

**PITTSBURGH CORNING CORPORATION ASBESTOS PERSONAL INJURY SETTLEMENT  
TRUST PROOF OF CLAIM FORM**

Submit completed claims to: <b>Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust</b> <b>P.O. Box 1032</b> <b>Wilmington, Delaware 19899-1032</b>
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**Instructions for the Claim Form**

**File your claim more efficiently. Submit and manage your claim electronically through the Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust’s (the “Trust”) website. Visit [www.pccasbestostrust.com](http://www.pccasbestostrust.com) for more information.**

**Note: It is possible that claim data previously submitted to the Delaware Claims Processing Facility for another trust can be used to expedite the preparation and review of claims for the Trust. Doing so will reduce the work necessary to file a claim and minimize the time it takes to review the claim. Please visit the Trust’s website [www.pccasbestostrust.com](http://www.pccasbestostrust.com) for information on the use of this data.**

Please complete this claim form as thoroughly and accurately as possible.<sup>1</sup> Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Medical records as required by the Asbestos PI Trust Distribution Procedures (“TDP”) and as requested in instructions
- Proof of Pittsburgh Corning Exposure as required by the TDP and as set out in the instructions
- Documentation of Economic Loss (if applicable – see Part 8 below)

**Choice of Claim Process**

Please choose the applicable claim process (**check only one**):

- Expedited Review (“**ER**”) (not available for Level VI (Lung Cancer 2) Claims, Foreign Claims, Secondary Exposure Claims or Claims that cannot provide credible evidence of exposure to Unibestos during the period 7/1/1962 – 12/31/1972, or another asbestos-containing product manufactured, marketed, sold or distributed by Pittsburgh Corning Corporation (“**Pittsburgh Corning**”) prior to December 31, 1982
- Individual Review (“**IR**”) required for Level VI (Lung Cancer 2) Claims, Foreign Claims, Secondary Exposure Claims or Claims that cannot provide credible evidence of exposure to Unibestos during the period 7/1/1962 – 12/31/1972, or another asbestos-containing product manufactured, marketed, sold or distributed by Pittsburgh Corning prior to December 31, 1982

**Representation**

If counsel represents claimant, please print or type the following information:

1. Attorney Name: \_\_\_\_\_  
(Last) (First) (MI)
2. Name of Law Firm: \_\_\_\_\_
3. Firm Address: \_\_\_\_\_  
\_\_\_\_\_



**PITTSBURGH CORNING CORPORATION ASBESTOS PERSONAL INJURY SETTLEMENT  
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**Part 1: Injured Party Information (Completion of Part 1 is mandatory for all claims)**

1. Name: _____		
(Last)	(First)	(MI)
2. Social Security Number: _____ - _____ - _____		
3. Gender: Male _____ Female _____		4. Date of Birth: _____ / _____ / _____
	(month)	(day) (year)
5. Medicare Health Insurance Claim Number (HICN) (if applicable and known) _____		

6. Is Injured Party living? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If Injured Party is deceased, please complete the following **(Death Certificate must be enclosed)**:

7a. Date of death: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

7b. Was death asbestos-related? Yes \_\_\_\_\_ No \_\_\_\_\_

8. If Injured Party is living and not represented by counsel, please complete the following:

8a. Mailing address: \_\_\_\_\_  
(street/PO Box)  
\_\_\_\_\_  
(city/state/zip)

8b. Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

8c. Email Address: \_\_\_\_\_

9. If Injured Party is deceased or has a personal representative or heir other than, or in addition to, his/her attorney, please indicate the following for the representative. **(Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)**

9a. Name: \_\_\_\_\_  
(Last) (First) (MI)

9b. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Tax ID Number: \_\_\_\_\_

9c. Mailing Address: \_\_\_\_\_  
(street/PO Box)  
\_\_\_\_\_  
(city/state/zip)

9d. Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

9e. Email Address: \_\_\_\_\_

9f. Relationship to Injured Party: \_\_\_\_\_  
(spouse, child, etc.)

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10. Please provide the following information for Medicare Reporting purposes:

- Check this box if the Injured Party's Pittsburgh Corning Exposure ended before December 5, 1980.

Please note that if a claimant is unable or chooses not to answer question 10, the Trust will presume exposure on or after December 5, 1980 for Medicare Reporting purposes only. This presumption will not affect the calculation of an Injured Party's exposure for purposes of meeting the TDP's exposure requirements.

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**Part 2: Diagnosed Asbestos-related Injuries (Completion of Part 2 is mandatory for all claims)**

1. Place an X next to the highest level (most serious) asbestos-related Disease Category that has been diagnosed for the Injured Party and for which appropriate medical documentation is attached to this claim form. See instructions for a list of specific medical criteria and records that must be enclosed for each Disease Category (**Check only the most serious**).

<u>Level</u>	<u>Scheduled Disease</u>
<input type="checkbox"/>	<b>VIII Mesothelioma</b>
<input type="checkbox"/>	<b>VII Lung Cancer 1</b>
<input type="checkbox"/>	<b>VI Lung Cancer 2 (Individual Review Only)</b>
<input type="checkbox"/>	<b>V Other Cancer (Please specify: _____)</b>
<input type="checkbox"/>	<b>IV Severe Asbestosis</b> (Diagnosis of Asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathology plus (a) TLC less than 65% or (b) FVC less than 65% plus FEV1/FVC ratio greater than 65%)
<input type="checkbox"/>	<b>III Asbestosis/Pleural Disease</b> (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
<input type="checkbox"/>	<b>II Asbestosis/Pleural Disease</b> (Bilateral Asbestos-Related Non-Malignant Disease)
<input type="checkbox"/>	<b>I Other Asbestos Disease</b> (Cash Discount Payment, not subject to the Payment Percentage)

2. Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

**The claim must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The presumptive medical criteria for the Disease Categories set forth above are included in the instructions.**

For claims filed against Pittsburgh Corning or any other asbestos defendant in the tort system prior to the Petition Date (April 16, 2000), please check this box if you have a report of a diagnosing physician who conducted the physical exam of the Injured Party, or you have filed such a report with Pittsburgh Corning or another defendant in the tort system or another asbestos-related personal injury settlement trust. (See Sections 5.7(a)(1)(C) of the TDP)

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**Part 3: Pittsburgh Corning or Other Asbestos Exposure and Significant Occupational Exposure  
(Completion of Part 3 is mandatory for all claims)**

Proof of Pittsburgh Corning Exposure and proof of Significant Occupational Exposure to all asbestos-related products are addressed below and must be supplied as required by TDP sections 5.3 and 5.7(b) (See instructions). **Please photocopy this section and list separately each company site, industry, and occupation combination upon which you rely to meet the exposure requirements of the TDP.**

"**Pittsburgh Corning Exposure**" means meaningful and credible exposure (a) to Unibestos during the period July 1, 1962 to December 31, 1972, or (b) to another asbestos-containing product manufactured, sold, marketed or distributed by Pittsburgh Corning prior to December 31, 1982.

**Please include detail concerning asbestos exposure (not just Pittsburgh Corning Exposures) necessary to meet the exposure criteria for approval of the claim at the claimed disease level. List each site, industry, and occupation combination separately.**

*For Pittsburgh Corning Exposures, a list of approved Pittsburgh Corning sites is available on the Trust website ([www.pccasbestostrust.com](http://www.pccasbestostrust.com)). Please reference this list and enter the Approved Pittsburgh Corning Site Code in item 1 below.*

*If the site at which you are alleging Pittsburgh Corning Exposure is not on the approved Pittsburgh Corning site list, provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products or activities for which Pittsburgh Corning is liable. This may be established by documentation including, but not limited to, the following:*

- *An affidavit of the Injured Party*
- *An affidavit of a co-worker*
- *An affidavit of a family member in the case of a deceased claimant*
- *Invoices*
- *Construction or similar records*
- *Sworn statement, interrogatory answers, sworn work history, or deposition*

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**(Part 3, continued)**

1. Site/Plant/Ship where Exposure Occurred:

If the site is on the Pittsburgh Corning approved site list, enter the Site Code from Exhibit A (available on website):

Approved Site Code (see Exhibit A): \_\_\_\_\_

If a Site Code is entered, please skip to question 2, otherwise provide:

Name of Ship/Plant/Site of Exposure: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by Pittsburgh Corning, or for which Pittsburgh Corning is responsible, identify the products and provide the evidentiary basis for the claim that these products were at that site:

\_\_\_\_\_  
\_\_\_\_\_

2. Date Exposure began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Exposure ended: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (year) (month) (year)

3. Occupation at time of Exposure (e.g., Boilermaker, Laborer, etc.):

\_\_\_\_\_

4. Industry in which Exposure occurred: \_\_\_\_\_ (**Industry codes listed below**)

If Code 37 - Other, please describe: \_\_\_\_\_

**Industry Codes**

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

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5. **Significant Occupational Exposure (SOE).** If the Injured Party's occupation does not appear on the list of Presumptive SOE Occupations Ratings (available at [www.PCCasbestostrust.com](http://www.PCCasbestostrust.com)), please skip to question 6. If it does appear on the list, indicate circumstances of exposure to asbestos products or activities (check all applicable). The Injured Party was exposed for a cumulative period of at least five (5) years, with a minimum of two (2) years prior to December 31, 1982, in an industry and occupation in which:

- The Injured Party handled raw asbestos fibers on a regular basis
- The Injured Party fabricated asbestos-containing products such that the Injured Party in the fabrication process was exposed on a regular basis to raw asbestos fibers
- The Injured Party altered, repaired or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers
- The Injured Party was employed in an industry and occupation such that the Injured Party worked on a regular basis in close proximity to workers who did one or more of the above three activities
- None of the above

6. If the Injured Party's occupation *does not* appear on the list of Presumptive SOE Occupations Ratings, or "None of the above" was checked in question 5 above, provide a description of how the Injured Party was exposed to asbestos at each relevant site.

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7. **Pittsburgh Corning Exposure.** Every claimant must submit evidence of exposure to Pittsburgh Corning asbestos products or activities.

a. To demonstrate exposure to Pittsburgh Corning products or activities, check the applicable box below. If you check box 5, answer question 7(b). If any of the first four boxes are checked, proceed to question 8. Provided, however if box 1 is checked and there is no date on the site list, question 7(b) must be answered. (check one box only)

- 1. The site in question 1 is on the Pittsburgh Corning approved site list, and the Injured Party worked there during the appropriate time period (if there is no date on the site list, please answer the question 7(b) below); or
- 2. Claimant's answer to question 1 is the Injured Party's personal identification of exposure to Pittsburgh Corning's asbestos products/activities; or
- 3. Claimant's answer to question 1 otherwise identifies Pittsburgh Corning's asbestos products/activities at this site (e.g. coworker affidavit), and also identifies the Injured Party by name; or
- 4. The answer to question 1 provides evidence that Pittsburgh Corning's asbestos products or activities were at this site and further sets forth that the Injured Party worked at this site within a year of having demonstrated that the asbestos products or activities were present at the site; or
- 5. None of the above apply.



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- b. If the box 5 was checked, or if box 1 was checked and there is no date on the site list, provide a description of the Injured Party's exposure to the type of asbestos products or activities that you have attributed to Pittsburgh Corning at this site:

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8. If this exposure is in support of *Exposure to an Occupationally Exposed Person* from Part 4 hereunder, please enter the name of the occupationally exposed individual:

\_\_\_\_\_ (Last)                      \_\_\_\_\_ (First)                      \_\_\_\_\_ (MI)

9. Does the Claimant allege that the Injured Party's exposure to an asbestos-containing product or conduct for which Pittsburgh Corning has legal responsibility occurred outside the United States and its Territories and Possessions and outside the Provinces and Territories of Canada? Yes\_\_\_\_ No\_\_\_\_

10. If the response to question 9 was yes, provide the following information about the foreign jurisdiction(s) in which the exposure allegedly occurred (attach additional copies as necessary):

Name of the Country: \_\_\_\_\_

Names of the County, Province, and/or City: \_\_\_\_\_

Describe how the alleged exposure occurred within the foreign jurisdiction:

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The Trust may require additional information regarding your Foreign Claim and shall take into account all relevant procedural and substantive legal rules to which the claim would be subject in the Claimant's Jurisdiction, as defined in Section 5.3(b)(2) of the TDP.

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**Part 4: Exposure to an Occupationally Exposed Person (Completion of Part 4 is mandatory only for Secondary Exposure Claims)**

**Note: If a claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, the claimant must seek Individual Review of his or her claim pursuant to Section 5.5 of the TDP. See Choice of Claim Process box on first page of this claim form.**

1. Is the claimant alleging an asbestos-related disease resulting in whole or in part from another person's occupational exposure, such as a family member, i.e. Secondary Exposure (spouse, parent, sibling, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Part 3 must also be completed for each occupationally exposed person.

2. Date Injured Party's Exposure to occupationally exposed person began: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (year)

3. Date Injured Party's Exposure to occupationally exposed person ended: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (year)

4. Injured Party's relationship to occupationally exposed individual during the exposure period:

\_\_\_\_\_  
(brother, son, spouse, etc.)

5. Occupationally exposed individual information

5a. Name: \_\_\_\_\_  
(Last) (First) (MI)

5b. Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

6. Describe how Injured Party was exposed through the occupationally exposed individual to the Pittsburgh Corning product or conduct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder: Part 3 must be completed for the occupationally exposed person. If the Injured Party also had direct, occupational exposure to asbestos, Part 3 must also be completed for that exposure.**

**PITTSBURGH CORNING CORPORATION ASBESTOS PERSONAL INJURY SETTLEMENT  
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**Part 5: Litigation/Claims History (Completion of Part 5 is mandatory for all claims)**

1. Has an asbestos-related lawsuit ever been filed on behalf of the Injured Party? Yes \_\_\_ No \_\_\_
  - a. Was Pittsburgh Corning or an Asbestos Protected Party (“APP”) named as a defendant? Yes \_\_\_ No \_\_\_
  - b. State in which the suit was originally filed: \_\_\_\_\_
  - c. Name of the court in which the suit was originally filed: \_\_\_\_\_
  - d. Case number: \_\_\_\_\_
  - e. Date the suit was originally filed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)
  - f. Have you received money from Pittsburgh Corning or an APP regarding this suit? Yes \_\_\_ No \_\_\_
  - g. Did you sign a release releasing Pittsburgh Corning or an APP regarding this suit? Yes \_\_\_ No \_\_\_
  
2. If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered? Yes \_\_\_ No \_\_\_
  - 2a. If the answer to question 2 above is Yes, provide a copy of the judgment.
  - 2b. If the answer to question 2 above is No, was an appeal filed by Pittsburgh Corning or the plaintiff in connection with the suit? Yes \_\_\_ No \_\_\_
  - 2c. If the answer to question 2b above is Yes, please provide the case number of the appeal and indicate whether a letter of credit, appeal bond, supersedeas bond or other security or surety was issued in connection with the appeal, verdict, or judgment.  
\_\_\_\_\_
  
3. If the answer to question 1(a) above is No, in which state/jurisdiction would the claimant qualify to be evaluated pursuant to TDP section 5.3(b)(2)? \_\_\_\_\_
  - 3a. Is this the state/jurisdiction where the claimant resided at the time of diagnosis? Yes \_\_\_ No \_\_\_
  - 3b. Is this the state/jurisdiction where the claimant had Pittsburgh Corning or APP Exposure? Yes \_\_\_ No \_\_\_
  - 3c. Is this the state/jurisdiction where the claimant resided at the time of the filing of this claim? Yes \_\_\_ No \_\_\_
  
4. Was a tolling agreement for the Injured Party ever in effect with respect to the claim(s) against Pittsburgh Corning or an APP? Yes \_\_\_ No \_\_\_ If “Yes”, please submit copy of tolling agreement.
  - a. Date the tolling agreement began: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)
  - b. Date the tolling agreement ended: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)
  
5. Was a claim filed with Pittsburgh Corning or an APP pursuant to an administrative settlement agreement? Yes \_\_\_ No \_\_\_

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a. Date the claim was originally filed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (day) (year)

b. Have you received money from Pittsburgh Corning or an APP re: this claim? Yes \_\_\_ No \_\_\_

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**Part 6: Financial Dependents and Beneficiaries (Part 6 must be completed for IR claims only)**

List any other persons who may have rights associated with this claim. Be sure to include the Injured Party's spouse and/or any other financial dependents who derive (or who derived at the time of diagnosis of the asbestos-related disease claimed) at least one-half of their financial support from the Injured Party.

If additional space is required, please photocopy this page and insert after current page.

1. Name: _____	2. Date of Birth: _____/_____/_____
(Last) (First) (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____	2. Date of Birth: _____/_____/_____
(Last) (First) (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____	2. Date of Birth: _____/_____/_____
(Last) (First) (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____	2. Date of Birth: _____/_____/_____
(Last) (First) (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PITTSBURGH CORNING CORPORATION ASBESTOS PERSONAL INJURY SETTLEMENT  
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**Part 7: Smoking History** *(This is to be completed for Lung Cancer 2 (LC2) and IR levels II through VII only)*

For each item, indicate whether the Injured Party has smoked. Please indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate, e.g., three and one-half packs would be entered as 3.5.

<b>1. Has the Injured Party ever Smoked Cigarettes?</b>	Yes _____ No _____
1a. From: _____/_____ (month) (year)	To: _____/_____ (month) (year)
1b. Packs per day: _____ (use decimal)	

<b>1. Has the Injured Party ever Smoked Cigars?</b>	Yes _____ No _____
1a. From: _____/_____ (month) (year)	To: _____/_____ (month) (year)
1b. Cigars per day: _____ (use decimal)	

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**Part 8: Employment Information for Economic Loss**

*This is to be completed for IR claims only.*

1. Current Employment Status of the Injured Party:

- Full-time, outside the home
- Full-time, within the home
- Part-time, outside the home
- Part-time, within the home
- Retired
- Disabled
- Deceased

2. Amount of last annual wages: \$\_\_\_\_\_

3. Date of last wage received: \_\_\_\_\_/\_\_\_\_\_  
(month) (year)

(Enter current date if currently earning work-related compensation.)

**If economic losses are being claimed, you must enclose an economic report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.**

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**Part 9: Signature Page**

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

If signed by the claimant or the personal representative, I (the claimant or personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

If signed by the claimant's counsel, upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of claimant, personal representative, or claimant's counsel.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

**Please review your submission to ensure it is complete and includes the following documents as applicable.**

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law.
- Medical Records as required by the TDP and as requested in the instructions
- Proof of Pittsburgh Corning Exposure and Significant Occupational Exposure as required in the TDP and requested in the instructions, including affidavits or sworn statements from the Injured Party or others.
- Copy of the tolling agreement (if applicable in Part 5)
- Documentation of economic loss (if Part 8 is applicable)
- Any additional information you wish to provide

**If you are filing an IR claim and have additional information (see TDP section 5.3(b)(2)) you want the Trust to consider in evaluating your claim, please include these documents with the Claim Form.**