

Website Training Guide

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Version 7



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# Lesson 1 – Home Page & Login

The Law Firm Login is located on the Home Page. The Home Page includes a login area on the left of the screen including a "**Forgot Your Password**" feature and NGC Help link.

The main area on the Home Page is divided into the following 4 sections which, when selected, will expand to provide additional information:

- Recent Developments / Fast Links
- NGC Highlighter
- Past Announcements
- Website Support Documents

#### Forgot Your Password:

The Forgot Your Password button will prompt the user to answer a security question and then send the user an email. The email will contain a link for the user to select a new password, thus resetting the password each time this feature is accessed by the user. Refer to the User Password Set-up section of Lesson 2 - Law Firm Registration for more information on selecting a password.

### NGC Help Link:

The NGC Help link will open an email for the User to send their question to the Trust which will then be answered within 24 hours.

## Lesson 2 – Law Firm Registration

To file a claim with the NGC Bodily Injury Trust ("NGCBIT"), a law firm must register. Each law firm must select an attorney and contact for each claim that is filed with the NGCBIT. The registration process is available on the website through the "**Firm Registration**" tab. Once "**Register Law Firm**" is selected, the following screen will be displayed and the User will enter the Law Firm information.

		MATION				
Indicates field is required.						
Law Firm Code : *			Note mor The	e: All Codes an e than 10 chars Law Firm Cod	d Passwords r acters long. Us e is restricted t	nust be at least 5 and no e only letters and numbers o UPPER CASE letters only
EIN Number : *						
Law Firm Name : *						
Address 1 : *						
Address 2 :						
City : *		State : *	~	Zip Code: *		
Country :						
Optional-Shipping Address	if different from above:					
Attention :						
Address 1 :						
Address 2 :						
City :		State :	*	Zip Code:		
Country :						
ptional-Payment Mailing A	ddress if different from above :					
Attention :						
Address 1 :						
Address 2 :						
City :		State :	*	Zip Code:		
Country :						
ttorney Information:						
Login ID : *	P	'assword : Er pa	mail with Ins assword will	tructions on ho be sent when	ow to set saved.	
Attorney Name : *	First	мі		Last		
Email Address : *						
Phone Number : *	F	ax Number :				
the second s						
ontact Information:						
Contact Information:						
ontact Information: Same as attorney.	F	'assword : El	mail with Ins	tructions on he	ow to set	
ontact Information; Same as attorney. .ogin ID : *	First	°assword : Ei pa	mail with Ins assword will	tructions on ho be sent when Last	ow to set saved.	
ontact Information; Same as attorney	First	Password : pa	mail with Ins assword will	tructions on he be sent when Last	ow to set saved.	]
ontact Information: Same as attorney. Ogin ID : * Contact Name : * Imail Address : *	First	Password : El MI	mail with Ins assword will	tructions on ho be sent when Last	ow to set saved.	]

### Firm Information:

The first step in the law firm registration process is to select a Law Firm Code and provide the name and address of the Law Firm. Also, the User will be required to enter the Law Firm name, e-mail address, phone number, and login ID for the Attorney and Contact. The following fields are required to register a law firm:

- Law Firm Code
- EIN Number
- Law Firm Name
- Address, City, State, Zip Code
- Attorney Login ID
- Attorney Name; Email Address; Phone Number
- Contact Login ID
- Contact Name; Email Address; Phone Number

### User Password Set-up:

The Attorney and Contact's password is not set up during the registration process. Once the law firm's registration is validated and the users are activated, an email will be sent to the Attorney and Contact. The email will contain a link to a password set-up screen where they will enter a password and establish a security question and answer.

The password must be 8 characters long, contain a number, and contain upper and lower case letters. A message will appear indicating the security strength of the password being entered. The User will then select a security question from the drop-down box and provide the appropriate answer.

User Name:	Example	
Password:	Password1	Strength:Excellent
Retype Password:		
Select : (you will be prompted for this informa	tion when retrieving password)	
Security Question:	<select question="" security=""></select>	
Security Answer:		
Save		
<select question="" security=""></select>	~	
<select question="" security=""></select>		
What was the name of your first elem	entary school?	
What was the name of your first empl	oyer?	
What was the model of your first car?		

If the User forgets their password they must utilize the Forgot Password feature on the Home Page, which allows them to reset their password. The security question and answer established during password set-up is used in the password reset process.

Refer to Lesson 7 – Admin Page for more information regarding setting up users and passwords.

If "**Same as attorney**" is selected under Contact Information, then the contact fields will be populated with the Attorney information provided and will be locked from editing. Once all of the required fields have been completed, the User will select the "**Continue Registration**" button and the following confirmation page will be displayed.

After your registration and instructions on se you will be able to log law firm locations and Website.	is validated, you will receive an email conforming your registration ting up your password. After your registration has been confirmed, no to the NGC Website using your Login ID and Password. Additional additional users may be established under the Admin tab on the NGC
Law Firm Informatio	n
Law Firm Gode:	EAMMPLE
Law Firm Name:	12040 Example Law Eim
Law clim Name.	1924 Augeus Sameuhara, Tavas 19245
Shinning Address:	(none)
Payment Address:	, (none)
Attorney Information Login ID: Attorney Name: Email Address: Phone Number:	Example Mister Attorney misterattorney@usa.com 123-466-7890
Contact Information	Example
Contact Name:	Mister Attorney
email Address:	misterattomey@usa.com

### Validation of Law Firm:

Once registration is confirmed above, the TSI Legal Department will validate the Law Firm. The Legal Department uses various resources, including Martindale Hubbell, to confirm that the Law Firm and Attorney are valid. Upon approval of the Law Firm and activation of the Users, an email with a link to the password set-up screen will be sent to the Attorney and Contact provided during the registration process.

# Lesson 3 – Documents Page

The Documents Page includes the following sections of frequently requested Trust documents:

- Trust Legal Documents
- Claims Facility Documents
- Policies

Documents such as the NGCBIT Claims Resolution Procedures, Law Firm Registration form, Affidavit and Indemnity form, Attorney Work History Verification form and NGC Disease Chart can be found on this screen. The document can be viewed by selecting the document name. The documents will open in Adobe Acrobat Reader so that they may be printed for the User's convenience.

## Lesson 4 – Downloads Page

The Downloads Page contains information regarding the various ways to submit a claim to the Trust.

### **Claim Forms:**

The claim forms are sample versions until the Law Firm logs into the website. Once logged in, the Law Firm will select the Attorney and Contact name and then select "**GO**" to display the appropriate claim forms. This step of choosing the Attorney and Contact names will display the names on the paper claim form when opened.

### **Claim Entry Application:**

The on-line claim entry application is available through the Claim Processing tab by selecting the Data Entry tab. Refer to Lesson 9 – Claim Processing Page – Data Entry for more information regarding the online data entry of a claim.

### **Database Conversions:**

Database conversions are used when multiple claims are submitted at once. The most commonly used data base conversion is the submission Excel spreadsheet. More information regarding the process of converting the Law Firm's database information into the Trust submission spreadsheet and a legend of field definitions can be found in the Database Conversions section of the Downloads Page.

# Lesson 5 – FAQ Page

The FAQ Page contains Frequently Asked Questions with answers. The questions are separated into the following sections:

- Restated Exposure Policies
- BI Settlement Claims
- Tolling of Applicable Statute of Limitations
- Payment Percentage
- Claims Submissions
- Submitting Claim Documentation

When a question is selected, the User will be taken to the corresponding answer displayed below the question.

# Lesson 6 – About Us Page

The About Us Page contains general information about Trust Services, Inc. ("TSI") and the NGCBIT. The User will select the **[more]** link for detailed information about any section. The sections are as follows:

- General Information
  - o Disclosure Statements
  - o ACMC Bankruptcy
  - About NGCBITrust
  - o About TSI
  - o Contact Us
- BI Settlement Claims

# Lesson 7 – Admin Page

The Admin Page is only available to users that have been assigned the Admin user type. Under the Admin Page, law firm locations and users can be established. The Admin Page will include a second row of tabs, as listed below:

- Primary Firm Information
- Locations
- Users
- Reports/Correspondence

### **Primary Firm Information Tab:**

The Primary Firm Information Tab will display the information provided during the law firm registration process. The Law Firm registered through the law firm registration process will be considered the Primary Law Firm.

Law Firm Information		Note: If changes need to be made to the Law
<u>Primary Law Firm :</u> Law Firm Code : EIN Number : Law Firm Name :	ABC Law Firm ABCFIRM xxxxxxxxxx ABC Law Firm	Firm Information, Please contact Renda Evans, <u>revans@trustservices.org</u> .
Address : Shipping Address :	2716 Lee St, Greenville, Texas 75401	
Payment Address :	, , (none)	
Expire All Law Firm Us	sers	
If you have an additional l	locations, you may set up a separate location using the Locations tab	

Refer to the User Status section of Lesson 7-Admin Page for more information regarding the Expire All Law Firm Users button.

### Locations Tab:

The Locations Tab will provide a display of additional locations that have been added under the registered Primary Law Firm. The locations will be listed, including a column indicating whether the location has been validated.

Primary Firm Information Locations Users Reports/Correspondence	
Locations           Location Code         Location Name         EIN Number         Verified           Select         JABCFIRM         Primary         xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Note: If changes need to be made to the Location Information, please contact Renda Evans, , revans@trustservices.org.
Add a Location	

Each law firm will have at least one location, which is the Primary Firm. Additional locations can be added by selecting the "**Add a Location**" button. The following fields are required to save a location:

- Location Code
- EIN Number
- Location Name
- Address1
- City
- State
- Zip Code

If "**EIN same as Law Firm**" is selected, then the "EIN Number" field will be populated with the Primary Law Firm's EIN Number and will be locked from editing. Once all of the required fields to add a location have been completed, the User will select the "**Save**" button.

In the Add a Location screen, the "**Return to Locations List**" button will cancel the add location entry and will return the User to the Locations List. The "**Save**" button will save the location entered, which will then follow the same validation process as a registered law firm.

#### Users Tab:

The Users Tab will provide a display of all users that have been established under the Primary Law Firm for each location.

1	<u>User Name</u>	Location	Role	<u>Login</u>	Email Address	Phone Number	<u>UserStatus</u>	E Last
Select Test	User	Primary	Contact	UserTest	gbryant@trustservices.org	555-555-5555	Active	2/18/201
Select Long	l, Sheila	Primary	Admin, Contact	sheila	slong@trustservices.org	800-580-2191	Active	10/14/20
Select Harr	ell, Linda	Primary	Admin, Attorney, Contact, User	Iharrell	Iharrell@trustservices.org	903/453-2167	Inactive	8/25/201
Select Push	n, Test	Primary	Admin, User	TestPush	gbryant@trustservices.org	903-453-2160	Active	11/14/20

A user can be assigned more than one user type. Each user type assigned to the user will be displayed in the Role column. Additional users can be added by selecting the "**Add a User**" button. The following fields are required in order to save any user:

- Location
- User Type
- Login ID
- Password
- Name
- Email Address
- Phone Number

indicates field is n	equired.				
Location :*	Primary	$\checkmark$			
0	Attorney		Contact User Read-Only U	ser	
Login ID :*	test				
Password :*	New security fea transitioned the e passwords to the	tures have establishment of e end user.			
	Fi	rst	MI		Last
Name :*	Miss			Test	
Email Address :*	mt@here.com				
Phone Number :*	123-456-7890				
Fax Number :					
Correspondent	се Туре:				
Claim Correspo	ondence	🗹 Status Rep	orts		Management Reports
Delivery Method:	Report 🗸	Delivery Meth	od: Email	~	
Frequency:	Weekly 🗸	Frequency:	Bimont	nly 🗸	
l Iser Status:	Enabled	Deleted			
ooor otatus.		Deleteu			

<u>User Type Descriptions</u> - Each user may be assigned more than one user type. Note that more than one Attorney, Contact, Admin and/or User may be assigned to a law firm.

<u>Attorney</u> – These users are eligible to be identified as the Attorney of record for a filed claim, and are eligible to receive Status Reports and Management Reports. At least one attorney must be selected to receive Management Reports.

<u>Contact</u> – These users are eligible to be identified as the Contact for a filed claim, and Claim Correspondence will be sent to the Contact identified for the claim. These users are eligible to receive Status Reports and Management Reports.

<u>Admin</u> – These users are eligible to access the Admin tab on the website. Under the Admin tab, these users may establish locations, register new users and edit user information.

<u>User</u> – These users are eligible to access the Claim Processing tab on the website. Under the Claim Processing tab, these users may file new claims, edit existing claims and upload supporting documentation.

<u>Read-Only User</u> – These users are eligible to access the Claim Processing tab on the website. Under the Claim Processing tab, these users will have read-only access to claims.

The Attorney provided during the Law Firm Registration process will be defaulted to Attorney and Admin user types. The Contact provided during the Law Firm Registration process will be defaulted to Contact and Admin user types.

<u>User Password Set-up</u> - The User's password is not entered on the User Maintenance screen. Once the User's information is saved, an email will be sent to the User containing a link to a password setup screen where the User will enter a password and establish a security question and answer.

The password must be 8 characters long, contain a number, and contain upper and lower case letters. A message will appear indicating the security strength of the password being entered. The User will then select a security question from the drop-down box and provide the appropriate answer.

User Name:	Example	
Password:	Password1	Strength:Excellent
Retype Password:		
Select : (you will be prompted for this informati	on when retrieving password)	
Security Question:	<select question="" security=""></select>	
Security Answer:		
Save		
	K	
<select questions<="" security="" td=""><td>~</td><td></td></select>	~	
<select question="" security=""></select>	-	
What was the name of your first elementar	y school?	
What was the name of your first employer?	?	
what was the model of your first cars		

If the User forgets their password they must utilize the Forgot Password feature on the Home Page, which allows them to reset their password. The security question and answer chosen during password set-up is used in the password reset process.

<u>Activate User</u> - To activate the User, select the Enabled checkbox at the bottom of the user screen, thus setting their user status to Active. If the Enabled checkbox is not selected the User will be considered Inactive. If the Inactive user is not an attorney or contact on any claim, then they will appear in the user list as Inactive. However, if the Inactive user is an attorney or contact on any claim, then a message will appear prompting the Admin user to select the necessary replacement attorney and/or contact. Once the replacement selection is complete NGCBIT system administrators will be notified to verify the change and complete the claim re-assignments. The Admin user will be notified when the claim re-assignments are complete.

<u>Delete User</u> – This feature allows the Admin user to delete a user. To delete a user select the "**Delete User**" button at the bottom of the user screen. If the deleted user is an attorney or contact on any claim, then a message will appear prompting the Admin user to select the necessary replacement attorney and/or contact, same process as described above. A user that has been deleted will not appear in the user list.

<u>Expire User</u> – This feature allows the Admin user to expire a user's password, which in turn prompts the user to set-up a new password. To expire a user's password select the "**Expire User**" button at the bottom of the user screen. The User will receive an email with a link to the password set-up screen where they will reset their password.

<u>Correspondence Types</u> - The "Correspondence Type" section will only be present for attorney and contact user types. Claim Correspondence will only be present if the "Contact" user type is selected and will automatically be selected and locked.

<u>Claim Correspondence</u> – Claim Correspondence is only sent to contacts. The Contact identified for the claim will receive the claim specific correspondence. Claim Correspondence includes Deficiency Letters, Response Reply Letters, Extension Letters, Ad Hoc Letters, Notice of Determination – Allowances and Notice of Determination – Disallowances. The method of delivery and frequency of the Claim Correspondence must be indicated for each contact. <u>Status Reports</u> – Status Reports are available to contacts and attorneys. Status Reports provide information including detailed lists of received correspondence, claim submissions and pending due dates. The report will contain information for the appropriate reporting period. For example, if the frequency of the report is weekly, the report will contain information pertaining to the prior week. Each contact and attorney electing to receive Status Reports will need to select the method of delivery and frequency of the Status Reports.

<u>Management Reports</u> – Management Reports are available to contacts and attorneys. Management Reports include special communications from the Trust regarding information that the firms need to be made aware of, such as changes in the payment percentage. At least one attorney must be selected to receive Management Reports. Management Reports will be issued on an as needed basis via email and paper correspondence. If the user type is "Contact" the following fields are also required for "Claim Correspondence":

- Delivery Method
- Frequency

The "Delivery Method" selection box will include the following options:

- Print (paper letters sent via regular mail to the contact)
- <u>Email</u> (electronic letters sent via email to the contact)
- <u>Report</u> (spreadsheet sent via email to the contact)

The "Frequency" selection box will include the following options:

- Daily
- Weekly
- Bimonthly
- Monthly

The Attorney will be defaulted to receive Management Reports. The Contact will be defaulted to receive Claim Correspondence as emailed letters on a daily basis and Status Reports by email on a weekly basis.

The selection of Status Reports and Management Reports will only be available for attorney and contact user types. At least one attorney has to be selected to receive Management Reports. If only one attorney user type is present or only one attorney user type is receiving Management Reports, the Management Reports checkbox will be selected and locked for that user.

### **<u>Reports/Correspondence Tab</u>**:

The Reports/Correspondence Tab will provide a summary of all attorney user types and contact user types and which ones receive Management and Status Reports.

Primary F	Firm Information	Locations	Users	Reports/Corre	spondence		
	Attorney	Name	Delive	ery Method	Freque	ncy	Management Reports
Select	Doe, John		Email		Daily	True	
	Contact N	lame	Delive	ry Method	Frequen	су	Management Reports
Select	Smith, John	P	rint		Daily	False	
Select	Doe, John	E	imail		Daily	True	

Changes that need to be made can be completed through the User screen, which may be accessed by selecting the Attorney or Contact name.

# Lesson 8 – Claim Processing Page – Search & Claim View

The Claim Processing Page is only available to users that have logged into the NGC Website and have been assigned the User or Read-Only User role. The Claim Processing Page includes two additional tabs: Search and Data Entry, which are discussed in Lesson 8 and Lesson 9 in this training guide.

### Search:

Upon entering the Claim Processing Page there will be a second row of tabs including Claim Search and Data Entry. The Search screen will allow the User to search on one or more of the following fields listed within the claim search:

- Injured Party Name
- Claimed Disease
- Injured Party SSN
- Claim Number
- Attorney
- Contact
- Claim Type
- Deficiency TypeDeficiency Code
- Action Due Date
- Claim Status
- Process Status

Search Data En	try			
Submit Search				
	 First MI	Last		
Injured Party Name	E.			Bulk Document Upload
Social Security #:				
Claim Number:				
Attorney:				
Contact:				
Claim Type:	Expedited Review		Saved Searches:	ER
01-1-1-01				
Claimed Disease	Esophageal Cancer	~		
	Laryngeal Cancer Lung Cancer			
	Mesothelioma Non-Malignant I	~		Refresh Search Delete Search
Deficiency Type:	Injured Party			
	Claimant Representative Expense Worksheet	^		
	Proof of Exposure			
	Exposure Co-Worker	~		
Deficiency Code:	150 - Latency period not established	~		
	176 - SOL exceeded			
	180 - No date stamp	~		
	181 - No case number			
Action Due Date:	>30 days >60 days			
	>90 days			
Claim Status:	Allowed Retained for Revenuest		0	
	Closed			
	Closed (No Time) Closed (Time Remaining)	~		
Deserve Charl	Deficient	·	-	
Process Status:	2nd Review In Process Complete	~	0	
	Hold Pre-Review			
	Ready for 2nd Review Ready for Review	~		
	<u></u>			
	Submit Search			

<u>Claim Status & Process Status</u> - To the right of the Claim Status and Process Status search fields there will be a help link to a legend of statuses. The Claim Status indicates where a claim is in the claim process and the Process Status indicates where a claim is in the facility process. Below are descriptions of each Claim Status and Process Status.

Claim Status:	Description:
In Progress-Not Filed	The filing submission has been started and saved but not yet submitted. The filing submission has been given a postmark date, but has not been reviewed for pre-claim deficiencies*.
Entered	The claim is ready for review by a Claim Reviewer.
Incomplete	The filing submission is not complete enough to be reviewed by a Claim Reviewer due to pre- claim deficiencies. An Incomplete Notice has been generated for the filing submission.
Withdrawn	The claim has been withdrawn by request of the law firm.
Deficient	The claim has been reviewed by a Claim Reviewer and determined to be Deficient. A deficiency letter has been generated for the claim.
Allowed	The claim has been reviewed by a Claim Reviewer and determined to be Allowed. A Notice of Determination – Allowance has been generated for the claim.
Ready for Payment	The claim has been Allowed and all required documents, including a properly executed Release and Indemnity, have been received and approved. The claim is awaiting payment.
Batched for Payment	The claim has been included in the payment batch process for payment.
Paid	The claim has been paid.
Disallowed	The claim has been Disallowed and a Notice of Determination – Disallowance has been generated for the claim.
Rejected	The claim has been rejected. These claims cannot be re-activated but can be re-filed.
Closed	The claim has been closed. Response time remains to cure any outstanding deficiencies; however, time to request ADR has expired.
Process Status:	Description:
Pre-Review	The claim is not ready for review by a Claim Reviewer. The claim is awaiting review for pre- claim deficiencies or has been determined to have pre-claim deficiencies.
Ready for Review	The claim is ready for review by a Claim Reviewer.
Review in Process	The claim is under review by a Claim Reviewer.
Wait	The claim is waiting for a response to claim correspondence generated for the claim.
Ready for 2nd Review	The claim has been selected for second review. These claims cannot be opened online by the law firm user.
2nd Review in Process	The claim is under review by a Second Reviewer. These claims cannot be opened online by the law firm user.
Complete	The claim is considered complete and has been Paid, Closed, Rejected or Deferred/Withdrawn.
Hold	The claim has been placed on hold pending further review. See Hold reason on claim for more detail as to why the claim has been placed on hold.

Several resource documents related to the above claim statuses and process statuses are available on the Documents page online. Please see the NGC Response Times document, the NGC Incomplete Submission Process chart and the NGC Claim Flow chart for more information.

### Search Results:

Once the User selects the search criteria and submits the search, the search results will be displayed as shown below. The User will have flexibility for the number of claims to be displayed per page, such as 10, 20, 50, 100 or all. The Claim Search results will include the Claim ID, Claimant Name, SSN, Claim Status, Process Status, Closed Reason, Action Due Date, Attorney Name, Contact Name and Reports selection. The search results are limited to 200, but the full results can be viewed by downloading to Excel.

Search Da	ata Entry									
	Dov	vnload to Ex	cel							
	Ba	sic Advanc	ed		Claim S	earch Results			Return to Claim Se	aarch
Search Name	2:		Save S	iearch						
1 <u>2 3 4</u>										
Claim #	Last Name	First Name	SSN	Claim Status	Process Status	Closed Reason	Action Due	Attorney	Contact	Reports
NG- 4048944	Dowdy	Dawson	48712XX42	Incomplete	Hold		09/27/2015	Attorney, Test	Attorney, Test	- Select to Download - 🗸
<u>NG-</u> 4048943	Jackson	Jeb	313434312	Incomplete	Pre-Review		09/27/2015	Attorney, Test	Attorney, Test	- Select to Download -

<u>Download to Excel</u> - The User will have the option of downloading the search results to an Excel spreadsheet. The "**Basic**" Excel spreadsheet will contain the following fields in the order identified below:

- Claim ID
- Claimant Name
- SSN
- Claim Status
- Action Due Date

The "Advanced" Excel spreadsheet will contain the following fields in the order identified below:

- Claim ID
- Claimant Name
- SSN
- Claim Status
- Next Action Due Date
- Claim Type
- Process Status
- ALV for Allowed, Ready for Payment, Batched for Payment and Paid claims
- Paid Amount for Paid claims
- Allowed Disease
- Claimed Disease
- Deficiency Group
- Deficiency Code
- Last Correspondence Type

<u>Save Search</u> - The User can save any search by entering a search name and selecting the "**Save Search**" button. The saved searches will be available from the "Claim Search" tab and from the Reports page. Refer to Lesson 10 – Reports Page for more information about the Reports page.

<u>Reports Selection</u> – The following three reports are available on-demand by selecting the specific report from the drop-down box.

### Reports

- Select -Original Claim Form Cumulative Information Report Claim View Detail

- Original Claim Form ("OCF") A report presented in claim form format that includes the
  original claim data provided by the law firm. This report is accessible from the Claim Search
  Results screen, the general information section of the claim processing screens and the Data
  Entry Submit Claim screen.
- <u>Cumulative Information Report ("CIR")</u> A report presented in claim form format that
  includes the original claim data provided by the law firm during the initial submission and any
  updates of claim data that has been added to the claim online by the law firm user. This
  report is accessible from the Claim Search Results screen and the general information section
  of the claim processing screens.
- <u>Claim View Detail ("CVD")</u> A report that includes the current claim data at the time the report is generated. This report will include any updates of claim data by the claims facility during review of the claim. This report is accessible from the Claim Search Results screen and the general information section of the claim processing screens.

<u>Open Claim</u> - To open a claim for Claim View, select the claim number. The Claim View screens are discussed in the next section.

Claims with the following claim or process statuses cannot be opened by the Law Firm User:

- Process status of "Ready for 2<sup>nd</sup> Review" The claim has been reviewed by the Analyst and is selected for Second Review.
- Process status of "2<sup>nd</sup> Review in Process" The claim is currently under review by a Second Reviewer.

Claims with the following claim or process statuses can be opened in read-only mode, which means no changes can be made by the User:

• Claim status of "Rejected" – Rejected filings are not considered filed claims and must be resubmitted if the Law Firm wishes to pursue the claim.

### Claim View:

The Claim View screens display information about the claim and reflect the analyst's review of the claim, depending on the claim status. The screens displayed are Injured Party, Litigation, Exposure Main, Exposure Details, EOEP, Medical, Certification and Deficiencies & Actions which are all discussed separately in this Lesson. Some screen sections or fields are locked from law firm editing and are displayed with a lock icon.

<u>General Information</u> - On the left side of each screen, a general information section will be displayed containing information about the claim along with several claim actions. The following information is displayed:

- Claim ID
- Injured Party Name
- Injured Party SSN
- Claim Type
- Claim Status
- Process Status
- Postmark Date
- Claimed Disease
- Attorney
- Last Action (last correspondence type)
- Next Due Date
- Payment Information Box (date, amount and check number, if Paid claim)

### Claim Actions -

The "**Reports**" feature will allow the Law Firm to choose an Original Claim Form, Cumulative Information Report or Claim View Detail Report by selecting the specific report from the drop-down box. These reports are discussed in more detail in the Reports Selection section of page 19.

The "**View Payments**" feature will allow the Law Firm to view all facility payments made on the claim. Information such as the date, description, original ALV, original payment percentage, and payment amount are listed.

The **"Deficiencies**" feature will present the Paragraph ID and Descriptive Note for deficiencies that are cited for the claim. When selected, ways to cure information will be displayed in a separate window. The ways to cure information includes the deficiency code, description, type, full text and ways to cure.

The "**Upload Documents**" button will open the upload documents screen allowing the Law Firm to upload supporting documentation to the claim. Any documents uploaded from this screen will be listed in the Pending Uploaded Documents section of the Deficiencies & Actions screen. Refer to Deficiencies & Actions screen-Pending Uploaded Documents section of this Lesson for more information on how to save documents to a claim.

The "**Documents**" feature will provide a list of the documents that are present in the claim folder for the claim. The scan date and name of the document will be displayed. To view the documents, the User will select the document name.

The Edited Information "**Reset**" button will be available in the upper right corner of all Claim View screens. Upon selection of this button, the edited information for that screen will be reset to its previous form in the current session.

The "**Exit Claim**" button will be available in the upper right corner of all Claim View screens. Upon selection of this button, a message to confirm closing the claim without saving changes will appear. Once the User selects OK then the claim will close and return the User to the search results screen.

#### Injured Party Screen:

The Injured Party Screen will display Representation, Injured Party, Claimant Representative, Individual Review and Prior Paid Claim information for the claim. If the claim is at Hold process status, then the Hold Reason will be displayed beneath the Process Status: Hold.

NG-4077297	* Any changes made must be certified on the "Deficiencies & Action" screen. Exit Claim
Test, Claim	Claim Type Claim Number Claim Status Process Status Edited Information
332559900 Claim Type: Individual Review	
Status: Incomplete	Representation
Process Status: Wait	Law Firm ABC Law Firm (ABCFIRM) Phone 903-453-2160 Fax
Postmark: 3/9/2017	Attorney Name Attorney, Test V Contact Name Attorney, Test V
Non-Malignant II Attorney: Test Attorney	Email Address goryani@iusiservices.org Email Address goryani@iusiservices.org
,	Name: Claim Test If the Injured Party's estate or heirs has a
Last Action: Incomplete	SSN: 532559900 Gender: V Gender: Gende
Submission	Phone:
Next Due Date: 3/9/2018	Addr 2:
Payments	City: State: (Select) V
	Zip: Country:
	Living Status: Living
View Payments	Number of Dependents: 0 Expense Worksheet
	Medical Expenses: 0
Reports	
Select - V	
Download	
Deficiencies	
Denciencies	· · · · · · · · · · · · · · · · · · ·
Total Exposure Dates	Claimant Representative
Trust Exposure Dates	(the "Claimant Representative"), other than the licensed attorney submitting
Required	this claim form, provide the following for the Claimant Representative.
Exposure through OEP	
Dates Required	Name
	Addr 1:
Documents	Addr 2:
	City: State: (select) 💟
9/2017 Test Document (2).pdf	Zip: Country:
9/2017 Submission (3).tif	Phone:
9/2017 Test Document.pdf	Capacity: Please Select V

<u>Representation</u> – The representing law firm information is displayed along with the Attorney and Contact for the claim. The law firm information is locked for editing. However, the User can change the Attorney and/or Contact for the claim to a different attorney or contact registered with the Law Firm.

<u>Injured Party</u> - The Injured Party's demographic information will be displayed along with whether the claim is approved for Exigent status. The Exigent section is locked for editing.

<u>Claimant Representative</u> – If claimant representative information is present on the claim, then the information will be displayed in the Claimant Representative section. The User can add claimant representative information to the claim by selecting the icon to add a claimant representative and entering the appropriate information. To change the claimant representative information, the User will need to delete the current Claimant Representative record and add a new record.

#### Expense Worksheet -

The Expense Worksheet is only displayed for IR claims and is accessed by selecting the "**Expense Worksheet**" button. This screen provides information regarding any claimed Medical Expenses, Burial Expenses and Economic Losses. The total expenses and losses verified by the Analyst will be locked from editing. If medical expenses, burial expenses or economic losses are claimed, then supporting documentation is required.

Medical Expenses		Gross Economic	0
Total Expenses, net of reimbursements and insurance, as of the Date the Claim is Filed:	123456789. 0	Loss: Short-term disability	0 Verified
Total Reimbursed by a third party, such as an insurance company, HMO, medicaid, TriCare or Medicare:	0	Payments: Long-term disability Payments:	0
Unreimbursed, out-of-pocked medical expenses: Burial Expenses	0	Unemployment benefits:	0
Total Expenses:	0 Verified 🔒	compensation payments:	0
Total reimbursement or payment from a burial plan:	0	Severance benefits: Asbestos settlement:	0
Unreimbursed, out-of-pocked burial expenses:	0	Deficiencies	

<u>Prior Paid Claim Match</u> – If the claim was found to have a Prior Paid Claim match during the analyst's review, then a Prior Paid Claim Match section will be displayed beneath the Injured Party section of the screen. The match information such as the name, SSN, DOB and disease will be displayed. This section is locked from editing and will have a lock sign displayed.

PriorPaidCla	im	
, Man, John	123121234 1/1/1938 Non-Malignant	

#### Litigation Screen:

The Litigation Screen will display information that was claimed regarding an asbestos-related lawsuit filed by the Injured Party or the estate or heirs of the Injured Party. If no lawsuit information is present on the claim, then the Litigation screen will appear blank with only the first question present. To enable the screen, the User will answer "Yes" to the first question.

ured Party Litigatio	on Expos	ure Main	Chipodan										
NC 407720	7					* A	ny changes m	ade must be certifi	ied on the "D	eficiencies &	Action" s	creen. Ex	it Claim
Toot Claim		c	laim Type	. (	Claim Num	ber (	Claim Status	Process Status	Edited	Information			
532550000	n 1	Indiv	idual Revi	ew	NG-40772	97	Incomplete	Wait		Reset	۲		
Claim Type: Individu	al Deview												
Status: Incomp	al Noview	Laws	uit Details										
Brocone Status:	Mait	Did th	e Injured P	arty or the	e estate or h	eirs of the	e Injured Party f	le an asbestos-relat	ted lawsuit that	at involved 🔘	Yes		
Process Status.	2017	the Cl	aimed Dise	ease(s) tha	at the Injure	d Party is	asserting as the	e basis of this claim	?	0	No		
Nee Malignan	2017	Court	Г				7	State	Please Selec	t a state 🗸			
Atterney: Test Att	il II tornov	Date F	Filed					Case Number	r				
Automey. Test Au	tomey	Curre	nt Status	~	-								
					-								
Last Action. Incor	mpiele	Was	NGCBIT a	Named D	)efendant?								
Submission	1	( N	0		oronaunt:								
Next Due Date: 3/	9/2018	OY	es										
		Was	NGCBIT t	he ONLY		What w	as the status of	the case against N	GCBIT as of				
Payment	ts	Defe	ndant?			6/16/20	00?						
			10			Please	select	✓ Da	ate Dismissed	:			
			63										
View Paymen	nts	□ Inju The p	ured Party i age(s) of th	is register te complai	ed on a Ple	ural Regis or cover p	try age filed with th	e court, that contair	ns the parties	named, the C	ase Numbe	er, and the o	late
View Paymer Reports - Select - Download Deficienci	s ies	The p	ured Party i age(s) of th ith the cou	rt must be is register he complai nt must be	ed on a Ple int, petition a provided.	ural Regis or cover p	try wage filed with th	e court, that contair	ns the parties	named, the C	case Numbe	er, and the o	late
View Paymer Reports - Select - Download Deficienci 500 Total Exposure Dr Required	s s ies lates	The p	ured Party i age(s) of th ith the cou	rt must be is register ne complai rt must be	ed on a Ple int, petition provided.	ural Regis or cover p	try wage filed with th	e court, that contair	ns the parties	named, the C	case Numbe	er, and the o	Jate
View Paymer Reports - Select - Download Deficienci 500 Total Exposure D Required	ies	The p	age(s) of the two of two of the two of tw	rt must be is register he complai rt must be	ed on a Ple int, petition ; provided.	ural Regis or cover p	try age filed with th	e court, that contair	ns the parties	named, the C	case Numbe	er, and the o	Jate
View Paymer Reports - Select - Download Deficienci 500 Total Exposure Da Required 502 Trust Exposure D. Required	ies ates	The p	age(s) of the country in the country in the country in the country in the country is the country in the country in the country in the country in the country is the country in the country	rt must be is register ne compla rt must be	ed on a Ple int, petition provided.	ural Regis	try age filed with th	e court, that contair	ns the parties	named, the C	ase Numbe	er, and the o	late
View Paymer Reports - Select - Download Deficienci 500 Total Exposure Dr Required 502 Required 502 Required	ies	The p	ared Party i age(s) of th ith the cou	rt must be is register ne compla rt must be	ed on a Ple int, petition a provided.	ural Regis	try vage filed with th	e court, that contair	ns the parties	named, the C	Sase Numbe	r, and the o	late
View Paymer Reports - Select - Download Deficienci Solo Required Solo Required Solo Stypesure through Solo Payse through	ies hates hOEP	The p	ared Party i age(s) of th ith the cou	rr must be	ed on a Ple int, petition ; provided.	ural Regis	try vage filed with th	e court, that contair	ns the parties	named, the C	ase Numbe	er, and the c	late
View Paymer Reports - Select - Download Deficienci 500 Total Exposure Dr. Required 502 Trust Exposure through Dates Required	ies iates iOEP	The p	ured Party i age(s) of th ith the cou	rt must be	ed on a Ple int, petition provided.	ural Regis	try vage filed with th	e court, that contair	ns the parties	named, the C	ase Numbe	er, and the c	late
View Paymer Reports - Select - Download Deficienci 500 Total Exposure Dr Required 502 Trust Exposure through Dates Required 505 Exposure through Dates Required	its ies iates ates ates ates ates ates ates ates	The p	ured Party i age(s) of the ith the cou	rr must be	ed on a Ple int, petition a provided.	ural Regis	try age filed with th	e court, that contair	ns the parties	named, the C	case Numbe	er, and the o	late
View Paymer Reports - Select - Download Deficienci 500 Total Exposure Dr Required 502 Required 503 Trust Exposure through Dates Required C Document	nts	☐ Inji The p filed w	ared Party i age(s) of th ith the cou	rt must be	ed on a Ple int, petition a provided.	ural Regis	try vage filed with th	e court, that contair	ns the parties	named, the C	Case Numbe	er, and the o	date
View Paymer Reports Select - Download Deficienci Solo Total Exposure Dr. Required Solo Exposure through Dates Required Solo Sign2017 Test Documen Sign2017 Incomplete Submission ( 3/9/2017 Test Docume	nts ies ies iates in OEP is in CEP i	Inji The p filed w	ared Party i age(s) of th ith the cou	rt must be	ed on a Ple int, petition a provided.	ural Regis	try vage filed with th	e court, that contair	ns the parties	named, the C	ase Numbe	er, and the o	late
View Paymer Reports Select - Download Deficienci Solo Total Exposure Dr. Required Solo Exposure through Dates Required Solo Sign2017 Test Documen Sign2017 Test Docume Sign2017 T	its ies ies ies ies ies ies ies ie	Inji The p filed w	ared Party i age(s) of th ifh the cou	rt must be	ed on a Ple int, petition a provided.	ural Regis	try vage filed with th	e court, that contair	ns the parties	named, the C	ase Numbe	er, and the o	late

<u>Lawsuit Details</u> – Lawsuit information such as the Court, state, date filed and case number along with the current status of the lawsuit is displayed. Lawsuit information is important to properly calculate statute of limitations for a claim.

<u>Named Defendant</u> – Information regarding the named defendants is displayed along with the status of the case against NGCBIT, if applicable.

The pertinent pages 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 should be submitted if lawsuit information is claimed.

### Exposure Main Screen:

The Exposure Main Screen will display general information regarding the Injured Party's exposure to asbestos product(s).

NG 4077207	* Any changes made must be certified on the "Deficiencies & Action" screen. Exit Claim	
NG-40/7297	Claim Type Claim Number Claim Status Process Status Edited Information	
rest, Claim	Individual Review NG-4077297 Incomplete Wait Reset	
Claim Tupo: Individual Deview		
Ciature Inconducto	Total allowed exposure years: 0	
Status: Incomplete	Complete this access any if the Injured Darty's aphenton related disease is a result of direct aphenton eveneuro, as expressed to	
Process Status, Wait	exposure through some other person. If the Injured Party's exposure is through another person, complete the Exposure through an	
Non Malignant II	Occupationally Exposed Person ("EOEP") screen.	
Attorney: Test Attorney	Exposure to Any Asbestos Product(s):	
Automey. Test Automey	Denvide the following information coloring to the lational Dentvio supremum to any actuation production	
Last Action: Incomplate	The Injured Party's direct occupational asbestos exposure commenced on:	
Submission	The Injured Party's last direct occupational exposure was on:	
Next Due Date: 2/0/2019		
Next Due Date: 3/9/2016	Exposure to NGCBIT Asbestos Product(s):	
	Injured Party's most significant exposure to NGCBIT asbestos product(s) was in the state of: (Select) V	
Payments	AVOCATIONAL (NON JOD-Related) EXPOSURE to NGCBLT: If the Injured Party's exposure to NGCBLT asbestos product/s) was solely through non-job-related activities, provide additional	
	detail of how 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 NGCBIT asbestos product(s).	
	^	
View Payments		
Reports		
lect 🗸		
Download		
View Payments		
Deficiencies		
Total Exposure Dates		
Required		
Trust Exposure Dates		
Required		
Exposure through OEP		
Dates Required		
< >		
Documents		
3/9/2017 Test Document (2).pdf		
Incomplete		
Submission (3).tif		
3/9/2017 Test Document.pdf		
< >		
< >>		

Exposure to Any Asbestos Product(s) – Dates of when the Injured Party was first exposed to any asbestos product(s) and last exposed to any asbestos product(s) are displayed in this section. NGCBIT requires a minimum of 5-years exposure to any asbestos product(s). Verified exposure documentation supporting this exposure is required.

<u>Exposure to NGCBIT Asbestos Product(s)</u> – The Injured Party's state of greatest exposure to NGCBIT asbestos product(s) is displayed. This state is important to the determining the applicable jurisdiction of the claim.

<u>Avocational (Non Job-Related) Exposure to NGCBIT</u> – If the Injured Party's exposure to NGCBIT asbestos products was non job-related (i.e. home renovation, hobby) then a description of that exposure is required. Verified exposure documentation supporting avocational exposure is required, if claimed.

<u>Occupational (Job-Related) Exposure to NGCBIT</u> – If the claim is an IR and Mesothelioma is a claimed disease, then additional exposure questions will appear on the Exposure Main screen. If the answer to the question is more than 25%, then supporting documentation is required. If the question is left blank and not answered, then the analyst will default the answer to 0-25% for claim pricing purposes.

(Occupational (Job-Related) Exposures to NGCBIT Injured Party's exposure to NGCBIT asbestos products as a percentage of his/her exposure to all asbestos products: If the answer above is more than 25%, provide verifiable documentation evidencing the Injured Party's higher percentage of exposure to NGCBIT asbestos product(s). If no percentage is indicated, this information will default to 0%-25%
All co-defendants and the respective percentage of exposure for each:
V.

This section will also appear on the EOEP screen if the claim is an IR, Mesothelioma is a claimed disease and an EOEP record is entered. Refer to the EOEP Screen section of Lesson 8 – Claim Processing Page – Search & Claim View for more information on claiming EOEP exposure.

#### **Exposure Details Screen:**

The Exposure Details Screen will display information regarding the Injured Party's exposure to NGCBIT asbestos product(s).

\*The Revised Restated Exposure Policies ("REP") have been incorporated into the Exposure Details screen and related new fields are present. However, the realted new fields related will be disabled and "Pre-Implementation" will appear on the screen, as shown below, for any claims filed on or before September 5, 2012 in which the REP <u>do not</u> apply. *Please refer to the REP document dated November 2013 for more detailed information regarding which claims are affected.* 

Occupational (Job-R	elated) Expos	ures to NGCBIT				Deficiencies
The Injured Party's or 2 of 2 🔛 🗙 Type of Exposure: F – Tust Product Inform	Please Select	industry while directly ex	oposed to NGCBIT asbestos prod	uot(s):		Injured Party NGCBIT Exposure There are ourrently no injur party exposure deficiencies for this exposure. Co-Worker NGCBIT Exposu There are ourrently no co-
NGCBIT Asbestos F (s):	Product			_		worker exposure deficiencie for this exposure.
Product Installation	Dates:	- To	Products		Pre-Imp Claim –	lementation these fields
Job Site:			Jobsites	// //	are	uisabied
Building Name:						
Employer:	sure					
Employer City:			Employer State:	Select)		
Industry:	Please Select		~			
Occupation:	Please Select		~			
	1	- To -		/		
Period of Exposure:				N.		

For claims filed on or after September 6, 2012 in which the REP <u>do</u> apply, the fields related to the REP will be enabled, as shown below. Refer to the REP document dated November 2013 for more detailed information regarding which claims are affected.

mplete this scree	en only if the Injured Party's asbest	os-related disease is a result of direct	asbestos exposure, as opposed to e	xposure through some other
Occupational (Jo ne Injured Party's	p-Related) Exposures to NGCBIT occupation and industry while direct	ly exposed to NGCBIT asbestos prod	uct(s):	Deficiencies
ype of Exposure	Occupational	~		
Tust Product Inf	ormation		All field	ls are enabled
NGCBIT Asbesto Product(s): Product Installati	All-Purpose Joint Compound, 1 on Dates: 5/2/1961	Products • To - 9/25/1981		
Jobsite	Inheite Name	Jobsites		
Job Site City:	USA City	Job Site State: CA	~	
Building Name:	Building Name			
Area in Building:	Area in Building			
Injured Party Ex	posure			
Employer:	Employer Name			
Employer City:	USA City	Employer State:	CA 🗸	
Industry:	5 Construction Trades	~		
Occupation:	23 Drywaller/Sheetrocker	~		
Period of	5/2/1961 - To -	9/25/1981		
Exposure:	e: During installation	~	]	
Exposure: Time of Exposure		cosed to the NGC asbestos product(s)	) as claimed	
Exposure: Time of Exposur Describe how the above:	Injured Party identified and was ex			
Exposure: Time of Exposur Describe how the above:	Injured Party identified and was ex			

<u>Occupational (Job-Related) Exposures to NGCBIT</u> – Information regarding the Injured Party's exposure to NGCBIT asbestos products is displayed in this section. Additional exposure records may be added by selecting the icon to add an exposure record.

To choose a specific NGCBIT Asbestos Product, the User will select the Products button and the search window, shown below, will appear. Products may be searched by name or code and the various columns can be sorted. Once the specific NGC ACM has been found, the User will select the product by checking the box to the left of the product name and then selecting the OK button. The product will appear in the field in the Trust Product section of the Exposure Details screen, as shown above.

Т	rust	Products						
					Search:			
		Туре	Product	Code	Friable	First Sold	Last Sold	Usage
	□	Acoustical Plaster - Spray	Acoustical Plaster - Sprayed	100	Friable			0
	□	Acoustical Plaster - Trow	Acoustical Plaster - Troweled	120	Friable			0
	□	Joint Treatment Material	All Purpose Joint Cement	320	Non-Fri	1954	1957	0
	□	Joint Treatment Material	All-Purpose Joint Compound	301	Non-Fri	1966	1973	0
	□	Cement Ceiling Panels	Asbestibel Panels	221	Non-Fri	1963	1981	0
	□	Cement Ceiling Panels	Asbesto-Grid Panels	222	Non-Fri	1958	1981	0
	□	Asbestos Cement Boards	Asbestone Panels	201	Non-Fri	1958	1981	0
	□	Asbestos Cement Boards	Asbestos Cement Board, aka A	202	Non-Fri	1943	1953	0
	□	Asbestos Cement Boards	Asbestos Cement Boards & Pa	200	Non-Fri			0
	□	Other Products	Asbestos Faced Mineral Wool B	501	Non-Fri	1944	1945	0
5	Showin	g 1 to 10 of 147 entries	First	Previ	ious 1 2	3 4	5 Next	Last
			OK Cancel					

When selected, the "**Jobsites**" button will open a separate screen allowing the User to select a particular jobsite. The jobsite list will contain jobsites from the NGC Exposure Sites List as well as the particular law firm's established jobsites, if applicable. *Refer to the REP for more detailed information regarding Common Exposure Locations ("CELs") for Pre and Post Implementation claims.* Also, for more information on how to establish jobsites for a law firm, contact the Claims Manager or the Claims Supervisor listed in the Contact Us list found on the About Us page.

City:       State:       (All)       V         Search       Search       City       State       Init Acti         C(Quadrangle Bldg, E) Building, Medical University       Charleston       South Carolina       01-01-         13 Medical Services Rehab., Ellisville State School       Ellisville       Mississippi       01-01-         13 North (#813), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         18 South (#318), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         911 N. Rutledge, Rutledge Manor Complex, Siu Sc       Springfield       Illinois       01-01-	
State:       (All)       V         Search       Description       City       State       Init Acti         (Quadrangle Bldg. E) Building, Medical University       Charleston       South Carolina       01-01-         13 Medical Services Rehab., Ellisville State School       Ellisville       Mississippi       01-01-         13 North (#813), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         18 South (#318), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         911 N. Rutledge, Rutledge Manor Complex, Siu Sc       Springfield       Illinois       01-01-	
Search         City         State         Init Acti           (Quadrangle Bldg. E) Building, Medical University Campus         Charleston         South Carolina         01-01-           13 Medical Services Rehab., Ellisville State School         Ellisville         Mississippi         01-01-           13 North (#813), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           18 South (#318), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           911 N. Rutledge, Rutledge Manor Complex, Siu Sc         Springfield         Illinois         01-01-	
Description         City         State         Ini Acti           (Quadrangle Bldg. E) Building, Medical University Campus         Charleston         South Carolina         01-01-           13 Medical Services Rehab., Ellisville State School         Ellisville         Mississippi         01-01-           13 North (#813), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           18 South (#318), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           911 N. Rutledge, Rutledge Manor Complex, Siu Sc         Springfield         Illinois         01-01-	
(Quadrangle Bldg, E) Building, Medical University Campus         Charleston         South Carolina         01-01-           13 Medical Services Rehab., Ellisville State School         Ellisville         Mississippi         01-01-           13 North (#813), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           18 South (#318), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           911 N. Rutledge, Rutledge Manor Complex, Siu Sc         Springfield         Illinois         01-01-	tial ivity
13 Medical Services Rehab., Ellisville State School       Ellisville       Mississippi       01-01-         13 North (#813), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         18 South (#318), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         19 North (#318), Samuel H. Shapiro Developmenta       Kankakee       Illinois       01-01-         911 N. Rutledge, Rutledge Manor Complex, Siu Sc       Springfield       Illinois       01-01-	1965 Select
13 North (#813), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           18 South (#318), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           911 N. Rutledge, Rutledge Manor Complex, Siu Sc         Springfield         Illinois         01-01-	1963 Select
18 South (#318), Samuel H. Shapiro Developmenta         Kankakee         Illinois         01-01-           911 N. Rutledge, Rutledge Manor Complex, Siu Sc         Springfield         Illinois         01-01-	1938 Select
911 N. Rutledge, Rutledge Manor Complex, Siu Sc Springfield Illinois 01-01-	1938 Select
	1970 Select
Abbott School Chicago Illinois 01-01-	1960 Select
Academy, 401 E. Mcclellan Detroit Michigan 01-01-	1960 Select
Ada Lewis Junior High School, Tulpehocken And Ardleigh Stree Philadelphia Pennsylvania 01-01-	1971 Select
Adams Public School, P.O. Box 76 Adams North Dakota 01-01-	1962 Select
Addams Jr. High & Elementary, 2222 W. Webster Rd. Detroit Michigan 01-01-	1961 Select
Admin. Bldg., 13900 Granzon Detroit Michigan 01-01-	1957 Select
Administration Building 003, Bakerfield Elementary Baker Louisiana 01-01-	1957 Select
	·

#### **EOEP Screen:**

(

The Exposure through an Occupationally Exposed Person ("EOEP") Screen will display information regarding the Injured Party's asbestos exposure to any asbestos products and NGC asbestos products through an Occupationally Exposed Person ("OEP"). If no EOEP exposure is claimed, then the screen will appear blank with only the icon to add a new EOEP entry.

\*The Revised Restated Exposure Policies ("REP") have been incorporated into EOEP screen and the related new fields will be present. However, the REP related new fields will be disabled and "Pre-Implementation" will appear on the screen, as shown below, for any claims filed on or before September 5, 2012 in which the REP <u>do not</u> apply. *Please refer to the REP document dated November 2013 for more detailed information regarding which claims are affected.* 

e-Implementation			
011 🔝 X			
Injured Party's Exposure	Through OEP:		
Provide the following info	mation relating to the injured Party's exposure to any asbestos product(s) throug	the OEP:	
The Injured Party had at k	ast 5 years of asbestos exposure on a regular basis through the OEP that began	on: 1/1/1954	
The injured Party's last as	bestos exposure through the OEP was on:	12/31/1979	
escribe the injured Party	s asbestos exposure through the OEP that is alleged to be the cause of the injure	d Party's asbestos-related disease:	
			^
			$\sim$
The intured Party's most	clashing and even on NGCRIT schedas and writes through the OED was in the	state of AR	
OED's Exposure to Any	significant exposure to indicer assesses product(a) shough the OLP was in the		
Name of OEP	aucous rituaui(s).	C.B. Stark	
The OEP had at least 5 y	ars or direct occupational aspesitos exposure on a regular basis that first began	on: 1/1/1954	
The OEP's last direct oc	upational asbestos exposure was on:	12/31/1979	
Trust Product Informatik NGCBIT Asbestos Prod Product Installation Date	n vot(s): Products		Pre-Implementation Claim – these fields are disabled
Jobsite	Johsites		
Jobene City.			
Building Name:			
Area in Building:			
OEP Exposure			
Employer:			
Employer City:	Employer State: Please Select 🗸		
Industry:	5 Construction Trades		
Occupation:	48 Machinist	/	
Period of Exposure	1/1/1954 - To - 12/31/1979		
Time of Exposure:	Please Select 🗸 🗸		
Departing here the inter	Dark Manifest and una susceed in the NGC astronomy sustained as the state		
Describe now the injured	Party identified and was exposed to the NGC aspestos product(s) as claimed ab	ove.	
A Description Allo			
Contraction Allo			
Cescription Alio			^
Description Allo			^

For claims filed on or after September 6, 2012 in which the REP <u>do</u> apply, the fields related to the REP will be enabled, as shown below. Refer to the REP document dated November 2013 for more detailed information regarding which claims are affected.

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Suilding Name: Area in Building: OEP Exposure Employer: Employer City: Employer State: Picase Select v ndustry: Picase Select v Adustry: Picase Select v Cocupation: Picase Select v Arriod of Exposure Ime of Exposure:	Building Name:	Jobsite City:	Jobsite State: Please Select 🗸
Area in Building: OEP Exposure Employer: Employer City:Employer State: Please Belect v ndustry:Please Belect v Cocupation:Please Belect v Please Belect v Please Belect v Please Belect v	Area In Building:	Building Name:	
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	Describe how the injured Party identified and was exposed to the NGC asbestos product(s) as claimed above:	Time of Exposure:	Please Select V
	Describe how the injured Party identified and was exposed to the NGC asbestos product(s) as claimed above:		

<u>Injured Party's Exposure Through OEP</u> - Dates of when the Injured Party was first and last exposed to any asbestos product(s) through the OEP are displayed in this section. A description of the Injured Party's exposure through the OEP is required. If the claim is an IR and Mesothelioma is a claimed disease, then additional exposure questions will appear in this section of the EOEP screen. If the answer to the question is more than 25%, then supporting documentation is required. If the question is left blank and not answered, then the analyst will default the answer to 0-25% for claim pricing purposes.

NGCBIT requires a minimum of 5-years exposure to any asbestos product(s) through the OEP, if applicable. Verified exposure documentation supporting this exposure is required.

<u>OEP's Exposure to Any Asbestos Product(s)</u> – Dates of when the OEP was first and last exposure to any asbestos product(s) are displayed in this section.

<u>OEP's Exposure to NGCBIT Asbestos Product(s)</u> - Information regarding the OEP's exposure to NGCBIT asbestos products is displayed in this section. Additional exposure records may be added by selecting the icon to add a new EOEP record.

To choose a specific NGCBIT Asbestos Product, the User will select the Products button and the search window, shown below, will appear. Products may be searched by name or code and the various columns can be sorted. Once the specific NGC ACM has been found, the User will select the product by checking the box to the left of the product name and then selecting the OK button. The product will appear in the field in the Trust Product section of the EOEP screen, as shown above.

				Search			
	Туре	Product	Code	Friable	First Sold	Last Sold	Usage
□	Acoustical Plaster - Spray	Acoustical Plaster - Sprayed	100	Friable			0
□	Acoustical Plaster - Trow	Acoustical Plaster - Troweled	120	Friable			0
□	Joint Treatment Material	All Purpose Joint Cement	320	Non-Fri	1954	1957	0
	Joint Treatment Material	All-Purpose Joint Compound	301	Non-Fri	1966	1973	0
□	Cement Ceiling Panels	Asbestibel Panels	221	Non-Fri	1963	1981	0
□	Cement Ceiling Panels	Asbesto-Grid Panels	222	Non-Fri	1958	1981	0
□	Asbestos Cement Boards	Asbestone Panels	201	Non-Fri	1958	1981	0
□	Asbestos Cement Boards	Asbestos Cement Board, aka A	202	Non-Fri	1943	1953	0
□	Asbestos Cement Boards	Asbestos Cement Boards & Pa	200	Non-Fri			0
Π	Other Products	Asbestos Faced Mineral Wool B	501	Non-Fri	1944	1945	0
howir	ng 1 to 10 of 147 entries	Firs	t Previ	ious 1 2	3 4	5 Next	Last

When selected, the "**Jobsites**" button will open a separate screen allowing the User to select a particular jobsite. The jobsite list will contain jobsites from the NGC Exposure Sites List as well as the particular law firm's established jobsites, if applicable. *Refer to the REP for more detailed information regarding Common Exposure Locations ("CELs") for Pre and Post Implementation claims.* Also, for more information on how to establish jobsites for a law firm, contact the Claims Manager or the Claims Supervisor listed in the Contact Us list found on the About Us page.

Jobsites Description:						~
City:						
State:	(All)					
	Search					
	Description	City	State	Initial Activity		
(Quadrangle Campus	Bldg. E) Building, Medical University	Charleston	South Carolina	01-01-1965	Select	
13 Medical	Services Rehab., Ellisville State School	Ellisville	Mississippi	01-01-1963	Select	
13 North (#8	313), Samuel H. Shapiro Developmenta	Kankakee	Illinois	01-01-1938	Select	
18 South (#	318), Samuel H. Shapiro Developmenta	Kankakee	Illinois	01-01-1938	Select	
911 N. Rutle	edge, Rutledge Manor Complex, Siu Sc	Springfield	Illinois	01-01-1970	Select	1
Abbott Scho	ol, Abbott School	Chicago	Illinois	01-01-1960	Select	
Academy, 4	01 E. Mcclellan	Detroit	Michigan	01-01-1960	Select	
Ada Lewis J Ardleigh Str	unior High School, Tulpehocken And ee	Philadelphia	Pennsylvania	01-01-1971	Select	
Adams Publ	ic School, P.O. Box 76	Adams	North Dakota	01-01-1962	Select	
Addams Jr.	High & Elementary, 2222 W. Webster Rd.	Detroit	Michigan	01-01-1961	Select	
Admin. Bldg	., 13900 Granzon	Detroit	Michigan	01-01-1957	Select	
Administrati	on Building 003, Bakerfield Elementary	Baker	Louisiana	01-01-1957	Select	<b> </b> ~
					1.	
OK Ca	ncel					

NGC Bodily Injury Trust Website Training Guide *Version 7* 

#### **Exposure Presumption:**

Exposure Presumption can be selected as the Injured Party's Type of Exposure by selecting Exposure Presumption from the Type of Exposure drop down box.



Once Exposure Presumption is selected, the occupations listed in the Occupation drop down list will be limited to the four Presumptive Occupations. *Please refer to the REP for more detailed information regarding the Exposure Presumption.* 

Occupation:	Please Select	
	1 Acoustics Worker	
	23 Drywaller/Sheetrocker	Г
	42 Lather	-
	61 Plasterer	

### Medical Screen:

The Medical Screen will display the medical information entered by the Analyst based on the medical documentation submitted for the claim, depending on the claim status.

NG 4070657		* An	y changes made n	ust be certified on t	he "Deficiencies & Ac	tion" screer	. Exit Claim
Whittel Jason	Claim Type	Claim Numb	er Claim Stat	is Process Statu	IS Edited Inform	nation	
423442233	Individual Review	NG-407965	7 Incomplete	Pre-Review	Reset		**
Claim Type: Individual Review					L		
Status: Incomplete	<u> </u>						
Process Status: Pre-Review	C	omplete PFT Stu	ıdy		Dathological eviden	ce of mecoti	alioma
Postmark: 11/13/2017	FVC: (%)				Bilateral pleural cor	dition	ICHOING
Non-Malignant II	FEV/FVC Date:				Asbestos related bi	lateral interst	itial lung
Attorney: Ginger Bryant	EEV/EV/C+ (%) 0				disease (asbestosis)	cklee	
	1 2 4/1 4 (0. (76)				Pathologist Statem	ent – Lung de	emonstrates
Last Action: Incomplete	TLC: (%)				bilateral interstitial fibro	osis	
Submission	0				Pathological eviden     Dath / Dulm Statem	ce of asbest	0S
Next Due Date: 11/13/2018	DLCO. (%)				non-malignant disease	caused dea	th
Payments	ILO Grade (#/##): B-Reader:				Diagnosing report of disease provided	f asbestos-re	elated
1 dynionto	ILO – Right (A-#):	Diffus	e		Asbestos-caused a	bnormality	
	ILO – Left (A-#):	Diffus	e		Unilateral pleural di Grade B	sease of at le	east ILO
	Evidence of malignance	v.	~		10 years ACM expo	sure in imme	ediate area of
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View Payments	Smoking Status						
					No Deficiencies		
Reports							
Select 🗸	Existing Diseases						
Download	Pick	Disease	Dia	ignosis Date	Add		
	Refresh Mesothe	lioma 🗸			Add		
View Payments							
	Medically Indicated	Disease	Claimed DX Date	Approved DX Date	Physician Phys. Cert	Latency S	OL
Trust Exposure Dates	NO	Non-Malignant II	5/24/2015		No	rail E	
Required							
< >							
Documents							
h							
1/14/2017							
1/14/2017 Test Document.pdf							

<u>Disease Criteria</u> – All fields above the Existing Diseases section are various types of disease criteria used to determine the allowance of the particular disease(s). If the claim has been reviewed by the Analyst and medical documentation was provided on the claim, then various disease criteria should be selected if supported by the medical documentation provided. Select the help button on the Medical Screen for more information regarding the NG medical requirements and disease criteria options. The disease criteria section will be locked from editing.

<u>Smoking Status</u> – The Injured Party's smoking history is required for an IR claim. The User can select Never Smoked, Currently Smokes, Formerly Smoked or No Smoking History from the Smoking Status drop down box. If Currently Smokes is chosen then the number of years and packs per day are required. If Formerly Smoked is chosen then the number of years, packs per day and date last smoked are required. If the Injured Party's smoking status is not available then the User can select No Smoking History.

<u>Existing Diseases</u> – Any claimed diseases will be displayed in this section. If the claim has been reviewed by the Analyst and medical documentation was provided that met the requirements for a certain disease, then the particular disease will be displayed in this section. Any information completed by the Analyst such as the Approved DX Date and the Physician will also be displayed. Selection of "Pass" or "Fail" in the SOL column will display the number of SoL days available and the number of days remaining. Refer to Lesson 9 Claim Processing Page – Data Entry for more information about NG's SoL rules. The User can add a disease by selecting the disease from the Pick Disease drop down box, entering the Diagnosing Date and selecting the "Add" button.

### **Certification Screen:**

The Certification Screen displays exposure documentation and claim form certification information.

NG-4079657	* Any changes made must be certified on the "Deficiencies & Action" screen. Exit Claim
Whittel, Jason	Claim Type Claim Number Claim Status Process Status Edited Information
423442233	Individual Review NG-4079657 Incomplete Pre-Review Reset
Claim Type: Individual Review	
Status: Incomplete	Exposure and Claim Form Certification
Process Status: Pre-Review	□ Injured Party Affidavit □ Answers to Interrogatories with verification page
Postmark: 11/13/2017	Co-Worker Affidavit Page Number(s):
Non Malignant II	Claimant Representative Affidavit
Attorney: Ginger Bryant	Verified Work History Page Number(s):
Automey. Ginger bryani	Social Security Printout Or Other Service Records
Last Action: Incomplete	Cartified by Attomay
Submission	The Attorney, or other trained personnel within the firm, has reviewed the information submitted in this claim form and all documents provided in
Next Due Date: 11/13/2018	support of this claim and certifies under penalty of perjury; 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 ore more of the claimant's sourcers or the
Payments	claimant's medical experts.
	Certified by Attorney
	OR:
	Certified by Injured Party or Claimant Representative; The Injured Party or Claimant Depresentative has reviewed the information submitted in this claim form and all documents provided in support of
	this claim and certifies under penalty of perjury, that they are authorized to file this claim and that to the best of their knowledge, the information submitted is true, accurate, and complete.
View Payments	○ Certified by Injured Party ○ Certified by Claimant Representative
	(A signed original of the Exposure and Claim Form Certification certifying that the claimed information is true and correct must be kept on file by
Reports	the Attorney. The Exposure and Claim Form Certification is subject to audit at any time by the NGCBT Facility.)
Select -	Attorney Certification of Claimant Representative's Authority
Download	This section must be executed by the Attorney filing the claim only if (i) the Injured Party has a Claimant Representative and (ii) the Affidavit & Indemnity or other underlying documents establishing the Claimant Representative's capacity to submit the Injured Party's claim is not submitted with the claim.
Deficiencies	By executing this section, the attorney certifies and warrants that this claim is filed by the Claimant Representative on behalf of the Injured Party and the Claimant Representative is authorized by law to file this claim on behalf of the Injured Party. Certified by Attorney
Trust Exposure Dates	
Required	
< >	
Documents	
la constata de la constat	
11/14/2017	
Submission (3).tif	
11/14/2017 Test Document.pdf	
< >	

<u>Exposure and Claim Form Certification</u> – The type of exposure documentation submitted with the claim will be indicated in this section. Also, displayed is the certification of the claim by the Attorney, Injured Party or Claimant Representative. Verified exposure documentation is required to support the claimed exposure to any and NGCBIT asbestos product(s).

<u>Attorney Certification of Claimant Representative's Authority</u> - This section may be completed by the Attorney to certify the Claimant Representative's authority to act on behalf of the Injured Party. If this section is completed then no supporting documentation for the Claimant Representative is required.

### **Deficiencies & Actions Screen:**

The Deficiencies & Actions Screen displays detailed information of the deficiencies on the claim and allows the user to take various actions on the claim.



<u>Deficiencies</u> - The Deficiencies section will display any deficiencies currently cited for the claim. The User has the ability to refresh the deficiencies anytime during the session by selecting the "**Refresh Deficiencies**" button. If the list of deficiencies is extensive, there will be a <sup>3</sup> above the Deficiencies section (Once the User selects this button, the screen will advance to the continued deficiencies). The following information will be displayed for each deficiency:

- Deficiency Code
- Deficiency Group
- Deficiency Paragraph Description
- Date Last Updated

To view expanded information regarding a particular deficiency listed, select the "Details" link at the end of the Deficiencies grid. A separate window will appear containing information such as deficiency code, description, type, full text and ways to cure.

Deficiencies cannot be refreshed for claims at Entered status because the Analyst has yet to review the claim.

<u>Extensions</u> - The "**Request Extension**" button will only be enabled for claims at the following Claim Statuses with the identified letter types, if an extension is available on the claim. Please note that only one extension per letter type is allowed:

• Deficient - 1st Deficiency Letter

A reason must be provided for each extension requested through the website. Therefore, once "**Request Extension**" is selected, a window will appear requesting a reason for the extension. An extension cannot be requested once the due date has passed. Once a reason is given and "Accept" is selected, then a message will appear indicating the request for extension will be saved when the user presses the approve button.

The extension will be granted and the appropriate extension letter providing the new due date for the claim will be generated once the "Approve Changes" button is selected on the Deficiencies & Actions screen.

<u>Withdraw/Close</u> - The Withdraw/Close section includes options to "Withdraw Claim" or "Close by Request". The "Withdraw Claim" option is considered the same as defer and is available for claims at the following claim statuses:

- Entered
- Deficient

Claims must meet the minimum filing requirements before they are allowed to be withdrawn. Once a claim is withdrawn it remains tolled and can be re-activated at a later date.

The "Close by Request" option is available for claims at the following claim statuses:

- Entered
- Deferred
- Deficient
- Allowed
- Ready for Payment
- Disallowed

The Closed claim can be re-activated to cure any outstanding deficiencies.

A reason must be provided for both the "Withdraw Claim" and the "Close by Request" options. Therefore, once "Withdraw Claim" or "Close by Request" is checked and the "**Submit Request**" button is selected, a window will appear requesting a reason.

Requests to withdraw a claim and requests to close a claim are sent to the Analyst for review. Once approved, the Analyst will perform the appropriate action and notify the Law Firm.

<u>Pending Uploaded Documents</u> – This section will appear when a document(s) has been attached to the claim during the current web session using the Upload Documents feature. The document(s) will be pending upload until the "**Approve Changes and Documents**" button is selected. Once approved, the documents will be saved to the claim and the User can re-open the claim immediately to view the uploaded document(s). Pending documents can be deleted under Step 3 on the Upload Documents screen.

<u>Edited Information</u> – This section will appear when edits made during the current web session are pending approval. An option will be available to attach a comment for each edit by selecting the "**Comment**" button. Once selected, a window will appear to enter the comment. Selection of the "**Approve Changes & Documents**" button will save any pending uploaded documents and edits to the claim for review by the Analyst.

If changes are made to a claim that is at Allowed status, then a message will appear notifying the User that changes are being saved to an Allowed claim. The changes made to the Allowed claim could result in the re-determination of the previous ALV, which would generate a re-determined Notice of Determination – Allowance letter.

* Any changes made must be certified on the "Deficiencies & Action" screen. Exit Claim Claim Type Claim Number Claim Status Process Status Individual Review NG-4040393 Allowed Wait Reset						
		Deficien	cies			
		Refresh Defi	ciencies			
		Extensi	ons			
	Claim View			Withdraw / Close		
Last Correspondence	Detail I	Request Extension		Withdraw Clair	m	
Extension Days Available	365 C	laim is not Eligible for	an Extension	Close By Request	Submit Request	
		Edited Infor	mation			
			ltem			
Cor	mment Exposure:	1/1/0001 12:00:00 A	M to 1/1/0001 12	2:00:00 AM was Ad	ded	
Cor	mment EOEP: to	was Added				
		Claim Type	Change			
	0	Change from ER to IR	t			
	•	Change from IR to ER	Submit (IR->	ER)		
Changes are being sa A	ved to an Allowe	d claim. These chan a re-determined Not	iges may result ice of Determin	in the re-determin ation – Allowance	ation of the previous	

<u>Claim Type Change</u> – This section gives the User the ability to change the claim type from ER to IR or IR to ER. The system will select the appropriate claim type change and enable the "**Submit**" button accordingly. If the claim is ER and the "**Submit (ER > IR)**" button is selected, then a separate form will appear requiring additional IR information.

Number Of Dependents:								
Smoking History: (Must be provided) Status Years Packs/Day Date Last Used								
Select V								
Medical Expenses:								
(Net of reimbursements	and documents provided)							
Burial Expenses:	Burial Expenses:							
(Net of reimbursements	and documents provided)							
Gross Economic Loss:								
(Documents provided)								
If Mesothelioma is claimed to NGCBIT asbestos products as a percentage t products. Injured Party's exposure to production an a % of bin/bin/bin	, then provide the Injured Party's exposure o his/her total exposure to all asbestos							
asbestos product(s):								
	- Wells de sous de l'an avride d'an de la							
If more than 25% provide v Injured Party's higher percentage of expos	sure to NG asbestos products.							

Once the appropriate information is entered, select "Submit" to complete the request for claim type change. The information entered, along with the request to change the claim type, will be saved as Edited Information. The User will select the "**Approve Changes & Documents**" button to save the claim. The analyst will then review the request to change the claim type along with the edited information and notify the Law Firm of any additional information needed to process the claim type change. A Claim Type Change may only be submitted once per claim on the website.

<u>Facility Review</u> - This section gives the User the ability to set a claim to Ready for Review or Wait process status. This option is only available for claims at Deficient or Disallowed status. Selecting "Ready for Review" will set the process status of the claim to Ready for Review once the changes are saved on the claim. This informs the Facility that the claim is ready for analyst review. Selecting "Wait-Information Pending" will set the process status to Wait once the changes are saved on the claim. This informs the Facility that the claim is not ready for analyst review at that time.

#### **Document Upload**:

This feature is available in Claim View and through the Data Entry Submit Claim screen by selecting the "**Upload Documents**" button. The Document Upload screen will allow the User to upload documents to a specific claim.

Information regarding the claim will be provided at the top of the Document Upload Screen. The User will follow the steps, starting with the selection of the document to attach to the claim. The User will also have the ability to add a comment regarding each document attached to the claim by selecting "Add Comment" once the document is listed. The comment will be saved as a comment for the claim. The User will select the "Upload Documents" button to upload the document(s) to the claim.

The document(s) will not be saved to the claim until it is approved. The document(s) can be approved from the Deficiencies and Actions screen of Claim View. The document(s) can be approved from the Submit Claim screen of Data Entry.

Claim Information Back to Claim
ClaimNumeer: NG-4031897
Injured Party: John Man
SSN: 123121234
Step 1: Click Browse to select the document you want to attach
Browse
Lionoc
Step 2: Select the document type (Optional)
Unassigned
Utaim Form
Medical
Exposure
Lingation Official Cassaity
Official Capacity Official
Coner Signad Balassa
olgneu Neicase
Step 3: Attach the document to the claim Attach
Exposure and Medical Documentation must be provided or the claim will be marked incomplete.
No Documents Attached
Store 4. Report Store 1 and 2 to add more dominants. To annous a dominant sticle the Delate link parts to the dominant source
step 4: Repeat steps 1 and 2 to add more documents. To remove a document, click the Delete link fiext to the document fiame.
Step 5: Upload Documents to the claim Upload Documents

#### **Bulk Upload:**

The Bulk Upload feature is available on the main Search screen under the Claim Processing tab by selecting the "**Bulk Document Upload**" button. The Bulk Upload feature will allow the Law Firm to submit multiple supporting documents for multiple claims at one time.

The User will follow the steps, starting with the selection of the zip file containing the supporting documentation. A mapping document will also be selected that provides the information needed to match the supporting documentation to the appropriate claims.

Once "**Upload Documents**" is selected, the zip file and matching documentation will be submitted to the Trust for processing.

Back to Claim
Step 1: Click Browse to select the zip file you want to attach
Browse
Step 2: Click Browse to select the document mapping file you want to attach
Browse
Step 3: Attach the document mapping file Attach
Delete All
No Documents Attached
Step 4: Repeat Steps 1 - 3 to add more zip files and mapping documents. To remove all files, click the Delete link above.
Step 5: Upload Documents to the Facility Upload Documents

## Lesson 9 – Claim Processing Page – Data Entry

The Data Entry tab allows the User to data enter and submit a claim online.

Search Data Entry
Expedited Review Claims ("ERC")
Under ERC review, Asbestos Claims, if valid, are resolved and paid faster, and the claim process is less demanding than the Individualized Review Claim ("IRC") process. The payments for ERC Injured Parties with allowed claims will be determined based on the court-approved values for each category of disease. These are approximately 50% of the historical settlement averages of Asbestos Claims Management Corporation, formerly known as National Gypsum Company, ("ACMC/NGC") in the tort system and 50% of the Base Value of an allowed IRC. Injured Parties with allowed ERC claims will receive a single cash payment equal to the Allowed Liquidated Value ("ALV") times the Payment Percentage in effect when the claim is allowed.
Individualized Review Claims ("IRC")
The individualized and detailed examination of each IRC requires greater time and effort than each Expedited Review Claim ("ERC"), and for this reason all IRCs will be processed and paid after ERCs that are filed at the same time. The Baseline Allowed Liquidated Value ("ALV") of an IRC, as approved by the bankruptcy court acting in ACMC's Chapter 11 case, is greater than the ALV of an ERC with identical factors, however, the proof required to demonstrate a claimant's entitlement to the ERC value of that same claim. An IRC for a particular disease may be allowed at an ALV that may range from the ERC value for such disease to an amount that is approximately twice the Baseline ALV for that disease, or it may be disallowed entirely if the criteria for allowance of an IRC is not satisfied. To determine the appropriate ALV for a particular IR, and therefore whether the allowed ALV for such claim should be higher or lower than the Baseline ALV, the NGCBIT will consider a submitted IRC in light of the key factors that historically impacted the amount paid by ACMC/ING to resolve claims with similar characteristics in the tort system. This claim form provides the NGCBIT with the information necessary to properly evaluate these factors.
Please select the type of claim to be filed on behalf of the Injured Party:
O Expedited Review O Individual Review Create Claim View Saved-Work in Progress Claims

Upon selection of the claim type, the "**Create Claim**" button will be enabled. If there are claims that have been saved as a work in progress, then the "**View Saved - Work in Progress Claims**" button will be enabled.

If the "View Saved — Work in Progress Claims" button is selected, a list of the work in progress claims will be provided with the ability to select and open the data entry application for a specific claim.

If the "**Create Claim**" button is selected, a claim will be created and the User will enter the data entry application. The data entry will include the following screens:

- Injured Party
- Factors Worksheet
- Litigation
- Medical
- Exposure
- EOEP
- Certification
- Submit Claim

The claim must not be barred by the Statute of Limitations ("SoL") in order to be filed with the Trust. The NGCBIT CRP discusses SoL beginning in Section 2.1.c. Deadline for Filing Malignant Disease Claims. Also, several SoL reference materials can be found on the Documents page online.

#### **Injured Party Screen:**

The Injured Party Screen will request information regarding Representation, the Injured Party and Claimant Representative.

Claim Entry       Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       NG-4       In Progress – Not Filed       Pre-Review         Individual Review       Name       Adcress       In Progress – Not Filed       Pre-Review         Individual Review       Name       Adcress       In Progress – Not Filed       Pre-Review         Individual Review       Name       Actorney Name(Attorney, Test )       Contact Name (Attorney, Test )       In Progress – Not Filed         Exposure Detail       Exposure Detail       Injured Party       Claimant Representative       Infite Injured Party's estate or heirs has a representative.       In the Injured Party's estate or heirs has a torney submitting this claim form, provide the following for the Claimant Representative.         Indicates a minimum submission requirement.       Addr 1:       Addr 2:       Indicates a required fiel	a Entry	Claim Type Claim Number Claim Status	Process Status	0
Factors Worksheet       Representation         Litigation       Litigation         Medical       * Attorney Name Attorney. Test       * Contact Name Attorney. Test         Exposure Main       Email Address         Exposure Detail       Injured Party         Carification       * SSN:         Submit Claim       * SSN:         Gender:       Y         Phone:       Addr 1:         Addr 2:       Addr 2:         Indicates a required field to       City:         State:       (Select) Y	Claim Entry Injured Party	Individual Review NG-4 In Progress – Not	Filed Pre-Review	v
Exposure Detail       Injured Party       Claimant Representative         EOEP       Name: *       *       If the Injured Party or the Injured Party's estate or heirs has a representative, (the "Claimant Representative"), other than the atomery submitting this claim form, provide the following for the Claimant Representative.         Indicates a minimum ubmission requirement.       Addr 1:       Indicates a required field to revent an incomplete         Indicates a required field to       City:       State: (Select) v       Addr 1:	Factors Worksheet Litigation Medical Exposure Main	Representation Law Firm ABC Law Firm (ABCFIRM) Phone Attorney Name Attorney, Test  Contact Na Email Address Email Address	Fax me[Attorney, Test V] ss	
vrevent an incomplete Zip: Country: Addr 2:	Exposure Detail EOEP Certification Submit Claim dicates a minimum mission requirement.	Injured Party           Name: *           * SSN:           Gender: ✓           Phone:           Addr 1:           Addr 2:           City:         State: (Select)	Claimant Representative If the Injured Party or the Injured Party's erepresentative, (the "Claimant Representa attorney submitting this claim form, provid Claimant Representative. 1 of 1 2 X Name Addr 1:	state or heirs has a tive"), other than the license e the following for the
submission.     Date of Birth (M/D/YYYY):     City:     State: [(Select) ♥       * Living Status: Undetermined ♥     Phone:     Country:       Capacity: [(Select) ♥     Country:	vent an incomplete imission.	Zip: Country: Date of Birth (M/D/YYYY): * Living Status: Undetermined V	Addr 2: City: S Zip: C Phone: C Capacity: (Select)	tate: (Select) V

The Representation section will be pre-populated with the Law Firm name, Phone and Fax Number. The User will then need to select the Attorney name and Contact name from a dropdown list. The dropdown list will include all registered attorneys and contacts for the Law Firm. The E-mail Address fields will be pre-populated with the selected attorney's and contact's e-mail addresses.

A claim cannot be submitted without an attorney and contact person selected.

Each screen will indicate the required fields with an asterisk. If any of these required fields are missing they will be shown on the Submit Claim screen. For more details, refer to the Submit Claim screen section of this Lesson.

The "**Save-Work In Progress**" button will save the claim with the completed information. Upon selection of this button, the User will be returned to the Data Entry tab.

The "Delete" button will delete the claim.

The "Back" button will take the User back to the previous screen.

The "Next" button will take the User to the next screen.

Each of the data entry screens is accessible by selecting the screen name on the left side of the data entry application.

A help document can be accessed by selecting the help link in the upper right corner of the data entry screens. The help document will provide instructions for filing the claim.

#### **Factors Worksheet:**

The Factors Worksheet will only be present for Individual Review Claims ("IRC"). This worksheet will request information regarding the Inured Party's total number of Dependents, Medical and Burial Expenses and Economic Losses. The User will complete these fields if applicable to the particular claim.

Data Entry	Claim Type Claim Number Claim Status	Process Status	
■ Claim Entry	Individual Review NG-4 In Progress – Not Filed	Pre-Review	
Injured Party			
-Factors Worksheet	Dependent Information	Economic Losses	
Litigation	Total number of dependents as of the Date the Claim is Filed: 0	Gross Economic Loss:	0.0
Medical	(The NOC Bedity lainer Teach Claimed Descendants Form much to complete dia	Short-term disability Payments:	0.0
Exposure Main	the event (i) more than 2 dependents are claimed for an Injured Party over 60	Long-term disability Payments:	0.0
Exposure Detail	years old at the time of filing or (2) more than 4 dependents are claimed. The	Unemployment benefits:	0.0
EOEP	form may be obtained from the NGCBIT website, or by request form the NGCBIT Claims Facility.)	Worker compensation payments:	0.0
Certification	Medical and Burial Expenses	Severance benefits:	0.0
Submit Claim	Medical Expenses	Asbestos settlement:	0.0
	Total Expenses, net of reimbursements and insurance, 0.0		
* Indicates a minimum	as of the Date the Claim is Filed:		
submission requirement.	company, HMO, medicaid, TriCare or Medicare:		
* Indicates a required field to	Unreimbursed, out-of-pocked medical expenses: 0.0		
submission.	Burial Expenses		
	Total Expenses: 0.0		
	Total reimbursement or payment from a burial plan: 0.0		
	Unreimbursed, out-of-pocked burial expenses: 0.0		
	Save Work in Progress Delete Back Next		
	Save Work III Flogress Delete Dack Next		

#### Litigation Screen:

The Litigation Screen will request information regarding the asbestos-related lawsuit that involved the same disease(s) that the Injured Party is asserting as the basis of this claim.

ata Entry	Claim Type	Claim Number	Claim Status	Process Status	
Claim Entry	Individual Review	NG-4	In Progress – Not Filed	Pre-Review	
Injured Party					
-Factors Worksheet	Lawsuit Details				
Litigation	Did the Injured Par	ty or the estate or	heirs of the Injured Party file an	asbestos-related lawsuit that involved	<sup>i</sup> O Yes
Medical	ule Giainieu Disea:	se(s) mai me mju	eu Faity is asserting as the bas	is of this claim?	No
- Exposure Main					
-Exposure Detail					
EOEP					
Certification					
Submit Claim					
Indicates a minimum ubmission requirement.					
Indicates a required field to revent an incomplete					
	Saue Work In Prog	neep Delete	Rack Nevt		
	Save Work In Prog	ress Delete	Back Next		

If the first question under Lawsuit Details is answered "**No**", the remaining fields will not be present on the screen.

### **Medical Screen:**

The Medical Screen will request information from the Injured Party's medical documentation.

Data Entry	Claim Type Claim Number Claim Status	Process Status
■ Claim Entry	Individual Review NG-4 In Progress – Not Filed	Pre-Review
<ul> <li>Injured Party</li> </ul>		
Factors Worksheet		۵
- Litigation	٥	Pathological evidence of mesothelioma
Medical		Bilateral pleural condition
- Exposure Main	FVC: (%) 0	Asbestos related bilateral interstitial lung
Exposure Detail	FEV/FVC Date:	Bilateral basilar cracklee
EOEP	FEV/FVC: (%) 0	
Certification	TLC: (%) 0	demonstrates bilateral interstitial fibrosis
Submit Claim	DLCO: (%) 0	Pathological evidence of asbestos
	ILO Grade (#/##):	Path / Pulm Statement – Asbestos-
* Indicates a minimum	ILO – Right (A-#):	related non-malignant disease caused death
submission requirement.	ILO – Left (A-#):	Diagnosing report of asbestos-related disease provided
* Indicates a required field to		Aspestos-caused appormality
prevent an incomplete	Evidence of malignancy:	Unilateral pleural disease of at least ILO
Submission.	Evidence of asbestos malignancy:	Grade B
		10 years ACM exposure in immediate area of visible dust
	Smoking Status	
	<b>v</b>	
	Existing Diseases	
	Pick Disease Diagnosis D	ate * Add
	Refresh Mesothelioma V	Add

The User may enter medical criteria in the top portion of the Medical Screen. Upon selection of the "**Refresh**" button, based on the medical criteria selected above and the assumption of a good B-reader, any medically indicated disease will be listed in the disease grid with "**Yes**" in the Medically Indicated column. All claimed diseases will be listed in the disease grid. Latency and SOL will be calculated based on the Claimed Diagnosis Date. A disease may be added without entering medical criteria by choosing the disease from the Pick Disease drop down box, entering the Diagnosis Date and selecting the "**Add**" button. The chosen disease will then be displayed in the disease grid. For more information on specific medical criteria, refer to the Data Entry Help File by selecting the help button on the Medical Screen. A disease must be claimed along with a diagnosis date to avoid the claim being marked Incomplete.

For IR claims, the Injured Party's Smoking Status is required. The User will choose the Smoking Status and then complete the other smoking fields as applicable. "Currently Smokes" will request "Years and Packs/day". "Formerly Smoked" will request "Years, Packs/day and Date Last Used". If the Injured Party's smoking status is not available then the User can select No Smoking History.

Note: Any disease Medically Indicated in the medical screen, as discussed above, is not automatically allowed for that claim. The analyst will review the medical documentation submitted and determine whether the medical documents meet the medical requirements for the particular disease claimed. If the medical documentation is not sufficient to meet the requirements a deficiency will be cited.

#### **Exposure Main Screen:**

The Exposure Main Screen will request general information regarding the Injured Party's exposure to asbestos product(s).

Data Entry	Claim Type	Claim Number	Claim Status	Process Status	0
Claim Entry	Individual Review	NG-4	In Progress – Not Filed	Pre-Review	
Injured Party Factors Worksheet Litigation Medical Exposure Main Exposure Detail EOEP Certification	Complete this screen through some other Exposed Person ("E Exposure to Any A Provide the followin * The Injured Party" * The Injured Party	n only if the Injure person. If the Inju OEP') screen. sbestos Product(s ng information rela 's direct occupatio 's last direct occup	d Party's asbestos-related dise; red Party's exposure is through s): ating to the Injured Party's expos nal asbestos exposure commer pational exposure was on:	ase is a result of direct asbestos ex another person, complete the Exp sure to any asbestos product(s).	posure, as opposed to exposure osure through an Occupationally
* Indicates a minimum submission requirement.	Exposure to NGCE Injured Party's mos	BIT Asbestos Prod st significant expos	luct(s): sure to NGCBIT asbestos produ	ct(s) was in the state of:	(Select) V
* Indicates a required field to prevent an incomplete submission.					
	Save Work In Progr	ress Delete	Back Next		

#### **Exposure Main - Meso Screen:**

If Mesothelioma is a medically indicated disease or claimed disease, then an additional question regarding the Injured Party's exposure as a percentage of exposure to all asbestos products will be included on the Exposure Main screen.

jured Party's exposure to NGCBIT asbestos produ roducts:	ucts as a percentage of his/her exposure to all asbestos Please Select V
the answer above is more than 25%, provide verifi	iable documentation evidencing the Injured Party's higher percentage of exposure
NGCBIT asbestos product(s). If no percentage is	indicated, this information will default to 0%-25%.
Il co-defendants and the respective percentage of	exposure for each:
Il co-defendants and the respective percentage of	exposure for each:
Il co-defendants and the respective percentage of	exposure for each:
Il co-defendants and the respective percentage of	exposure for each:

<b>Exposure Details Screen:</b> The Exposure Details Screen will request information regarding the Injured Party's exposure to NGCBIT asbestos product(s).
*The Revised Restated Exposure Policies ("REP") have been incorporated into the Exposure Details screen and related new fields are present. <i>Please refer to the REP document dated November 2013 for more detailed information.</i>
Claim Type Claim Number Claim Status Process Status Individual Review NG-4 In Progress – Not Filed Pre-Review
Complete this screen 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 the Exposure through an Occupationally Exposed Person ("EOEP") screen.
Occupational (Job-Related) Exposures to NGCBIT The Injured Party's occupation and industry while directly exposed to NGCBIT asbestos product(s): 1 of 1 🔛 🗙
Type of Exposure: Please Select
Trust Product Information
* NGCBIT Asbestos Product (s): Products
Product Installation Dates: - To -
Jobsite
Job Site: Jobsites
Job Site City: State: (Select)
Building Name:
Area in Building:
Injured Party Exposure
Employer:
Employer City: State: (Select) V
Industry: Please Select V
Occupation: Please Select V
* Period of To -
Exposure:
Time of Exposure. Please Select
Describe now the injured Party identified and was exposed to the NGC aspestos product(s) as claimed above. Image: Imag
^
$\sim$
Save Work In Progress Delete Back Next
Save Work in Frequess Decide Dack Here
Occupational (Job-Related) Exposures to NGCBIT – Information regarding the Injured Party's
exposure to NGCBIT asbestos products is displayed in this section. Additional exposure records may
be added by selecting the icon to add an exposure record.

To choose a specific NGCBIT Asbestos Product, the User will select the Products button and the search window, shown below, will appear. Products may be searched by name or code and the various columns can be sorted. Once the specific NGC ACM has been found, the User will select the product by checking the box to the left of the product name and then selecting the OK button. The product will appear in the field in the Trust Product section of the Exposure Details screen, as shown above.

Trust	Products						
				Search			
	Туре	Product	Code	Friable	First Sold	Last Sold	Usage
<b>V</b>	Acoustical Plaster - Spray	Acoustical Plaster - Sprayed	100	Friable			0
	Acoustical Plaster - Trow	Acoustical Plaster - Troweled	120	Friable			0
□	Joint Treatment Material	All Purpose Joint Cement	320	Non-Fri	1954	1957	0
	Joint Treatment Material	All-Purpose Joint Compound	301	Non-Fri	1966	1973	0
□	Cement Ceiling Panels	Asbestibel Panels	221	Non-Fri	1963	1981	0
	Cement Ceiling Panels	Asbesto-Grid Panels	222	Non-Fri	1958	1981	0
□	Asbestos Cement Boards	Asbestone Panels	201	Non-Fri	1958	1981	0
	Asbestos Cement Boards	Asbestos Cement Board, aka A	202	Non-Fri	1943	1953	0
□	Asbestos Cement Boards	Asbestos Cement Boards & Pa	200	Non-Fri			0
□	Other Products	Asbestos Faced Mineral Wool B	501	Non-Fri	1944	1945	0
Showi	ng 1 to 10 of 147 entries	First	Prev	ious 1 2	3 4	5 Next	Last
		OK Cancel					

When selected, the "**Jobsites**" button will open a separate screen allowing the User to select a particular jobsite. The jobsite list will contain jobsites from the NGC Exposure Sites List as well as the particular law firm's established jobsites, if applicable. *Refer to the REP for more detailed information regarding Common Exposure Locations ("CELs") for Pre and Post Implementation claims.* Also, for more information on how to establish jobsites for a law firm, contact the Claims Manager or the Claims Supervisor listed in the Contact Us list found on the About Us page.

Jobsites Description:				
City:				
State: (All)				
Search				
Description	City	State	Initial Activity	
(Quadrangle Bldg. E) Building, Medical University Campus	Charleston	South Carolina	01-01-1965	Select
13 Medical Services Rehab., Ellisville State School	Ellisville	Mississippi	01-01-1963	Select
13 North (#813), Samuel H. Shapiro Developmenta	Kankakee	Illinois	01-01-1938	Select
18 South (#318), Samuel H. Shapiro Developmenta	Kankakee	Illinois	01-01-1938	Select
911 N. Rutledge, Rutledge Manor Complex, Siu Sc	Springfield	Illinois	01-01-1970	Select
Abbott School, Abbott School	Chicago	Illinois	01-01-1960	Select
Academy, 401 E. Mcclellan	Detroit	Michigan	01-01-1960	Select
Ada Lewis Junior High School, Tulpehocken And Ardleigh Stree	Philadelphia	Pennsylvania	01-01-1971	Select
Adams Public School, P.O. Box 76	Adams	North Dakota	01-01-1962	Select
Addams Jr. High & Elementary, 2222 W. Webster Rd.	Detroit	Michigan	01-01-1961	Select
Admin. Bldg., 13900 Granzon	Detroit	Michigan	01-01-1957	Select
Administration Building 003, Bakerfield Elementary	Baker	Louisiana	01-01-1957	Select

#### **EOEP Screen:**

The EOEP Screen will request information regarding the Injured Party's asbestos exposure to any asbestos products and NGC asbestos products through an OEP.

\*The Revised Restated Exposure Policies ("REP") have been incorporated into EOEP screen and the related new fields are present. *Please refer to the REP document dated November 2013 for more detailed information.* 

ovide the following	ure Through OEP:						
he Injured Party had nat began on:	information relating I at least 5 years of	to the Injured Party's asbestos exposure or	exposure to any as n a regular basis thr	bestos product(s) th rough the OEP	rough the	e OEP:	
The Injured Party's la	st asbestos exposu	re through the OEP w	as on:				
escribe the Injured F	Party's asbestos exp	osure through the OE	EP that is alleged to	be the cause of the	Injured P	arty's asbestos-rel	ated disease:
						Ó	
The Injured Party's m state of:	iost significant expo	sure to NGCBIT asbe	stos product(s) thre	ough the OEP was in	n the	Please Select 🗸	
njured Party's expos products:	ure to NGCBIT asb	estos products as a p	ercentage of his/he	r exposure to all asb	iestos	Please Select 🗸	
f the answer above is exposure to NGCBIT All co-defendants and	s more than 25%, p asbestos product(s I the respective per	rovide verifiable docu ). If no percentage is centage of exposure f	mentation evidencir indicated, this inforr ior each:	ng the Injured Party's mation will default to	s higher p 0%-25%	ercentage of	
DEP's Exposure to A	ny Asbestos Produc	t(s):					
Name of OEP:							
The OEP had at least irst began on:	t 5 years of direct of	cupational asbestos	exposure on a regu	lar basis that			
- The OEP's last direct	occupational ashes	tos exposure was on					
Trust Product Inform	Product(s):	directly exposed to N	GCBIT asbestos pr	oduct(s):			
Product Installation I Jobsite Jobsite: Jobsite City: Building Name:	Dates:		□ - □ □ Jobsites Please Select ♥				
Product Installation I Jobsite Jobsite: Jobsite City: Building Name: Area in Building:	Dates:	Jobsite State:	□ Jobsites Please Select ♥				
Product Installation I Jobsite Jobsite City: Building Name: Area in Building: OEP Exposure Employer. Employer. Employer City: Industry: Occupation: Period of Exposure Time of Exposure:	Dates:	- To	J _ Jobsites Please Select ♥ State: Please Select ▼ ▼	* ~			
Product Installation I Jobsite Jobsite City: Building Name: Area in Building: OEP Exposure Employer: Employer City: Industry: Occupation: Period of Exposure Time of Exposure: Describe how the Inji	Dates:	To -	Jobsites Jobsites Please Select   State: Please Select  the NGC asbestos	t v	d above:		
Product Installation I Jobsite Jobsite City: Building Name: Area in Building: OEP Exposure Employer: Employer: Employer City: Industry: Occupation: Period of Exposure Time of Exposure: Describe how the Inj $\blacksquare$ Description All	Dates:	To	Jobsites Jobsites Please Select   State: Please Select  the NGC asbestos	t ✓ ✓	d above:		
Product Installation I Jobsite Jobsite City: Building Name: Area in Building: OEP Exposure Employer: Employer: Employer City: Industry: Occupation: Period of Exposure Time of Exposure: Describe how the Inj Description All	Dates:	To	Jobsites Jobsites Please Select   State: Please Select  the NGC asbestos	± ✓ product(s) as claimed	d above:		

<u>Injured Party's Exposure Through OEP</u> - Dates of when the Injured Party was first and last exposed to any asbestos product(s) through the OEP are displayed in this section. A description of the Injured Party's exposure through the OEP is required. If the claim is an IR and Mesothelioma is a claimed disease, then additional exposure questions will appear in this section of the EOEP screen. If the answer to the question is more than 25%, then supporting documentation is required. If the question is left blank and not answered, then the analyst will default the answer to 0-25% for claim pricing purposes.

NGCBIT requires a minimum of 5-years exposure to any asbestos product(s) through the OEP, if applicable. Verified exposure documentation supporting this exposure is required.

<u>OEP's Exposure to Any Asbestos Product(s)</u> – Dates of when the OEP was first and last exposure to any asbestos product(s) are displayed in this section.

<u>OEP's Exposure to NGCBIT Asbestos Product(s)</u> - Information regarding the OEP's exposure to NGCBIT asbestos products is displayed in this section. Additional exposure records may be added by selecting the icon to add a new EOEP record.

To choose a specific NGCBIT Asbestos Product, the User will select the Products button and the search window, shown below, will appear. Products may be searched by name or code and the various columns can be sorted. Once the specific NGC ACM has been found, the User will select the product by checking the box to the left of the product name and then selecting the OK button. The product will appear in the field in the Trust Product section of the EOEP screen, as shown above.

			Search	:		
Туре	Product	Code	Friable	First Sold	Last Sold	Usage
Acoustical Plaster - Spray	Acoustical Plaster - Sprayed	100	Friable			0
Acoustical Plaster - Trow	Acoustical Plaster - Troweled	120	Friable			0
Joint Treatment Material	All Purpose Joint Cement	320	Non-Fri	1954	1957	0
Joint Treatment Material	All-Purpose Joint Compound	301	Non-Fri	1966	1973	0
Cement Ceiling Panels	Asbestibel Panels	221	Non-Fri	1963	1981	0
Cement Ceiling Panels	Asbesto-Grid Panels	222	Non-Fri	1958	1981	0
Asbestos Cement Boards	Asbestone Panels	201	Non-Fri	1958	1981	0
Asbestos Cement Boards	Asbestos Cement Board, aka A	202	Non-Fri	1943	1953	0
Asbestos Cement Boards	Asbestos Cement Boards & Pa	200	Non-Fri			0
Other Products	Asbestos Faced Mineral Wool B	501	Non-Fri	1944	1945	0

When selected, the "**Jobsites**" button will open a separate screen allowing the User to select a particular jobsite. The jobsite list will contain jobsites from the NGC Exposure Sites List as well as the particular law firm's established jobsites, if applicable. *Refer to the REP for more detailed information regarding Common Exposure Locations ("CELs") for Pre and Post Implementation claims.* Also, for more information on how to establish jobsites for a law firm, contact the Claims Manager or the Claims Supervisor listed in the Contact Us list found on the About Us page.

Jobsites Description: City: Ci				
State. (All)				
Description	City	State	Initial Activity	
(Quadrangle Bldg. E) Building, Medical University Campus	Charleston	South Carolina	01-01-1965	Select
13 Medical Services Rehab., Ellisville State School	Ellisville	Mississippi	01-01-1963	Select
13 North (#813), Samuel H. Shapiro Developmenta	Kankakee	Illinois	01-01-1938	Select
18 South (#318), Samuel H. Shapiro Developmenta	Kankakee	Illinois	01-01-1938	Select
911 N. Rutledge, Rutledge Manor Complex, Siu Sc	Springfield	Illinois	01-01-1970	Select
Abbott School, Abbott School	Chicago	Illinois	01-01-1960	Select
Academy, 401 E. Mcclellan	Detroit	Michigan	01-01-1960	Select
Ada Lewis Junior High School, Tulpehocken And Ardleigh Stree	Philadelphia	Pennsylvania	01-01-1971	Select
Adams Public School, P.O. Box 76	Adams	North Dakota	01-01-1962	Select
Addams Jr. High & Elementary, 2222 W. Webster Rd.	Detroit	Michigan	01-01-1961	Select
Admin. Bldg., 13900 Granzon	Detroit	Michigan	01-01-1957	Select
Administration Building 003, Bakerfield Elementary	Baker	Louisiana	01-01-1957	Select

#### **Exposure Presumption:**

Exposure Presumption can be selected as the Injured Party's Type of Exposure by selecting Exposure Presumption from the Type of Exposure drop down box.



Once Exposure Presumption is selected, the occupations listed in the Occupation drop down list will be limited to the four Presumptive Occupations. *Please refer to the REP for more detailed information regarding the Exposure Presumption.* 

Occupation:	Please Select	
	1 Acoustics Worker	
	23 Drywaller/Sheetrocker	
	42 Lather	-
	61 Plasterer	

#### EOEP - Meso Screen

If Mesothelioma is a medically indicated disease or claimed disease, then an additional question regarding the Injured Party's exposure as a percentage of exposure to all asbestos products will be included on the EOEP screen.

njured Party's exposure to NGCBIT asbestos products as a percentage of his/her exposure to all asbestos products:	Please Select V
f the answer above is more than 25%, provide verifiable documentation evidencing the Injured Party's higher exposure to NGCBIT asbestos product(s). If no percentage is indicated, this information will default to 0%-25%	percentage of 6.
All co-defendants and the respective percentage of exposure for each:	

#### **Certification Screen:**

The Certification Screen will request the type of exposure documentation that is being submitted with the claim form and certification of the claim by the Attorney, Injured Party or Claimant Representative. Also, the Attorney Certification of Claimant Representative's Authority may be completed on this screen. This section may be completed by the Attorney to certify the claimant representative's authority to act on behalf of the Injured Party.

Claim Type Individual Review	Claim Number NG-4	Claim Status In Progress – Not Filed	Process Status Pre-Review	ø
Exposure and Cla	im Form Certificatio	n		
Injured Party A Co-Worker Affi Claimant Repr Verified Work I Social Security	ffidavit idavit esentative Affidavit History Printout Or Other S	☐ Answers t Page Numbe ☐ Deposition Page Numbe Service Records	o Interrogatories with verification r(s):	n page
* <u>Certified by Att</u> The Attorney, or o support of this cla implemented by m included within the claimant's medica	orney: ther trained person im and certifies und y firm concerning o e claimant's file and I experts.	nel within the firm, has reviewed ler penalty of perjury; to the best laims processing, the information is derived from information provi	the information submitted in this of my knowledge, based on polic n submitted is frue, accurate and ded by the claimant, one ore mo	claim form and all documents provided in cies and procedures adopted and complete, and/or the information is ore of the claimant's co-workers or the
<ul> <li>Certified by Att</li> </ul>	orney		OR:	
Certified by Injur The Injured Party this claim and cert submitted is true,	ed Party or Claima or Claimant Repres tifies under penalty accurate, and comp	ant Representative: entative has reviewed the inform of perjury, that they are authorize olete.	ation submitted in this claim form d to file this claim and that to the	n and all documents provided in support of e best of their knowledge, the information
O Certified by Inj	ured Party O Certif	fied by Claimant Representative		
(A signed original the Attorney. The	of the Exposure an Exposure and Clair	d Claim Form Certification certify n Form Certification is subject to	ing that the claimed information audit at any time by the NGCBIT	is true and correct must be kept on file by Facility.)
Attorney Certificat This section must Indemnity or other with the claim. By executing this and the Claimant Certified by Att	tion of Claimant Rep be executed by the underlying docume section, the attorne Representative is a orney	presentative's Authority Attorney filing the claim only if (i) ents establishing the Claimant Re y certifies and warrants that this o uthorized by law to file this claim	the Injured Party has a Claimar presentative's capacity to submi claim is filed by the Claimant Rep on behalf of the Injured Party.	nt Representative and (ii) the Affidavit & it the Injured Party's claim is not submitted presentative on behalf of the Injured Party
Save Work In Prog	gress Delete I	Back Next		

#### Submit Claim Screen:

The Submit Claim Screen is the last screen in the data entry application and allows the Law Firm to submit the claim to the Trust.

Claim Type Clair	m Number Claim Status	Process Status	ø		
Individual Review	ING-4 III Progress – Not P	lieu Pie-Review			
Minimum Submission I	Requirements				
The submission cannot b	e submitted due to the following r	missing fields.:			
Deficiency Group	Description				
Injured Party	IP Last Name Required				
Injured Party	IP First Name Required				
Injured Party	IP SSN Required				
Injured Party	IP Living Status				
Verification Certification Warranty	Certified Claim Form Required				
Minimum Review Requ	irements				
The submission will be m	arked incomplete due to the folio	wing missing fields:			
Deficiency Group	Description				
Medical	Medical Documents Missing				
Proof of Exposure	Exposure Documents Missing				
Exposure Injured Party	Total Exposure Dates Required				
Exposure Injured Party	Trust Exposure Dates Required				
EOEP InjuredParty	Exposure through OEP Dates Required				
Documents Exposure and Medical m	ust be provided or the claim will b	e marked incomplete.			
Upload Documents					
No Documents Pending	Save				
no ovcanionita richality	0410				
Submit Claim Print Cla	aim Form				
Save Work In Progress	Delete Back Next				

The Required Claim Fields section will list any required fields that are missing on the claim. These fields will result in "Pre-Claim" deficiencies if left blank. The User can go back to the appropriate screen and provide the missing information to remove the pre-claim deficiency from the deficiency list. The Medical Documents Missing and Exposure Documents Missing deficiencies will be present until the documents are uploaded and the claim is submitted to the Trust.

The "**Upload Documents**" button will open a window for the document upload process. The documents that are attached to the claim will be listed in the grid with an option to delete the document. Refer to the Document Upload section of Lesson 8 – Claim Processing Page – Search & Claim View for more information on how to upload documents to a claim.

The "**Print Claim Form**" button will save the data entered in the claim at that time and generate a NGCBIT Claim Form that contains all of the claim information.

The "Submit Claim" will submit the claim to the Trust.

### **Incomplete Submission Process:**

The Trust does not accept placeholder claims; therefore, if any pre-claim deficiencies exist on the claim or exposure and medical documents are not provided when the submission is filed with the Trust, then the submission will be marked <u>Incomplete</u>. An Incomplete Notice will be sent to the Law Firm indicating the pre-claim deficiencies, which must be cured within 365 days of the submission's postmark date. If the pre-claim deficiencies are not cured within the allowed 365-days then the submission will be marked <u>Rejected</u> and must be re-filed, which will give the submission a new postmark date.

Minimum Submission Requirements:

- 205-IP Last Name, First Name
- 210-IP SSN
- 212-IP Living Status
- 300-Claimed Disease with Diagnosis Date
- 700-Certified Claim Form

The Minimum Submission Requirements must be met before the submission can be filed. If not met, the submission will remain In Progress-Not Filed status.

Minimum Review Requirements ("Pre-Claim Deficiencies):

- 500-Total Exposure Dates (any asbestos)
- 502-NGC Exposure Dates
- 605-Exposure through OEP Dates (if EOEP exposure applicable)
- 305-Medical Documents Missing
- 400-Exposure Documents Missing

The Minimum Review Requirements must be met before the submission can be reviewed by a claims analyst. If not met, the submission will become Incomplete status.

# Lesson 10 – Reports Page

The Reports Tab contains both standard Reports and Saved Searches.



### **Reports:**

Standard Reports may be generated at any time by selecting the name of the standard Report. The three standard Reports are:

<u>Duplicate SSN Report</u> – A report that indicates the Law Firm's duplicate claims. Information included in the report is Claim ID; Injured Party's Full Name; Claim Status; Claim Process Status; Claim Type; Claimed Disease; and Postmark Date.

Law Firm Count by Status – A report that gives a count of how many of the Law Firm's claims are at each claim status.

<u>Unpaid Allowed Claims</u> – A report that provides all of the Law Firm's claims that are Allowed and unpaid.

### Saved Searches:

Any of the Saved Searches can be refreshed by selecting the "**Refresh Search**" button or can be deleted by selecting the "**Delete Search**" button. Refer to Lesson 8 – Claim Processing Page – Search & Claim View for more information on how to save a search. The Saved Searches listed in the above screen shot are examples.

The report results will be displayed in the main Search screen where the User has the option to download the results to Excel. Refer to Lesson 4 – Claim Processing Page – Search & Claim View for more information regarding the download of a report to an Excel spreadsheet.