

## **Claim Package Checklist – Mesothelioma**

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

### **Claim Form Review**

- Section 1: Representation [Optional unless represented by counsel]
  - Firm name and address must be consistent with firm for all claims submitted
  - Attorney name must remain consistent
  - Firm Contact is optional
  
- Section 2: Injured Party/Decedent Information
  - Full legal name must 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 Representative, Item 10 must be completed
  - If Married, Items 11a-d must be completed
  
- Section 3: Injuries
  - “Mesothelioma” must be selected
  - Diagnosis date must be completed
  
- Section 4: Diagnosis
  - Physician’s name and board certification must be completed
  - Date of Report
  - “Mesothelioma” must be selected
  
- Section 5: Chest X-Ray [Not required for Mesothelioma]
  
- Section 6: CT Scan [Not required for Mesothelioma]
  
- Section 7: Pulmonary Function Test [Not required for Mesothelioma]
  
- Section 8: Pathology Report
  - All fields are required
  - Must show Mesothelioma as result
  
- Section 9: Dependent/Beneficiary [Required if Injured Party is deceased]
  - One copy of Section 9 must 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/Occupation(s)
  - Site(s) must match site list (located at [www.JTTSTrust.com](http://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](http://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, SSN, and relationship of occupationally exposed person 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 [Not required for Mesothelioma]
  
- 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 - Mesothelioma

*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

| <b>Claim Form Section</b>    | <b>Highlight/Bookmark</b> | <b>Bookmark Description</b>  | <b>Requirement*</b> |
|------------------------------|---------------------------|--|---------------------|
| 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.   | SR                  |
|                              | 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 “Mesothelioma”  | 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                  |

| <b>Claim Form Section</b>    | <b>Highlight/Bookmark</b> | <b>Bookmark Description</b>   | <b>Requirement*</b> |
|------------------------------|---------------------------|---|---------------------|
| 5: Chest X-Ray               | XRay                      | XRay. Must reference all XRay information, including physician name, report date and results. (If multiple, entitle bookmarks as XRay1, XRay2, etc.)                                | NR                  |
| 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.)                         | NR                  |
| 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.)                            | NR                  |
| 8: Pathology Report          | Path                      | Pathology Results. Must diagnose mesothelioma, including physician name, report date and results. (If multiple, entitle bookmarks as Path1, Path2, etc.)                            | AR                  |
| 9: Dependent/<br>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                  |

| <b>Claim Form Section</b>         | <b>Highlight/Bookmark</b> | <b>Bookmark Description</b>  | <b>Requirement*</b> |
|-----------------------------------|---------------------------|--|---------------------|
| 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 Person, show how the exposure occurred.   | SR                  |
| 13: Smoking History               | Smoking                   | This bookmark should point information re: Injured Person's smoking history, including years smoked, average pack(s) 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.”)