

Law Firm Code: _____

Attorney Name:

Contact Name:

NGC Bodily Injury Trust

Submit completed claims to:

NGC Bodily Injury Trust
P. O. Box 1299
Greenville, Texas 75403-1299
ngcsubmit@trustservices.org
www.ngcbitrust.org

NGCBIT CLAIM FORM

Please indicate the type of claim to be filed on behalf of the Injured Party below.

Expedited Review ("ER") **Individualized Review ("IR")**

(If IR is the type of claim chosen above then Addendum B must be completed.)

Part 1: INJURED PARTY INFORMATION

1.1 Injured Party's Full Name: _____

Home Address: _____ City: _____

State: _____ Country: _____ Zip: _____

SSN: _____ Daytime Phone: (____) _____

1.2 Date of Birth: ____/____/____

1.3 Living? Yes No If No, Date of Death: ____/____/____ ***(Provide Death Certificate)***

1.4 If the Injured Party or the Injured Party's estate or heirs has a representative, (the "Claimant Representative"), other than the licensed attorney submitting this claim form, provide the following for the Claimant Representative:

1.4.1 Name: _____ Daytime Phone: (____) _____

Mailing Address: _____ City: _____

State: _____ Country: _____ Zip: _____

1.4.2 Claimant Representative's Capacity (***choose one***):

Executor / Administrator / Trustee Guardian
 _____ _____

Part 2: ASBESTOS LITIGATION

Provide the following information if the Injured Party or the estate or heirs of the Injured Party filed an asbestos-related lawsuit that involved the same disease(s) that the Injured Party is asserting as the basis of this claim.

2.1 Court: _____ State: _____ Case Number: _____

2.2 Date filed: ____/____/____ 2.3 Current Status: Pending Closed

2.4 If Closed, date the Injured Party released the last defendant from the lawsuit: ____/____/____

2.5 If ACMC or National Gypsum Company was a named defendant in the lawsuit described above, what was the status of the case against ACMC or National Gypsum Company as of June 16, 2000?

Pending Judgment Dismissed with Prejudice
 Settled Not Named Dismissed without Prejudice
(date) ____/____/____

(The page(s) of the complaint, petition or cover page filed with the Court that contains the parties named, the Case Number and the date filed with the Court, must be attached.)

Injured Party: _____ SSN: _____

Part 5: EXPOSURE TO ASBESTOS

Complete this part only if the Injured Party's asbestos-related disease is a result of direct asbestos exposure, as opposed to exposure through some other person. If the Injured Party's exposure is through another person, complete Part 6: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON.

Exposure to Any Asbestos Product(s):

5.1 Provide the following information relating to the Injured Party's exposure of at least 5 years to **any** asbestos product(s) on a regular basis. For Mesothelioma claims, provide the following information relating the Injured Party's exposure of at least 1 day to any asbestos product(s) on a regular basis.

5.1.1 The Injured Party's first direct occupational asbestos exposure was on ___/___/___.

5.1.2 The Injured Party's last direct occupational asbestos exposure was on ___/___/___.

Exposure to NGC Asbestos Product(s):

The Injured Party must have at least 6 months direct occupational exposure on a regular basis to **NGC** asbestos product(s). For Mesothelioma claims the Injured Party must have at least one day of direct occupational exposure to NGC asbestos product(s).

5.2 The Injured Party's most significant exposure to **NGC** asbestos product(s) was in the state of _____

Occupational (Job-Related) Exposure to NGC Asbestos Product(s):

5.3 The Injured Party's occupation and industry while directly exposed to **NGC** asbestos product(s):

Occupation Code: ¹ _____ If other, specify: _____

Industry Code: ² _____ If other, specify: _____

Period of Exposure: From ___/___/___ to ___/___/___

Employer: _____

Jobsite: _____ City: _____ State: _____

5.4 Response Optional: If the Injured Party had greater exposure to **NGC** asbestos products than the typical worker in the occupation indicated in 5.3 above, describe how the Injured Party's exposure to **NGC** asbestos product(s) was greater. (For additional information, see *Instructions for Filing a Claim with the NGC Bodily Injury Trust.*)

The total amount of exposure to **NGC** asbestos product(s) will be a factor in valuing this claim. If the Injured Party had exposure to **NGC** asbestos product(s) in addition to that listed in 5.3 above, provide the additional occupation and industry pairs in which the Injured Party worked by submitting **Addendum A: Job-Related Exposure: Occupation & Industry Pairs.**

Avocational (Non-Job-Related) Exposure to NGC Asbestos Product(s):

5.5 If the Injured Party's exposure to **NGC** asbestos product(s) was solely through non-job-related activities, provide additional detail of the Injured Party's (i) exposure for at least 5 years on a regular basis to any asbestos product(s) and (ii) exposure for at least 6 months on a regular basis to **NGC** asbestos product(s).³ For Mesothelioma claims, provide additional detail of the Injured Party's exposure for at least 1 day to NGC asbestos product(s).

¹ Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT A, Occupation Codes.

² Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT B, Industry Codes.

³ Exposure on an avocational basis will be converted to an equivalent based on full-time occupational exposure unless evidence is submitted to warrant a higher evaluation of the claim.

Injured Party: _____ SSN: _____

Part 6: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON

Complete this part only if the Injured Party's asbestos-related disease is a result of asbestos exposure through an **Occupationally Exposed Person ("OEP")**. If the Injured Party was exposed through an **avocationally exposed person**, contact the **NGCBIT Facility**.

Provide the following for each **OEP** claimed. Copy this page if more than one **OEP** is claimed.

Injured Party's Exposure Through OEP:

6.1 The Injured Party had at least 5 years of asbestos exposure on a regular basis through the **OEP** identified in 6.4 below. For Mesothelioma claims the Injured Party had at least one day of direct occupational exposure to **NGC** asbestos product(s).

6.1.1 The Injured Party's first such asbestos exposure through the **OEP** was on ____/____/____.

6.1.2 The Injured Party's last such asbestos exposure through the **OEP** was on ____/____/____.

6.2 Describe the Injured Party's asbestos exposure through the **OEP** that is alleged to be the cause of the Injured Party's asbestos-related disease:

6.3 The Injured Party's most significant exposure to **NGC** asbestos products through the **OEP** was in the state of _____.

OEP's Exposure to Any Asbestos Product(s):

6.4 Name of **OEP**: _____

6.5 Provide the following information relating to the **OEP's** exposure of at least 5 years on a regular basis to **any** asbestos product(s) during the period of exposure in 6.1. For Mesothelioma claims provide the following information relating to the **OEP's** exposure of at least one day to any asbestos product(s) during the period of exposure described in 6.1.

6.5.1 The first such direct occupational asbestos exposure of the **OEP** on a regular basis which included the period of exposure in 6.1 and first began on ____/____/____.

6.5.2 The last such direct occupational asbestos exposure of the **OEP** was on ____/____/____.

OEP's Exposure to NGC Asbestos Product(s):

The **OEP** must have at least 6 months direct occupational exposure on a regular basis to **NGC** asbestos product(s). For Mesothelioma claims the **OEP** must have at least one day of direct occupational exposure on a regular basis to **NGC** asbestos product(s).

6.6 The **OEP's** occupation and industry while directly exposed to **NGC** asbestos product(s):

Occupation Code: ⁴ _____ If other, specify: _____

Industry Code: ⁵ _____ If other, specify: _____

Period of Exposure: From ____/____/____ to ____/____/____

Employer: _____

Jobsite: _____ City: _____ State: _____

6.7 Response Optional: If the **OEP** had greater exposure to **NGC** asbestos products than the typical worker in the occupation indicated in 6.6 above, describe how the **OEP's** exposure to **NGC** asbestos product(s) was greater for this jobsite. (For additional information, see *Instructions for Filing a Claim with the NGC Bodily Injury Trust*.)

The total amount of exposure to **NGC** asbestos product(s) will be a factor in valuing this claim. If the **OEP** had exposure to **NGC** asbestos product(s) in addition to that listed in 6.6 above, provide the additional occupation and industry pairs in which the **OEP** worked by submitting **Addendum A: Job-Related Exposure: Occupation & Industry Pairs**.

⁴ Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT A, Occupation Codes.

⁵ Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust, EXHIBIT B, Industry Codes.

Injured Party: _____ SSN: _____

Part 7: EXPOSURE AND CLAIM FORM CERTIFICATION

7.1 The Injured Party, the Claimant Representative, or an Attorney, by executing the EXPOSURE AND CLAIM FORM CERTIFICATION below, submits this claim form and attaches one or more of the documents checked below as Proof of Exposure.

- Injured Party Affidavit
- Claimant Representative Affidavit
- Answers to Interrogatories with verification page. Submit pertinent page(s).
- Deposition Transcript with cover page(s). Submit pertinent page(s).
- Co-worker Affidavit
- Verified Work History

7.2 This claim is certified by: (check one)

- The Injured Party
- The Claimant Representative

I, _____, certify, under penalty of perjury, that I am authorized to file this Claim Form and I have reviewed the information submitted on this claim form and all documents submitted in support of this claim and that, to the best of my knowledge, the information submitted is true, accurate and complete.

Signature of Injured Party or Claimant Representative

Printed name

OR

- The Attorney authorized to file this Claim Form

The undersigned certifies, under penalty of perjury, as follows: I am authorized to file this Claim Form; I, or other trained personnel within my firm, have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim; and to the best of my knowledge, based on policies and procedures adopted and implemented by my firm concerning claims processing, the information submitted is true, accurate and complete, and/or the information is included within the claimant's file and is derived from information provided by the claimant, one or more of the claimant's co-workers or the claimant's medical experts.

Signature of Attorney

Printed name

Part 8: ATTORNEY CERTIFICATION AND WARRANTY OF CLAIMANT REPRESENTATIVE'S AUTHORITY

This section must be executed by the Attorney only if (i) the Injured Party has a Claimant Representative and (ii) the Affidavit & Indemnity establishing the Claimant Representative's capacity is not submitted with this claim form.⁶

The Attorney certifies and warrants that this claim is filed on behalf of the Injured Party by the Claimant Representative and that the Claimant Representative is authorized by law to file this claim on behalf of the Injured Party.

Signature of Attorney

Printed name

⁶ The Affidavit & Indemnity form may be obtained from the NGCBIT website, www.ngcbitrust.org, or by request from the NGCBIT Claims Facility.

Injured Party: _____ SSN: _____

NGC Bodily Injury Trust

**Claim Form Addendum A:
Job-Related Exposure: Occupation & Industry Pairs**

Provide the following information relating to the occupation and industry pair in which the Injured Party or OEP worked while exposed to **NGC** asbestos product(s). Due to its impact on the pricing of the claim, provide all occupation and industry pairs in which the Injured Party worked while exposed to NGC asbestos product(s). Copy this page if the Injured Party or OEP worked in more than one occupation and industry pair while exposed to **NGC** asbestos product(s).

Additional Pair:

For: Injured Party OEP that exposed Injured Party
Occupation Code:¹ _____ If other, specify: _____
Industry Code:² _____ If other, specify: _____
Period of Exposure: From ____/____/____ to ____/____/____
Employer: _____
Jobsite: _____ City: _____ State: _____

Response Optional: If the Injured Party had greater exposure to **NGC** asbestos products than the typical worker in the occupation indicated in the additional pair above, describe how the Injured Party's exposure to **NGC** asbestos product(s) was greater. (For additional information, see *Instructions for Filing a Claim with the NGC Bodily Injury Trust.*)

Additional Pair:

For: Injured Party OEP that exposed Injured Party
Occupation Code:¹ _____ If other, specify: _____
Industry Code:² _____ If other, specify: _____
Period of Exposure: From ____/____/____ to ____/____/____
Employer: _____
Jobsite: _____ City: _____ State: _____

Response Optional: If the Injured Party had greater exposure to **NGC** asbestos products than the typical worker in the occupation indicated in additional pair above, describe how the Injured Party's exposure to **NGC** asbestos product(s) was greater. (For additional information, see *Instructions for Filing a Claim with the NGC Bodily Injury Trust.*)

Additional Pair:

For: Injured Party OEP that exposed Injured Party
Occupation Code:¹ _____ If other, specify: _____
Industry Code:² _____ If other, specify: _____
Period of Exposure: From ____/____/____ to ____/____/____
Employer: _____
Jobsite: _____ City: _____ State: _____

Response Optional: If the Injured Party had greater exposure to **NGC** asbestos products than the typical worker in the occupation indicated in the additional above, describe how the Injured Party's exposure to **NGC** asbestos product(s) was greater. (For additional information, see *Instructions for Filing a Claim with the NGC Bodily Injury Trust.*)

¹ Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust – Non-Mesothelioma Claim, EXHIBIT A, Occupation Codes.

² Refer to Instructions for Filing a Claim with NGC Bodily Injury Trust – Non-Mesothelioma Claim, EXHIBIT B, Industry Codes.

Injured Party: _____ SSN: _____

Claim Form Addendum B:
Factors Worksheet

Part B1: DEPENDENT INFORMATION

B1.1 The Injured Party has a total of _____ dependents.

(The NGC Bodily Injury Trust Claimed Dependents Form must be completed in the event (1) more than 2 dependents are claimed for an injured party over 60 years old at the time of filing or (2) more than 4 dependents are claimed. The form may be obtained from the NGCBIT website, www.ngcbitrust.org, or by request from the NGCBIT Claims Facility.)

Part B2: SMOKING HISTORY

B2.1 At the time this claim is filed, the Injured Party (**choose one**):

Never Smoked Formerly Smoked Currently Smokes

If **Formerly Smoked or Currently Smokes** is checked, the following **must** be provided:

How many years? _____ Average number of packs a day? _____ Date last smoked? ___/___/___

Part B3: MEDICAL AND BURIAL EXPENSES

If the Injured Party is claiming medical and burial expenses exceeding \$100,000, net of reimbursements and insurance, directly attributable to the claimed asbestos-related disease, documentation must be submitted substantiating the entire amount of the claimed expenses, including reimbursements and unreimbursed, out-of-pocket expenses. Undocumented or incomplete items will not be considered.

B3.1 Medical Expenses:

Total expenses, net of reimbursements and insurance, as of the date this claim is filed: \$ _____

B3.2 Burial Expenses: (if applicable)

Total expenses, net of reimbursement and insurance, as of the date this claim is filed: \$ _____

Part B4: ECONOMIC LOSS

Economic losses are defined as lost wages and earnings directly attributable to the claimed asbestos-related disease. If the Injured Party is claiming Economic Losses exceeding \$200,000, documentation must be submitted substantiating the entire amount of the claimed losses commencing on the date of diagnosis to the date determined by the Social Security Administration that the claimant would be eligible for full benefits. Documentation must also include Social Security Administration Report of Earnings covering the period from diagnosis until the claim is filed.

B4.1 Gross economic loss:

Total loss as of the date this claim is filed: \$ _____

Injured Party: _____ SSN: _____