

Claim Package Checklist – Asbestosis (Grade I Non-Malignancy)

All fields on claim form must be completed within the required Sections unless specifically marked as optional on the claim form.

Asbestosis Grade I Non-Malignancy is defined on pages 10 and 11 on the J.T. Thorpe Matrix as...

2. *Clinical Evidence of Asbestosis.* *A diagnosis of pulmonary asbestosis by a Pulmonologist, Internist or Occupational Medicine Physician who actually examined the Injured Person based on the following minimum objective criteria:*

- (a) *Chest X-rays which, in the opinion of a Certified B-reader, show small irregular opacities of ILO Grade 1/0 or greater, or a report from a Pulmonologist, Internist or Occupational Medicine Physician that the Injured Person has evidence of asbestos-related interstitial fibrosis on high resolution CT scan; and*
- (b) *Pulmonary Function Testing results.*
 - 1) *FVC <80% of Predicted Value with FEV-1/FVC \geq 65% (actual value) if the individual tested is at least 70 years old at the date of testing, \geq 70% (actual value) if the individual tested is at least 60 years old but less than 70 years old at the date of testing, and \geq 75% (actual value) if the individual tested is less than 60 years old at the date of testing; or*
 - 2) *TLC <80% of Predicted Value; or*
 - 3) *DLCO <75% of Predicted Value with FEV-1/FVC \geq 65% (actual value) if the individual tested is at least 70 years old at the date of testing, \geq 70% (actual value) if the individual tested is at least 60 years old but less than 70 years old at the date of testing, and \geq 75% (actual value) if the individual tested is less than 60 years old at the date of testing;*

and a statement by a Pulmonologist or an Occupational Medicine Physician stating that the asbestos-related lung disease is the probable explanation for the test result. [The test results for 1, 2, and 3 as described above.]

- 3. *Those claims wherein the Injured Person suffers from extensive disabling asbestos-related pleural disease may be submitted to the Individual Review process, as described in Section VIII of this Matrix, provided, however, such a claim shall not be limited to Average Value and may be awarded up to the Maximum Value for Grade I.*

Claim Form Review

- Section 1: Representation [Optional unless represented by counsel]
 - Firm name and address must be consistent for same firm for all claims submitted
 - Attorney name must remain consistent
 - Firm Contact is optional

- Section 2: Injured Party/Decedent Information
 - Full legal name should be used, no nicknames
 - SSN may also be foreign ID
 - Place of birth should include City and State, or equivalent
 - If living and not represented by counsel, Item 8 must be completed
 - If deceased, Item 9 must be completed
 - If injured party has Personal Rep, Item 10 must be completed
 - If Married, Items 11a-d must be completed

- Section 3: Injuries
 - Select “Grade I Non-Malignant” under Non-Malignant category
 - Diagnosis date must be completed

- Section 4: Diagnosis
 - Physician’s name and board certification must be completed
 - Date of Report
 - Check “Grade I Non-Malignant”

- Section 5: Chest X-Ray [Not required if CT Scan submitted]
 - Physician’s name and board certification must be completed
 - Date of Report
 - Complete all results fields

- Section 6: CT Scan [Not required if chest x-rays submitted]
 - Physician’s name and board certification must be completed
 - Date of Report
 - Complete all results fields

- Section 7: Pulmonary Function Test
 - Physician’s name and board certification must be completed
 - Date of Report
 - Complete all PFT result fields

- Section 8: Pathology Report [Not required]

- Section 9: Dependent/Beneficiary [Required if Injured Party is deceased]
 - One copy of Section 9 should be included for each Dependent or Beneficiary
 - Items 1, 2, & 6 are required
 - Item 3, 4, & 5 are optional
 - Item 7 is only required if Dependent/Beneficiary is not a spouse or minor child

- Section 10: Land Exposure
 - One copy of Section 10 for each land exposure
 - Job Title/Occupations(s)
 - Site(s) must match site list (located at www.JTTSTrust.com)
 - First and Last Dates on site must be completed
 - Item 6 required only if qualifying under the 10% minimum exposure requirement

- Section 11: Shipboard Exposure
 - One copy of Section 11 for each ship/shipyard exposure
 - Name of Ship must match ship list (located at www.JTTSTrust.com)
 - First and Last Dates on board must be completed
 - Item 7 required only if qualifying under the 10% minimum exposure requirement

- Section 12: Secondary Exposure [Not required for direct exposure claim]
 - Name and SSN of occupationally exposed party required
 - Dates of exposure must be complete
 - Item 4 required only if injured person did not live with occupationally exposed person

- Section 13: Smoking History
 - Items 2-4 required for smokers only

- Section 14: Economic Loss/Medical Expense
 - Not required if losses do not exceed \$200,000.00
 - Complete both fields

- Section 15: Asbestos Litigation
 - Complete Jurisdictional information
 - Complete items 2-9

- Section 16: Signature
 - Name and relationship must be filled in and form dated

Supporting Document/Bookmark Review – Asbestosis (Grade I Non-Malignancy)

All claim forms must be accompanied by supporting documentation with relevant portions bookmarked or highlighted.

*Document/Bookmark Requirement: AR – Always Required, SR – Sometimes Required, NR – Never Required

| Claim Form Section | Highlight/Bookmark | Bookmark Description | Requirement* |
|------------------------------|---------------------------|--|---------------------|
| 1: Representation | | Firm name and address must be consistent with firm for all claims submitted; Attorney name must remain consistent; Firm Contact is optional | AR |
| 2: Injured Party Information | Name | Name of Injured Party/deceased | AR |
| | SSN | Social Security Number of Injured Party/deceased | AR |
| | DOB | Date of Birth of Injured Party/deceased | AR |
| | DOD | Date of death. Must show date on death certificate | SR |
| | AsbRel | Asbestos-Related Death. Proof that death was asbestos-related | NR |
| | PRName | Name of Personal Representative | SR |
| | PRCap | Personal Representative capacity. Should point to appropriate document showing personal representation capacity such as Power of Attorney or Letter of Attestation. | SR |
| | MarStat | Current marital status or status at time of death. | SR |
| 3: Injury | Inj | Must be marked “Grade I Non-Malignant” | AR |
| 4: Diagnosis | Diag | Diagnosis. Should point to the pathology report, physical exam or death certificate showing a certified physician provided a diagnosis of the alleged disease. Death certificate is not sufficient without accompanying pathology or autopsy findings. | AR |
| 5: Chest X-Ray | XRay | XRay. Must reference all XRay information, including physician name, report date and results. (If multiple, entitle bookmarks as | SR |

| Claim Form Section | Highlight/Bookmark | Bookmark Description | Requirement* |
|------------------------------|---------------------------|---|---------------------|
| | | XRay1, XRay2, etc.) | |
| 6: CT Scan | CTScan | CT Scan. Must reference all Scan information, including physician name, report date and results. (If multiple, entitle bookmarks as CTScan1, CTScan2, etc.) | SR |
| 7: Pulmonary Function Test | PFT | PFT Results. Must reference all PFT information, including physician name, report date and results. (If multiple, entitle bookmarks as PFT1, PFT2, etc.) | AR |
| 8: Pathology Report | Path | Pathology Results. Must diagnose asbestosis, including physician name, report date and results. (If multiple, entitle bookmarks as Path1, Path2, etc.) | NR |
| 9: Dependent/ Beneficiary | Dep | Must reference all Dependent information, including name, social security number, relationship and date of birth. (If multiple, entitle bookmarks as Dep1, Dep2, etc.) | SR |
| | DepNat | For dependents who are not a spouse or child of the Injured Party, show proof of the nature of their dependence on the Injured Party | SR |
| 10: Land Exposure | LExp | Must reference all Land Exposure information, including employer, job title/occupation, site name and dates. (If multiple, entitle bookmarks as LExp1, LExp2, etc.) | AR |
| 11: Shipboard Exposure | SExp | Must reference all Shipboard Exposure information, including employer, job title/occupation, ship name, site name and dates. (If multiple, entitle bookmarks as SExp1, SExp2, etc.) | AR |
| 12: Secondary Exposure | SEOEP | Must reference all Occupationally Exposed Person information including name, social security number and relationship to the Injured Party. | SR |
| | SEDates | Must reference the dates the Injured Party was exposed to asbestos through the Occupationally Exposed Person. | SR |
| | SEReason | If the reason for asbestos exposure was other than living with the Occupationally Exposed | SR |

| Claim Form Section | Highlight/Bookmark | Bookmark Description | Requirement* |
|-----------------------------------|---------------------------|--|---------------------|
| | | Person, show how the exposure occurred. | |
| 13: Smoking History | Smoking | This bookmark should point to information re: Injured Person's smoking history, including years smoked, average packs smoked per day, and year quit, if applicable. | NR |
| 14: Economic Loss/Medical Expense | Econ | This bookmark should point to the conclusions section of the economic report. (Not required if claimed economic losses do not exceed \$200,000.00.) | SR |
| | MedExp | This bookmark should point to the conclusions section of the medical expense affidavit. (Not required if medical expenses do not exceed \$200,000.00.) | SR |
| 15: Asbestos Litigation | Lit | This bookmark should point to the cover page of the suit or claim filed. If no suit has been filed, it should point to the declaration that a suit could have been filed. (If multiple, entitle bookmarks as Lit1, Lit2, etc.) | AR |
| 16: Signature | Sig | This bookmark should point to the signature page of the claim form. | AR |

Note: Supporting documents must be compiled with specific Exhibits or Tabs identifying the related material:

- Exhibit 1: Completed/signed Claim Form
- Exhibit 2: Verified Answers to Interrogatories (San Francisco General Order 129 Responses to Interrogatories, Set 1 and Set 2, or the attested to Claim Form Interrogatory responses).
- Exhibit 3: Medical Records
- Exhibit 4: Official Death Certificate, if appropriate
- Exhibit 5: Economic Report evidence wage/pension/home service losses
- Exhibit 6: Affidavit and/or medical invoices evidencing medical expenses
- Exhibit 7: Litigation documentation (Endorsed/filed copy of the face page of the Complaint or equivalent proof of commencement of litigation; declaration of personam jurisdiction as of February 12, 2002, if no lawsuit has been filed; statement electing the governing jurisdiction if more than one lawsuit has been filed.
- Exhibit 8: Social Security Records in support of stated work history
- Exhibit 9: Other information

Exhibits may be a sheet of paper inserted at the beginning of the document, identifying the subsequent document. If a document is not submitted, an Exhibit sheet with an explanatory note is still required (i.e., “Medical expenses do not exceed \$200,000.00.”)