulk and Individual claims

Requesting Information:

You may contact MFR Claims Processing, Inc.

115 Pheasant Run
Suite 112
Newtown, PA 18940
Ph: 215/702-8033

Email: PMinquiries@mfrclaims.com