G-I Holdings Inc. Asbestos Personal Injury Settlement Trust

- Claim Form for Unliquidated Asbestos Personal Injury Claims -

General Instructions for filing this Claim Form:

This Claim Form should be completed only by h olders of Unliquidated Asbestos Personal Injury Claims seeking to liquidate their claim under the G-I Hol dings Inc. Asbestos Personal Injury Settlement Trust's (the "Trust") Expedited Review or Individual Review processes as set forth in Section 5.3(a) or (b) of the G-I Holdings Inc. Asbestos Personal Injury Settlement Trust Distribution Procedures (the "TDP").¹ Please see the preamble to the TDP for the definition of "G-I" as used herein.

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claim s; submitting an incomplete form may result in delays in processing and/or the Trust not being able to assign the claim a position in the first-in-first-out (FIFO) processing queue. Please type or print neatly within the spaces provided. If a dditional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

Check the box next to the review election which best suits the injured party's situation:

Expedited	Individual	Extraordinary	Secondary Exposure	🗌 Foreign
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If requesting exigent treatment, check here:

Exigent Hardship

Law Firm's matter number for this claim:

Section 1: Injured Party Information								
Last Name		First Name				Middle Name		Suffix
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender		Date of (if applic	Death (mm/dd/yyyy)	Was de	eath asbestos related?
			Male	Female	(app	(10)	🗌 Yes	🗌 No
Mailing Address (if not represente	ed by counsel)							
City	State		Z	lip		Daytime Telephone		

Section 2: Law Firm / Attorney Information

If represented by counsel, please provide the following information.					
Law Firm Name			Filer ID		
Mailing Address					
City		State	Zip Code		
Attorney Last Name	Attorney First Name	Attorney Middle Name	Attorney Suffix		
Direct Telephone	Facsimile	E-mail Address			

¹ Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

Section 3: Asbestos Related Injury					
Check the box next to the highest disease level the injured party is claiming.					
Other Asbestos Disease (Level I)	Asbestosis/Pleural Disease (Leve	rel II) Asbestosis/Pleural Disease(Level III)			
Severe Asbestosis (Level IV)	Other Cancer (Level V)	Lung Cancer 2 (Level VI)			
Lung Cancer 1 (Level VII)	Mesothelioma (Level VIII)				
Diagnosis Date (mm/dd/yyyy)		If Other Cancer (Level V), please specify malignancy			

Section 4: Smoking History (required only for Individual Review Claims for Lung Cancer 1 (Level VII) and Lung Cancer 2 (Level VI))

In the chart below, indicate each period during which the injured party smoked tobacco products and the average number of said products smoked per day.

Product Cigarettes Pipes	Cigars	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product Cigarettes Pipes	Cigars	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product Cigarettes Pipes	Cigars	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day

Section 5: Personal Representative (if applicable)					
Last Name	First Name	Middle Name	Suffix		
Social Security Number (optional)	Capacity of Personal Representative	(i.e. Administrator, Executor, Guardian	, etc.)		
Mailing Address					
City	State	Zip	Daytime Telephone		

Section 6: Asbestos Litigation and Claims History					
If an asbestos-related	lawsuit has ever	been filed on behalf of the injured party, please provide t	he following information.		
Filing Date (mm/dd/yyyy)	State	Court	Docket Number		
G-I named as defendant?	, ,	ty ever received settlement monies related to this law suit from G-I or	If "yes", amount: \$		
□ Yes □ No	its insurers? □ Yes □ No				
Jurisdiction Selection					
If no lawsuit has ever been t	filed against G-I on b	ehalf of the			
injured party, indicate the st	ate elected as the Cl	aimant's Jurisdiction:			
Jurisdiction elected is (please	se check one of the fo	pllowing):			
The state in which the in					
		hen this claim is filed with the Trust. I exposure to an asbestos-containing product or to conduct for which G-	l has legal responsibility		
Has a claim on behalf of the	injured party ever be	een submitted to G-I pursuant to an administrative settlement agreemer	nt? 🗌 Yes 🗌 No		
If Yes, provide the date of s	uch submission (mm	/dd/yyyy):			
			nning and ending dates, if any, of		
the tolling and attach documentation of the agreement.					
Beginning date (mm/dd/yyyy): Ending date (mm/dd/yyyy):					
Was the injured party or claimant a holder of a Pre-Petition Liquidated Claim against G-I which the injured party or claimant has declined?					
☐ Yes ☐ No If "yes"	, please attach a cop	y of the Election Form for Holders of Pre-Petition Liquidated Asbestos I	Personal Injury Claims		

Section 7: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by G-I, for which G-I has legal responsibility. If the duration of the injured party's G-I Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure or cumulative occupational exposure as required for the Disease Level in question), please provide information regarding other asbestos exposure to satisfy the applicable exposure criteria. List each site, industry, and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required.

Part 1

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation			
Site of Exposure (plant or site name) City State Country					
Industry in which exposure o	ccurred	1		1	
Names of all asbestos-containing products or materials to which injured party was exposed and for which injured party alleges G-I is legally responsible.					
Description of Significant Oc	cupation Exposure at this jobs	ite (check all that apply)			
☐ Injured party handled raw	asbestos fibers on a regular l	basis.			
Injured part y fabricated asbestos-containing products so that the injured part y in the fabrication process w as exposed on a re gular basis to ra w 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 asbestos fibers.					
Injured party was employed in an industry and occupation such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.					
☐ Other (please describe in	as much detail as possible):				

Part 2

If the injured party is filing as an Extraordinary Claim, provide a clear and concise declaration as to how the claim satisfies Section 5.4(a) of the G-I Holdings Inc. Asbestos Personal Injury Settlement Trust Distribution Procedures:

Section 8: Secondary Exposure (not required for Expedited Review)

If the injured party's asbestos exposure was solely due to exposure to an occupationally exposed person (OEP), complete Section 7, Part 1 with the exposure information for the OEP and provide the information below.

Date Exposure to OEP Began (mm/dd/yyyy)	Date Exposure to OEP Ended (mm/dd/yyyy)	Relationship to OEP
Description of how injured party was expose	d through the OEP to asbestos-containing proc	ducts manufactured, produced or distributed by G-I, or to
conduct that exposed the injured party to asbe	estos or an asbestos-containing product, for whic	h G-I has legal responsibility.

Section 9: Employment / Earnings Information (required only for claims for lost wages or Exigent Hardship Claims based on lost wages)

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

Current Employment Status (check all that apply)		
Full-time	☐ Part-time	Retired
Partially Disabled	Fully Disabled	N/A (deceased)
Amount of last annual wages	Date of last wages received (mm/dd/yyyy)	

Section 10: Dependents (not required for Expedited Review)

List injured party's spouse and/or any other dependents.

Dependent 1

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent?
			□ Yes □ No

Dependent 2

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent?
			🗌 Yes 🗌 No

Dependent 3

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent?
			Yes No

Dependent 4

Last Name	First Name	Middle Name	Suffix	
			C ullin,	
Polationabin to injurad party		Date of Birth (mm/dd/yyyy)	Einanaially Dapandant?	
Relationship to injured party		Date of Birth (min/du/yyyy)	Financially Dependent?	
			☐ Yes ☐ No	

Section 11: Certification and Signature	
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This claim form must be signed by an attorney or, if the injured party is not represented by an attorney, the injured party or the injured party's personal representative.

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of Injured Party, Personal Representative, or Attorney	Date Signed (mm/dd/yyyy)
Print Name Here	
Signatory's Relationship to Injured Party	1

To file by mail, send this completed form and all supporting documentation to:

G-I Holdings Inc. Asbestos Personal Injury Settlement Trust c/o Verus Claims Services, LLC 3967 Princeton Pike Princeton, New Jersey 08540

Section 12: Checklist of Supporting Documentation

Please attach the following supporting documentation to the completed claim form.

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).
- Proof of G-I Exposure, as set forth in the filing instructions and required by the TDP.

For deceased injured parties:

Death certificate.

For claims for lost wages or Exigent Hardship Claims based upon lost wages:

- Documentation supporting the claim that any and all wage loss incurred by the injured party was the result of the injured party's asbestos-related disease. This documentation would include, but not b e limited to, medical records and/or reports, reports from governmental or insurance agencies and/or reports from the injured party's most recent employer.
- Tax returns and/or W-2 forms for the last three (3) full years of employment.

Other supporting documentation, as applicable:

- Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law.
- Copy of tolling agreement (if applicable under Section 6).

If you are filing an Individual Review claim and have additional information (see TDP section 5.3(b)(2)) you would like the Trust to consider in evaluating your claim, please include any related documents or information with the Claim Form.