

DISCOUNTED CASH PAYMENT

Claim Form

CELOTEX ASBESTOS SETTLEMENT TRUST

Submit completed claims to:
Celotex Asbestos Settlement Trust
P.O. Box 1036
Wilmington, DE 19899-1036

Instructions for the Discounted Cash Payment Form

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly.

Should there be insufficient space to list all relevant information, please attach additional sheets.

In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records as requested in instructions
- Proof of Celotex or Carey Canada product exposure as set out in instructions

Representation

If Claimant is represented by counsel, please print or type the following information:

Attorney Name: _____
(Please print full name)

Paralegal or Contact Name: _____
(Please print full name)

Name of Law Firm: _____
(Please print full name of firm)

Firm Address: _____
(Street/PO box number/suite number)

(City, State and Zip)

Attorney Phone: _____
(Area Code & Number)

Fax: _____
(Area Code & Number)

Contact Phone: _____
(Area Code & Number)

Fax: _____
(Area Code & Number)

Part 1: Injured Party Information

| | |
|---|--|
| Name: _____ <small>(Please print FULL NAME)</small> | Social Security #: _____ - _____ - _____ |
| Gender: Male _____ Female _____ | Date of Birth: _____ / _____ / _____ <small>(Month) (Day) (Year)</small> |

I. Is injured party living? Yes _____ No _____

II. If injured party is living and not represented by counsel, please complete the following:

Mailing Address: _____
(Street/PO box)

_____ (City/State/Zip)

Daytime Phone: () _____ - _____

III. If injured party is deceased: (**Death Certificate must be enclosed**)

Date of Death: _____ / _____ / _____

Was death asbestos related? Yes _____ No _____

IV. If injured party has a personal representative other than, or in addition to, his/her attorney, please indicate the following information for the representative: (**Certificate of Official Capacity must be enclosed.**)

Name: _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____

Daytime Phone: () _____ - _____

Relationship to Injured Party: I am party's: _____
(Guardian, Administrator, Brother, etc.)

Part 2: Diagnosed Asbestos-Related Injuries

Place an X next to all injuries below that have been or were diagnosed for the injured party **and** for which medical documentation is attached to this claim form. *See Instructions for listing of medical records that must be enclosed.*

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Mesothelioma | Date of Diagnosis _____ / _____ / _____ (Month) (Day) (Year) |
| <input type="checkbox"/> | Lung Cancer | Date of Diagnosis _____ / _____ / _____ (Month) (Day) (Year) |
| <input type="checkbox"/> | Other Cancer: _____ <i>Indicate type</i> | Date of Diagnosis _____ / _____ / _____ (Month) (Day) (Year) |
| <input type="checkbox"/> | Asbestosis | Date of Diagnosis _____ / _____ / _____ (Month) (Day) (Year) |
| <input type="checkbox"/> | Bilateral Pleural Disease | Date of Diagnosis _____ / _____ / _____ (Month) (Day) (Year) |

Claims for all of the above injuries must include a diagnosis of the claimed disease by an internal medicine or pulmonary specialist or other specialist based on either a physical examination of the claimant by that doctor, a physical examination by another doctor whose physical examination and findings are reliable or a pathologist examination for a deceased claimant.

Part 3: Occupational Exposure to Celotex or Carey Canada Products

Proof of Celotex or Carey Canada product exposure must be enclosed. (See Instructions)

Please photocopy this page and list separately for each site, industry or occupation in which claimant alleges exposure to asbestos.

Date Exposure Began: _____ / _____ / _____
(Month) (Day) (Year)

Date Exposure Ended: _____ / _____ / _____
(Month) (Day) (Year)

Was the injured party employed by Celotex, Philip Carey or a Philip Carey Contracting Unit during this time?
Yes _____ No _____

Did the injured party work at a site while Philip Carey, Carey Canada or Celotex employees were installing, ripping out, or otherwise handling asbestos-containing products during this time?
Yes _____ No _____

Did the injured party work with Celotex, Philip Carey or Carey Canada employees during this time?
Yes _____ No _____

Did the injured party live or work near or in the vicinity of a Carey Canada mine, manufacturing plant or job-site during this time?
Yes _____ No _____

Occupation: _____

Description of Job Duties: _____

Industry in which exposure occurred: _____ If Code 37 (Other), specify: _____
(Code)

Industry Codes

| | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 11. Aerospace/aviation | 25. Insulation |
| 12. Asbestos abatement | 27. Railroad |
| 13. Automobile/mechanical friction | 30. Shipyard-construction/repair |
| 16. Chemical | 31. Textile |
| 17. Construction trades | 32. Tire/rubber |
| 18. Iron/steel | 33. Utilities |
| 19. Longshore | 34. Asbestos products manufacturing |
| 20. Maritime | 36. Building occupant/bystander |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

Describe how and why asbestos products were used at the site:

Employer: _____

Site or Location of exposure: _____ Plant or Site Name: _____

Location at plant or site where exposure occurred: _____

City: _____ State: _____

Describe how injured party was exposed to Celotex or Carey Canada product(s) or operations:

Name of Celotex or Carey Canada product(s) or operations to which injured party was exposed:

Part 4: Exposure to an Occupationally Exposed Person*

Is the claimant alleging an asbestos-related disease resulting solely from exposure to an occupationally exposed person, such as a family member (spouse, father, sister, etc.)?

Yes _____ No _____

Date Exposure to Other Person Began: Month _____ Year _____

Date Exposure to Other Person Ended: Month _____ Year _____

Relationship to occupationally exposed individual:

I am his/her _____
(Brother, Son, Spouse, etc.)

Describe how injured party was exposed to the Celotex or Carey Canada product:

***Part 3, page 4a, must be completed for the occupationally exposed person.**

PART 6: SIGNATURE PAGE

All claims must be signed by the claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, the information submitted is accurate and complete.

Signature of Claimant or Representative

Please print the name and relationship to the claimant of the signatory above.

Please review your submission to ensure it is complete.

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records as requested in instructions
- Proof of Celotex or Carey Canada product exposure as set out in instructions