

ACandS Asbestos Settlement Trust

– Claim Form –

General Instructions for filing this Claim Form:

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 may not be 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 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 Individualized 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)	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

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	

Section 3: Asbestos Related Injury

Check the box next to the highest disease level the injured party is claiming.

Disease Level		
<input type="checkbox"/> Asbestosis / Pleural Disease (Level I)	<input type="checkbox"/> Asbestosis / Pleural Disease (Level II)	<input type="checkbox"/> Severe Asbestosis (Level III)
<input type="checkbox"/> Other Cancer (Level IV)	<input type="checkbox"/> Lung Cancer 2 (Level V)	<input type="checkbox"/> Lung Cancer 1 (Level VI)
<input type="checkbox"/> Mesothelioma (Level VII)		
Diagnosis Date (mm/dd/yyyy)	If Other Cancer (Level IV), please specify malignancy	

Section 4: Smoking History (not required for Expedited review)

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
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 injured party is deceased or incompetent)

Last Name	First Name	Middle Name	Suffix
Social Security Number	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 of Filing	Court	Docket Number
ACandS Named? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies related to this lawsuit from ACandS or its insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", amount
Jurisdiction Selection			
If no lawsuit has ever been filed against ACandS or another defendant on behalf of the injured party, indicate in which state the injured party would have elected to file such a suit: _____			

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 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 to ACandS products through the OEP		

Section 9: Employment / Earnings Information (not required for Expedited review)

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
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Relationship to injured party	Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 11: Certification and Signature

This claim form must be signed by an attorney, or if 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 and complete.

Signed	Date Signed (mm/dd/yyyy)
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Print Name Here

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

ACandS Asbestos Trust
c/o Verus Claims Services, LLC
57 Hamilton Avenue, Suite 100
Hopewell, NJ 08525

Section 12: Checklist of Supporting Documentation

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

For all claims:

- Medical records supporting the diagnosis of the claimed Disease Level (see instructions for requirements)
- Proof of ACandS product exposure, as set forth in the detailed filing instructions and required by the TDP

For deceased injured parties:

- Death certificate
- Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law

For Exigent Hardship Claims and/or injured parties asserting a claim for Economic Losses:

- Documentation supporting the claim that any and all wage loss incurred by the injured party was the direct 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