

# SWC Asbestos Personal Injury Trust

## Instructions for Filing Unliquidated Asbestos Personal Injury Claims

The SWC Asbestos Personal Injury Trust (the “Trust”) was established pursuant to the First Amended SWC Asbestos Trust Distribution Procedures and Asbestos Trust Agreement. The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the First Amended Trust Distribution Procedures of the SWC Asbestos Personal Injury Trust (the “TDP”, which may be amended from time to time) - a copy of which may be found at **SWCTRUST.com**. Unless otherwise defined herein, capitalized terms shall have the meaning ascribed to them in the TDP.

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants (i.e. the injured party or his or her personal representative) in filing a complete and valid claim. All legal requirements for a valid claim, however, are set forth in full in the TDP. These instructions are organized in four sections:

- Procedures for registering with the Trust and filing claims
- How a claim is processed by the Trust
- Requirements for filing a valid claim
- How the Trust pays claims

### ***Section 1: How do I file a claim with the Trust?***

To file a claim, you must submit a completed Claim Form along with all of the required supporting documentation. The supporting documentation is discussed below. You may submit your claim to the Trust using either (1) the enclosed Claim Form or (2) by bulk electronic submission through the Trust’s online filing system, or (3) by entering the claim using the on-line data entry form. The online filing system also supports the ability to submit a claim to the Trust by linking to a claim already filed with one or more of the other trusts administered by the processing facility.

A sample copy of the Claim Form and Excel templates for bulk filing are available for download at **SWCTRUST.com**. You may also provide the supporting documentation in either hard copy or in electronic format (as either PDF or TIFF files). All materials must be sent to the Trust by mail, e-mail, facsimile, or submitted online by using the following addresses:

#### **Mail Submissions:**

SWC Asbestos Personal Injury Trust  
C/O Verus Claims Services, LLC  
3967 Princeton Pike  
Princeton, NJ 08540

For assistance in filing claims:

**E-mail:** [support@verusllc.com](mailto:support@verusllc.com)  
**Telephone or Facsimile:** (609) 466-0427

Online Submission: <https://identity.verusllc.com>

To use the Trust’s electronic submission application, law firms must first execute the Electronic Filer

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Agreement attached to these instructions. The Electronic Filer Agreement is also available for download at **SWCTRUST.com**. The Trust strongly recommends that law firms make use of the online filing option, as it significantly reduces the time and expense required for submitting and processing claims.

All law firms must also complete the Law Firm Registration Form and W-9 prior to submitting claims. The Law Firm Registration form is also available for download at **SWCTRUST.com**. Registering with the Trust is required in order for the Trust to confirm tax identification numbers prior to disbursements as required by the Internal Revenue Service.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be reviewed by the Trust until such time as any missing required information and/or documentation is provided by the claimant. Incomplete submissions also increase processing time for all claimants and consume valuable Trust resources, which would otherwise be available for the payment of claims. Questions regarding the Claim Form and the claim process may be directed to: support@verusllc.com (609) 466-0427.

### ***Statute of Limitations***

All claims must be filed before the expiration of the relevant statute of limitations. See Section 4.2 of the TDP for details on the application of the statute of limitations and tolling provisions.

### ***Disease Levels***

Claims are categorized according to four (4) asbestos-related Disease Levels with two (2) Sub Levels. The Disease Levels and Sub Levels are:

- Mesothelioma/Asbestosis Death (Level 4)
- Lung Cancer 1 (Level 3-A)
- Lung Cancer 2 (Level 3)
- Other Cancer (Level 2)
- Disable Asbestosis (Level 1-B)
- Non Disabled Asbestosis (Level 1-A)

Each Disease Level has been assigned medical and exposure criteria set forth in the TDP.

### ***Required Information & Supporting Documentation***

Claims will only be placed in the processing queue for review by the Trust when they are determined to be “sufficiently complete.” In order to meet the “sufficiently complete” requirement, all of the following information must be provided with the initial submission:

| <b>Claim Form Section</b>      | <b>Label</b> |
|--------------------------------|--------------|
| Claim and Claimant Information | First Name   |
| Claim and Claimant Information | Last Name    |
| Claim and Claimant Information | Country      |

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|                                                                                                                   |                                                               |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Claim and Claimant Information                                                                                    | Social Security Number, Tax ID, or International ID Number    |
| Claim and Claimant Information                                                                                    | Gender                                                        |
| Claim and Claimant Information                                                                                    | Date of Birth                                                 |
| Claim and Claimant Information                                                                                    | Claim Type (Unliquidated)                                     |
| Claim and Claimant Information                                                                                    | Law Firm Matter Number (if applicable)                        |
| Claim and Claimant Information                                                                                    | Review Type                                                   |
| Claim and Claimant Information                                                                                    | Exposure Source                                               |
| Claim and Claimant Information                                                                                    | Is the Injured Party Living?                                  |
| Claim and Claimant Information                                                                                    | Date of Death (if applicable)                                 |
| Claim and Claimant Information                                                                                    | Was death asbestos related? (if applicable)                   |
| Claim and Claimant Information                                                                                    | State                                                         |
| Claim and Claimant Information                                                                                    | Zip                                                           |
| Law Firm/Attorney Information                                                                                     | Filer ID                                                      |
| Asbestos Related Injury                                                                                           | Disease Level                                                 |
| Asbestos Related Injury                                                                                           | Diagnosis Date                                                |
| Asbestos Related Injury                                                                                           | Disease Level-Specific Election                               |
| <b><i>Occupational Exposure</i></b>                                                                               |                                                               |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Type of Exposure (Occupational Exposure)                      |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Type of Liability                                             |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site Type                                                 |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Name of Injured Party's Employer at time of asbestos exposure |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Start Date                                                    |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | End Date                                                      |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Secondary Exposure Record (if applicable)                     |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Occupation                                                    |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site                                                      |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site City                                                 |

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|                                                                                                                   |                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site State                                                                                                                                                                                                         |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Country                                                                                                                                                                                                                |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Industry in which exposure to Debtors' products occurred                                                                                                                                                               |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | For Medicare reporting purposes, was the Injured Party exposed on or after December 5, 1980, to asbestos-containing products and/or conduct for which the Injured Party alleges the Debtors have legal responsibility? |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Injured Party certifies exposure to asbestos-containing equipment for which the Debtors have legal responsibility. If you would like to provide more information, please use the following space:                      |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Names of all asbestos-containing products or materials used at this site to which injured party was exposed and for which injured party alleges SWC is legally responsible                                             |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Exposure Description                                                                                                                                                                                                   |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Description of Significant Occupational Exposure                                                                                                                                                                       |
| <b><i>Premise Liability</i></b>                                                                                   |                                                                                                                                                                                                                        |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Type of Exposure (Premise Liability)                                                                                                                                                                                   |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Type of Liability                                                                                                                                                                                                      |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site Type (defaults to <i>Other SWC Exposure</i> for Premise Liability claims)                                                                                                                                     |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Start Date                                                                                                                                                                                                             |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | End Date                                                                                                                                                                                                               |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Secondary Exposure Record (if applicable)                                                                                                                                                                              |

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|                                                                                                                   |                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Occupation                                                                                                                                                                                                             |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site                                                                                                                                                                                                               |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site City                                                                                                                                                                                                          |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Job Site State                                                                                                                                                                                                         |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Country                                                                                                                                                                                                                |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Industry in which exposure to Debtors' products occurred                                                                                                                                                               |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | For Medicare reporting purposes, was the Injured Party exposed on or after December 5, 1980, to asbestos-containing products and/or conduct for which the Injured Party alleges the Debtors have legal responsibility? |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Names of all asbestos-containing products or materials used at this site to which injured party was exposed and for which injured party alleges SWC is legally responsible                                             |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Exposure Description                                                                                                                                                                                                   |
| Occupational Exposure to Asbestos-Containing Machinery or Premise Liability and Significant Occupational Exposure | Description of Significant Occupational Exposure                                                                                                                                                                       |
| Supporting Documentation                                                                                          | The corresponding filing fee must be applied to the claim                                                                                                                                                              |
| Supporting Documentation                                                                                          | At least one document classified as a medical report or "all supporting documents"                                                                                                                                     |

***Required Supporting Documentation***

In order to qualify for compensation, claimants must also submit the following supporting documentation:

*For all Claimants:*

- ☐ Filing fee required for injury or source (e.g. foreign) being claimed
- ☐ Medical records supporting the diagnosis of the claimed Disease Level
- ☐ Proof of Exposure, if applicable

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*Other supporting documentation, as applicable:*

- ☐ Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law. If such documentation is not available, the Law Firm/Attorney's Representatives Affirming Official Representative's Authority must be provided.
- ☐ Documents and information referenced in Section 7 (if applicable)

*For deceased Injured Parties:*

- ☐ Death certificate.

## ***Section 2: How will claims be processed?***

### ***FIFO Processing Order***

In general, claims will be processed in the order in which the claims are received by the Trust, on a first-in-first-out basis. The Trust assigns a unique Claim ID and FIFO processing number when the claim is received. See Section 3.2 of the TDP for details of the FIFO processing order.

### ***Liquidation of Claims***

When filing a claim, the claimant may elect either Expedited Review or Individual Review. If a claimant elects Individual Review, an explanation of the reason for this election is requested.

Because the detailed examination and valuation process pursuant to Individual Review requires substantial time and effort, claimants electing to undergo the Individual Review process may likely be paid later than if the claimant elected the Expedited Review process. If the claimant is seeking Individual Review, Sections 7, 8, 9 and 10 of the Claim Form must be completed to the extent applicable.

### ***Expedited Review***

All claimants, except those with claims for Lung Cancer 2 (Disease Level 3-B), Secondary Exposure, Foreign and/or based on Wabash exposure, may elect Expedited Review of their claim. Under Expedited Review, the Trust will determine whether the claim meets the presumptive medical and exposure criteria for one of the six (6) Disease Levels eligible for Expedited Review and will advise the claimant of its determination. If the Trust determines that a claim meets the criteria for one of the six (6) Disease Levels, the Trust will assign the claim the established Scheduled Value for that Disease Level. The Disease Levels and Scheduled Values are set forth at section 1.6 of the TDP and reproduced below. The Trust will tender to the claimant an offer of payment in an amount equal to the Scheduled Value multiplied by the Payment Percentage, as explained below. If the claimant accepts the offer, the claim will be paid as set forth in Section 4 of these instructions. If the claimant rejects the offer, the claimant may request Individual Review. Alternatively, if the Trust concludes that a claim does not meet the presumptive Medical/Exposure Criteria for one of the six (6) Disease Levels eligible for Expedited Review, the Trust will deny the claim. If the Trust denies the claim, the claimant may either submit additional evidence to cure any deficiencies in the submission or request Individual Review.

### ***Individual Review***

The Trust's Individual Review process provides a claimant with an opportunity for individual consideration and

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evaluation of a claim. All Lung Cancer 2 (Level 3-B) claims must be submitted for Individual Review. In addition, all Secondary Exposure, as defined in Section 2.2(h) of the TDP, Foreign, as defined in Section 2.2(i) of the TDP, and/or based on Wabash exposure, must be submitted for Individual Review. Any claimant whose claim fails to meet the presumptive Medical/Exposure Criteria required for liquidation under Expedited Review may seek Individual Review of his or her claim. For claims that fail to meet the presumptive Medical/Exposure Criteria, if the Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the tort system, the Trust may offer the claimant a liquidated value up to the Scheduled Value for the relevant Disease Level. In addition, claimants holding claims in Disease Levels 2, 3, or 4 may seek Individual Review in order to determine whether the liquidated value of their claims exceeds the Scheduled Value for the relevant Disease Level. The liquidated value of a claim determined under Individual Review is subject to the maximums set forth in Section 2.2(e) of the TDP. Also, the liquidated value of a claim that undergoes Individual Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review.

Please refer to Section 2.2(e) of the TDP for the valuation factors considered in the Individual Review process. If the Trust determines that a claim for any Disease Level is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant.

### ***Extraordinary Claims and Exigent Hardship Claims***

The TDP does not provide options for Extraordinary Claims and Exigent Hardship Claims.

## ***Section 3: What are the requirements for a valid claim under the TDP?***

### ***General Requirements***

All claimants are required to submit a complete Claim Form with the required supporting documentation. Generally, at a minimum, the supporting documentation must consist of a medical report from the diagnosing physician and a death certificate, if applicable.

The following chart summarizes the Scheduled Values and Medical/Exposure Criteria for the various Disease Levels. This chart is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP must be consulted to determine whether the claim satisfies the requirements for a valid claim. See Section 2.2 of the TDP for all applicable criteria.

The asbestos liabilities addressed by the TDP relate solely to three former divisions of SWC LP f/k/a Connell LP: (1) Yuba Heat Transfer Corporation (“**Yuba**”); (2) Danly Machine Corporation (“**Danly**”); and (3) Wabash Alloys, LLC (“**Wabash**”). See Section 1.2 of the TDP for details.

| <b><u>Disease Level</u></b>           | <b><u>Scheduled Value</u></b>                       | <b><u>Medical/Exposure Criteria</u></b>                                                                           |
|---------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Mesothelioma/Asbestosis Death Level 4 | Yuba: \$ 75,000<br>Danly: \$ 450,000<br>Wabash: TBD | (1) Diagnosis of Mesothelioma and<br>(2) SWC Exposure prior to 12/31/1982 as defined in Section 2.2(c)(i) & (ii). |
|                                       |                                                     | Or                                                                                                                |

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(1) Chest X-ray with profusion of 1/1 or higher on the ILO scale, plus (2) a report that states that asbestosis was a significant contributing cause of death, plus (3) SWC Exposure prior to 12/31/1982 as defined in Section 2.2(c) (i) & (ii).

Lung Cancer 1  
 Level 3-A

Yuba: \$ 25,000  
 Danly: \$ 25,000  
 Wabash: TBD

(1) Diagnosis of a primary lung cancer, plus (2) evidence of an Underlying Bilateral Asbestos Related Nonmalignant Disease, plus (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question, plus (4) six months SWC Exposure prior to 12/31/1982 as defined in Section 2.2(c) (i) & (ii), plus (5) Significant Occupational Exposure to asbestos as defined in Section 2.2(c).

Lung Cancer 2  
 Level 3-B

Yuba: IR Only  
 Danly: IR Only  
 Wabash: TBD

(1) Diagnosis of a primary lung cancer, plus (2) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question, plus (3) six months SWC Exposure prior to 12/31/1982 as defined in Section 2.2(c) (i) & (ii), plus (4) Significant Occupational Exposure to asbestos as defined in Section 2.2(c).

Lung Cancer 2 (Level 3-B) claims are claims that do not meet the more stringent medical and/or exposure requirements of Lung Cancer 1 (Level 3-A) claims but are still determined to be compensable by the Trust.

Other Cancer

Yuba: \$ 8,500  
 Danly: \$ 3,100  
 Wabash: TBD

(1) Diagnosis of a primary colo-

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Level 2

rectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus (2) evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, plus (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question. Plus (4) six months SWC Exposure prior to 12/31/1982 as defined in Section 2.2(c) (i) & (ii), plus (4) Significant Occupational Exposure to asbestos as defined in Section 2.2(c).

Disabled Asbestosis/Pleural Disease  
 Level 1-B

Yuba: \$ 2,500  
 Danly: \$ 2,500  
 Wabash: TBD

(1) Diagnosis of a Asbestosis based on either (a) a Chest X-ray with profusion of 1/0 or greater, or asbestosis determined by pathological evidence of asbestos, plus (2) pulmonary impairment of (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than 65%, plus (3) six months SWC Exposure prior to December 31, 1982, as defined in Section 2.2(c) (i) & (ii), plus (4) five years cumulative occupational exposure to asbestos.

Or

(1) Diagnosis of Asbestosis based on either (a) a Chest X-ray with profusion of 1/0 or greater, or asbestosis determined by pathological evidence of asbestos, plus (2) a Qualified Physician who is a pulmonologist or an occupational medicine physician prescribes oxygen to the injured party, and (a) the treating Qualified Physician states that the predominant cause of the need for oxygen is asbestosis, and (b) the oxygen is needed by the injured party to perform activities of daily life (e.g., not oxygen that is prescribed only for comfort care, at night, for surgery, or on occasion), and (3) supporting medical

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documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question, plus (4) six months SWC Exposure prior to December 31, 1982, as defined in Section 2.2(c) (i) & (ii), plus (5) five years cumulative occupational exposure to asbestos.

All diagnoses of Disabled Asbestosis (Disease Level 1-B) shall be based, in the case of a claimant who was living at the time the claim was filed, upon a physical examination of the claimant by the physician providing the diagnosis of the asbestos-related disease

|                                         |               |
|-----------------------------------------|---------------|
| Non-Disabled Asbestosis/Pleural Disease | Danly: \$ 300 |
| Discounted Cash Payment)                | Yuba: \$ 300  |
| Level 1-A                               | Wabash: TBD   |

(1) Diagnosis of a Bilateral Asbestos-based on either (a) a Chest X-ray with a profusion of 1/0 or greater, (b) a chest x-ray or CT scan pathology showing either bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification, or (c) or asbestosis determined by pathological evidence of asbestos, (2) SWC Exposure prior to December 31, 1982, as defined in Section 2.2(c) (i) & (ii).

***Medical Evidence***

In general, All diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least ten years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the claimant's exposure sufficient to establish a 10-year latency period. All diagnoses of an asbestos-related malignancy (Disease Levels 2-4) shall be based upon either (i) a physical examination of the claimant by the physician providing the diagnosis of the asbestos-related disease, or (ii) a diagnosis of such a malignant Disease Level by a board-certified pathologist or by a pathology report prepared at or on behalf of a hospital accredited by The Joint Commission.

For further details regarding medical evidence required for a valid claim, see Section 2.2(d) of the TDP.

***Exposure Evidence***

In general, to meet the presumptive exposure requirements for Expedited Review, the claimant must

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show:

- For Disease Levels 1-B, 2, 3-A, 3-B, six months SWC Exposure prior to December 31, 1982, plus Significant Occupational Exposure (as described below and as set forth in the TDP) to asbestos.
- For Disease Levels 1-A and 4, SWC Exposure prior to December 31, 1982 (as described below and as set forth in the TDP).

***SWC Exposure***

See Section 2.2(c) of the TDP for the required showing of SWC Exposure.

***Significant Occupational Exposure***

Claims submitted for Disease Levels 1-B, 2, 3-A, 3-B must demonstrate Significant Occupational Exposure in order to meet the presumptive exposure requirements for Expedited Review. See Section 2.2(c) of the TDP for the required showing of Significant Occupational Exposure.

***Section 4: How will I receive payment if I have a valid claim?***

***Liquidation of Claims***

**Disease Level 1 Claims:** Holders of Asbestos Claims in Level 1-A who submit a timely Claim Form to the Asbestos Trust are eligible for a Discounted Cash Payment distribution under the TDP. The Holder of an eligible Asbestos Claim in Level 1-A who elects to receive a distribution under the TDP shall be paid as promptly as reasonably practicable after the Holder has submitted an executed Release as set forth in Section 3.4 of the TDP.

**Disease Levels 1-B through 4 Claims:** Holders of Asbestos Claims in Disease Levels 1-B through 4 who submit a timely Claim Form to the Asbestos Trust shall have their Asbestos Claim resolved by the Asbestos Trust after the Asbestos Trustee completes its evaluation of all Asbestos Claims on a FIFO basis. If the Asbestos Claim is resolved as an Allowed Claim, the Holder must submit an executed Release as set forth in Section 3.4 of the TDP.

**Payment Percentage:** Pursuant to the TDP, the Trust may only be able to pay the Asbestos Claimant a percentage, or pro rata distribution, of the liquidated value of such Asbestos Claim. The pro rata distribution applicable to the Asbestos Claim will be determined in the manner set forth in the TDP.

**Interim Payments:** In the event that the Asbestos Trustee determines that the Res is insufficient to pay all of the outstanding approved Asbestos Claims at their approved value, the Asbestos Trustee may make interim payments (“Interim Payments”) to the Holders of Asbestos Claims in Disease Levels 1-B through 4; provided, however, that under no circumstances should Interim Payments to Holders of Asbestos Claims in Disease Level 1-B exceed 20% of the total amount of Interim Payments available for Asbestos Claims, except that the Trustee reserves the right to forgo making a distribution to any Holder of an Asbestos Claim in Disease Level 1-B that is less than \$50.00. Interim Payments may be made from time to time and shall be made on a pro rata basis. In determining the amounts of Interim Payments, the Asbestos Trustee shall reserve a sufficient amount in the Res to fund the administration of the TDP going

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forward. After the Holder of an approved Asbestos Claim has been paid 100% of the approved liquidated value of the Holder's Claim, the Holder shall receive no additional interim payments.

If the Trust determines that a claim for any Disease Level is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant.

Once a claim is liquidated, it is placed in line for payment. Prior to payment, the Trust will require that the claimant execute a release. If the claim is made by a personal representative, the executed release must be accompanied by Letters of Administration or other proof of the personal representative's capacity, if applicable pursuant to state law, unless such documentation has previously been submitted to the Trust.

If the claimant is represented by an attorney, the payment will be made to the attorney on behalf of the claimant. If the claimant is not represented by an attorney, the payment will be made directly to the claimant.

| <b>Disease Level</b>                                                           | <b>Scheduled Values</b> |            |        |
|--------------------------------------------------------------------------------|-------------------------|------------|--------|
|                                                                                | Yuba                    | Danly      | Wabash |
| Mesothelioma/Asbestosis Death (Level 4)                                        | \$ 75,000               | \$ 450,000 | TBD    |
| Lung Cancer 1 (Level 3-A)                                                      | \$ 25,000               | \$ 25,000  | TBD    |
| Lung Cancer 2 (Level 3-B)                                                      | IR Only                 | IR Only    | TBD    |
| Other Cancer (Level 2)                                                         | \$ 8,500                | \$ 3,100   | TBD    |
| Disabled Asbestosis/Pleural Disease (Level 1-B)                                | \$ 2,500                | \$2,500    | TBD    |
| Non-Disabled Asbestosis/Pleural Disease<br>Discounted Cash Payment (Level 1-A) | \$ 300                  | \$ 300     | TBD    |