

**NGCBIT Individualized Review  
Economic Loss Verification Form**

I \_\_\_\_\_, Attorney for \_\_\_\_\_ ("Injured Party"),  
SSN: \_\_\_\_\_, have reviewed the information submitted and the information  
provided accurately summarizes the Injured Party's economic loss due to the loss of employment  
which has been directly linked to his/her asbestos-related disease.

Injured Party's age at the time he/she stopped working due to an asbestos-related disease <sup>1</sup>	
Total earnings for the last full year of employment <sup>2</sup>	
Number of years to age 65 (subtract age at disability from 65)	
Total Economic Loss <sup>3</sup>	

I certify, under penalty of perjury, under the laws of the United States of America that the  
foregoing is true and correct.

**DATED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Printed Name of Attorney

<sup>1</sup> If Injured Party is 65 or older, this Economic Loss Verification Form cannot be used. The Injured Party must provide an economic loss report submitted by an economist or other expert.

<sup>2</sup> Documentation supporting the total earnings for the last full year of employment must be provided. The NGCBIT will accept records from the Social Security Administration, W-2s or copies of Tax Returns.

<sup>3</sup> Multiply the total earnings for the last full year of employment by number of years to age 65.