

# 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 holders of Unliquidated Asbestos Personal Injury Claims seeking to liquidate their claim under the G-I Holdings 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").<sup>1</sup> 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 claims; *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 additional 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

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 <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Death (mm/dd/yyyy) (if applicable)	Was death asbestos related? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if not represented by counsel)					
City		State	Zip	Daytime Telephone	

Section 2: Law Firm / Attorney 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	

<sup>1</sup> 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.

Disease Level

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Other Asbestos Disease (Level I) | <input type="checkbox"/> Asbestosis/Pleural Disease (Level II) | <input type="checkbox"/> Asbestosis/Pleural Disease (Level III) |
| <input type="checkbox"/> Severe Asbestosis (Level IV)     | <input type="checkbox"/> Other Cancer (Level V)                | <input type="checkbox"/> Lung Cancer 2 (Level VI)               |
| <input type="checkbox"/> Lung Cancer 1 (Level VII)        | <input type="checkbox"/> 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 <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	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 the following information.

Filing Date (mm/dd/yyyy)	State	Court	Docket Number
G-I named as defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies related to this law suit from G-I or its insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", amount: \$ _____
Jurisdiction Selection			
If no lawsuit has ever been filed against G-I on behalf of the injured party, indicate the state elected as the Claimant's Jurisdiction: _____			
Jurisdiction elected is (please check one of the following):			
<input type="checkbox"/> The state in which the injured party resided at the time of diagnosis. <input type="checkbox"/> The state in which the injured party resides when this claim is filed with the Trust. <input type="checkbox"/> A state in which the injured party experienced exposure to an asbestos-containing product or to conduct for which G-I has legal responsibility.			
Has a claim on behalf of the injured party ever been submitted to G-I pursuant to an administrative settlement agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide the date of such submission (mm/dd/yyyy): _____			
Was the injured party or claimant a party to a tolling agreement with G-I? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the beginning 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please attach a copy of the <i>Election Form for Holders of Pre-Petition Liquidated Asbestos Personal Injury Claims</i>			



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 exposed through the OEP to asbestos-containing products manufactured, produced or distributed by G-I, or to conduct that exposed the injured party to asbestos or an asbestos-containing product, for which 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)		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Partially Disabled	<input type="checkbox"/> Fully Disabled	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent 2**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent 3**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent 4**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 11: Certification and Signature**

***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)
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Print Name Here
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Signatory's Relationship to Injured Party
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***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 be 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.*