

ARTRA 524(g) Asbestos Trust

Instructions for Filing Claims

The ARTRA 524(g) Asbestos Trust (the "Trust") was established as a result of the bankruptcy of the ARTRA Group. The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the ARTRA 524(g) Asbestos Trust's Trust Distribution Procedures (the "TDP").

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants in filing a complete and valid claim. All legal requirements for a valid claim, however, are set forth in full in the TDP - a copy of which is attached. 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 electronic submission in Excel format through the Trust's online filing system, or by entering the claim using the on-line data entry form. A sample copy of the Claim Form in Excel format is available for download at www.artratrust.com. You may also provide the supporting documentation in either hard copy or in electronic format (as either PDF or TIFF files). All material must be sent to the Trust by mail, or submitted online by using the following addresses:

ARTRA 524(G) Asbestos Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, New Jersey 08540
Telephone: (609) 466-0427

Online submissions: <https://artra.verusllc.com/fwcs>

To use the Trust's electronic submission application, law firms must first execute the Electronic Filer Agreement attached to these instructions. The Electronic Filer Agreement is also available for download at www.artratrust.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 processing claims.

All law firms must also complete the attached Law Firm Registration Form prior to submitting claims. 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 placed in the FIFO Processing queue – and therefore will not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the filer. Incomplete submissions also increase processing time for all filers 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:

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Prior Claims

If a claimant previously received a payment from ARTRA, the Trust will review any release executed by the claimant to determine eligibility for compensation from the Trust. The Claim Form requires the submission to the Trust of any previously executed release involving ARTRA or any related entities.

Statute of Limitations

All claims must be filed before the expiration of the relevant statute of limitations. See Section 5.1(a)(2) of the TDP for details on the application of the statute of limitations and tolling provisions.

Disease Levels

Claims are categorized according to six asbestos-related Disease Levels. The Disease Levels are:

Mesothelioma (Level VI)

Lung Cancer (Level V)

Other Cancer (Level IV)

Severe Asbestosis (Level III)

Asbestosis/Pleural Disease (Level II)

Other Asbestos Disease (Level I)

Each Disease Level has been assigned medical and exposure criteria; all Disease Levels have Scheduled Values (for Expedited Review), and four Disease Levels have ranges of values (for Individualized Review), as well. The values have been determined with the intention of achieving a fair allocation of available funds among claimants suffering from different diseases in light of current and historical information regarding claims against the ARTRA Group.

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Required Information & Supporting Documentation

Claims will only be placed in the FIFO processing queue for further review by the Trust when they are determined to be “sufficiently complete” per Section 5.1(a)(1) of the TDP. In order to meet the “sufficiently complete” requirement, all of the following information must be provided with the initial submission:

Required Data

Claim Form Section	Label
Section 1: Injured Party Information	Last Name
Section 1: Injured Party Information	First Name
Section 1: Injured Party Information	Social Security Number
Section 1: Injured Party Information	Date of Birth
Section 1: Injured Party Information	Gender
Section 2: Law Firm/Attorney Information	Filer ID
Section 3: Asbestos Related Injury	Disease Level
Section 3: Asbestos Related Injury	Diagnosis Date
Section 6: Asbestos Litigation and Claims History	Lawsuit Filing Date <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	State Filed <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Court <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Docket Number <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Jurisdiction Selection <i>(if no lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Is the claimant a holder of a Muralo Contract Claim?
Section 7: Occupational Exposure to Asbestos Products	Start Date
Section 7: Occupational Exposure to Asbestos Products	End Date
Section 7: Occupational Exposure to Asbestos Products	Occupation
Section 7: Occupational Exposure to Asbestos Products	Site of Exposure
Section 7: Occupational Exposure to Asbestos Products	Site Location City
Section 7: Occupational Exposure to Asbestos Products	Site Location State
Section 7: Occupational Exposure to Asbestos Products	Site Location Country
Section 7: Occupational Exposure to Asbestos Products	Industry
Section 7: Occupational Exposure to Asbestos Products	ARTRA Products used at this site
Section 7: Occupational Exposure to Asbestos Products	Significant Occupational Exposure section

Required Supporting Documentation

In order for a claim to be deemed sufficiently complete for review, the claimant must submit the following supporting documentation:

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level, including underlying nonmalignant condition for Disease Levels IV and V.
- Proof of ARTRA Product exposure, as required by the TDP
- Death certificate (if applicable)
- Letters of Administration or other proof of personal representative’s official capacity (if applicable)

For Exigent Hardship Claims and/or claimants asserting a claim for Lost Wages:

- Documentation supporting the claim that any and all wage loss incurred by the claimant was the direct result of claimant’s asbestos-related disease. This documentation would include, but not be limited to

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medical records and/or reports, reports from governmental or insurance agencies and/or reports from claimant's most recent employer.

- Tax returns and/or W-2 forms for the last three (3) full years of employment.

Section 2: How will claims be processed?

FIFO Processing Order

In general, claims will be processed in the order 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 deemed sufficiently complete for review (as defined above). *The FIFO processing number is not static, and may change over time as claims are reviewed and dates used to calculate the FIFO processing order are updated on individual claims within the queue.*

All living Mesothelioma claimants electing Expedited Review will be treated as Exigent Health claims and placed at the head of the FIFO processing and payment queues pursuant to Section 5.3(b)(1) of the TDP.

See section 5.1(a)(1) of the TDP for detailed FIFO order specifications.

Liquidation of Claims

The claimant must choose either Expedited Review or one of the Individual Review elections.

Expedited Review

Expedited review is explained in section 5.2(a) of the TDP. Under Expedited Review, the Trust will determine whether the claim presumptively meets the medical and exposure criteria for one of the six Disease Levels eligible for Expedited Review, and will advise the claimant of its determination. If a Disease Level is determined, the Trust will assign the claim the established Scheduled Value for the claim depending on the Disease Level. The Disease Levels and Scheduled Values are set forth at section 5.2(a)(3) of the TDP, and reproduced below. The Trust will tender to the claimant an offer of payment based on that value. If the claimant accepts the offer, the claim will be placed in line for payment – at the applicable Payment Percentage - upon receipt of an executed release. The claimant accepts the offer by tendering the release. If the claimant rejects the offer, the claimant may request Individual Review.

If the Trust concludes that a claim does not meet the medical and/ or exposure criteria for one of the Disease Levels, the Trust will deny the claim. If the Trust denies the claim, the claimant may request Individual Review.

Individual Review

The Trust's Individual Review process provides a claimant with an opportunity for individual consideration and evaluation of a claim. Claimants holding claims in the more serious Disease Levels III, IV, V and VI will be eligible to seek Individual Review of the liquidated value of their claims, as well as of their medical and/or exposure evidence. Claimants whose claims fail to meet the presumptive Medical and/or Exposure Criteria for Disease Levels I and II are also eligible to seek Individual Review. For Disease Levels I and II, if the Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the tort system, the Trust

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may offer the claimant a liquidated value amount up to the Scheduled Value for that Disease Level, unless the claim qualifies as an Extraordinary Claim as described in Section 5.4(a) of the TDP. If the Trust determines that the claim is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant or deny the claim.

For Disease Levels III-VI, the Individual Review process is intended to result in payments equal to the full liquidated value for each claim multiplied by the Payment Percentage. The Payment Percentage is discussed below. If the Trust concludes that the claim has merit, the Trust will assign a value based on the range of values provided in section 5.2(b)(3) of the TDP; however, the liquidated value of any claim that undergoes Individual Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review. Moreover, the liquidated value for a claim involving Disease Levels IV-VI will not exceed the Maximum Value for the relevant Disease Level set forth in Section 5.2(b)(3) of the TDP, unless the claim meets the requirements of an Extraordinary Claim described in Section 5.3(a) of the TDP.

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 be paid the liquidated value of the claims later than would have been the case had the claimant elected the Expedited Review process. If the claimant is seeking Individual Review, Sections 4, 8, 9 and 10 of the Claim Form must be completed to the extent applicable.

Valuation Factors to be considered in Individual Review

The Trust will liquidate the value of each claim that undergoes Individual Review based on the historic liquidated values of other similarly situated claims in the tort system for the same Disease Level. The Trust will thus take into consideration the factors that affect the severity of damages and values within the tort system including, but not limited to: (i) the degree to which the characteristics of a claim differ from the presumptive Medical/Exposure Criteria for the Disease Level in question; (ii) factors such as the claimant's age, disability, employment status, disruption of household, family or recreational activities, dependencies, special damages, and pain and suffering; (iii) evidence that the claimant's damages were (or were not) caused by asbestos exposure, including ARTRA Exposure, (for example, alternative causes, and the strength of documentation of injuries); (iv) the industry of exposure; and (v) settlements, verdicts and the claimant's and other law firms' experience in the Claimant's Jurisdiction (as that term is described below) for similarly situated claims.

The Claimant's Jurisdiction

For purposes of filing a claim pursuant to the Individual Review process, the Claimant's Jurisdiction is the jurisdiction in which the claim was filed (if at all) against ARTRA in the tort system prior to the Petition Date. If the claim was not filed against ARTRA in the tort system prior to the Petition Date, the claimant may elect as the Claimant's Jurisdiction either (i) the jurisdiction in which the claimant resides at the time of diagnosis, (ii) the jurisdiction in which the claimant resides when the claim is filed with the Trust, or (iii) any jurisdiction in which the claimant experienced ARTRA Exposure.

Notwithstanding the foregoing, there are two exceptions to the jurisdiction provision as it applies to choice of law:

- if a claim is asserted by the official representative and the Claimant's Jurisdiction would be Alabama under the provisions of the preceding sentence such that the claim asserted would arise under the Alabama Wrongful Death Statute; then the Claimant's Jurisdiction will be the Commonwealth of Pennsylvania for purposes of evaluating the claim.

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- in the event a personal representative or authorized agent makes a claim under this Asbestos TDP for the death of an ARTRA employee with respect to which the governing law of the Claimant's Jurisdiction could only be the law of Texas, the Claimant's Jurisdiction for such claim shall be the State of Pennsylvania, and such claimant's damages shall be determined pursuant to the statutory and common laws of the State of Pennsylvania without regard to its choice of law principles.

Individual Review Offers

In the Individual Review process, the Trust will either deny the claim or assign a value as described above. The Trust will tender to the claimant an offer based on that assigned value.

If the claimant rejects the offer, the claimant may request binding or non-binding arbitration. See Section 5.9 of the TDP for arbitration provisions. For further information regarding arbitration, see the Appendix A to the TDP, available on the Trust's website.

Extraordinary, Exigent Health and Exigent Hardship Claims

The TDP provides for Extraordinary Claims, Exigent Health and Exigent Hardship Claims. For details of the requirements for each of these types of claims, see Section 5.3 of the TDP.

Liquidated Claims

If the Trust and the claimant agree on the value of a claim or if the claim is determined by arbitration or court judgment, the claim has been liquidated under the TDP and eligible for payment. Liquidated claims will be paid on a percentage basis by application of a Payment Percentage, discussed below. No claimant shall receive a payment greater than the Payment Percentage multiplied by the liquidated value of the claim.

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

General Requirements

A claimant who establishes with a medical examination that he is suffering from one of the Disease Levels listed below, and who provides evidence of ARTRA Exposure as required under the TDP and as set forth below, may be eligible for the Scheduled Values for the relevant Disease Level.

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

The following chart, used for Expedited Review, 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 this instructional memorandum, the TDP must be consulted to determine whether the claim satisfies the requirements for a valid claim. See Section 5.3(a)(3) of the TDP for all applicable criteria.

<u>Disease Level</u>	<u>Scheduled Value</u>	<u>Medical/Exposure Criteria</u>
Mesothelioma (Level VI)	\$275,000	(1) Diagnosis of mesothelioma; and (2) credible evidence of ARTRA Exposure (as defined in Section 5.6(b)(3)).
Lung Cancer 1 (Level V)	\$ 40,000	(1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months ARTRA Exposure prior to January 1, 1983, (3) Significant Occupational Exposure to asbestos (as defined in Section 5.6(b)(2)), and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Other Cancer (Level IV)	\$ 10,000	(1) Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months ARTRA Exposure prior to January 1, 1983, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
Severe Asbestosis (Level III)	\$ 40,000	(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months ARTRA Exposure prior to January 1, 1983, (3)

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Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Asbestosis/ Pleural Disease (Level II)	\$ 6,000	(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months ARTRA Exposure prior to January 1, 1983, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.
Other Asbestos Disease (Level I)	\$ 1,000	(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma, (2) ARTRA Exposure prior to January 1, 1983, and (3) Significant Occupational Exposure to asbestos

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 10 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. Medical records supporting the claimed Disease Level must be submitted with the Claim Form.

For further details regarding medical evidence required for a valid claim, see Section 5.6(a) of the TDP.

Exposure Evidence

In General, to meet the presumptive exposure requirements for Expedited Review, the claimant must show (i) for all Disease Levels, ARTRA Exposure (as described below and as set forth in the TDP); (ii) for Disease Levels II, III, IV or V, the claimant must show six months ARTRA Exposure, plus Significant Occupational Exposure (as described below and as set forth in the TDP) to asbestos. If the claimant cannot meet the requirements of presumptive exposure for a Disease Level for Expedited Review, the claimant may seek Individual Review of his or her evidence of ARTRA Exposure. For further details regarding exposure evidence required for a valid claim, see Section 5.6(b) of the TDP.

ARTRA Exposure

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In general, to qualify for any Disease Level, the claimant must demonstrate exposure to asbestos or asbestos-containing products that occurred on or before January 1, 1983 for which the ARTRA Group has legal responsibility. The Claim Form requires the claimant to list the occupation and industry in which the claimant worked at the time the ARTRA Exposure occurred. Attached hereto as Exhibit A is the list of Industry Codes. Please use the specified codes in designating the claimant's industry for purposes of completing the Claim Form. Evidence of the ARTRA Exposure may be submitted by affidavit or sworn statement of the claimant or a family member, invoices, employment, construction or similar records, court documents or other credible evidence. If signed by the claimant, execution of a fully completed Claim Form under penalty of perjury will be considered evidence of exposure. See Claim Form, Part 9.

Significant Occupational Exposure

Claims submitted for Disease Levels II, III, IV, or V must demonstrate Significant Occupational Exposure in order to meet the presumptive exposure requirements for Expedited Review. "Significant Occupational Exposure" means employment for a cumulative period of at least five years in an industry and an occupation in which the claimant (a) handled raw asbestos fibers on a regular basis; (b) fabricated asbestos-containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers; (c) altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to raw asbestos fibers; or (d) was employed in an industry and occupation such that the claimant worked on a regular basis in close proximity to workers engaged in the activities described in (a), (b) and/or (c).

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

Once a claim is liquidated, it is placed in line for payment. The order of payment is based on the date of the receipt of an executed release. The claimant will receive a payment equal to the Payment Percentage multiplied by the liquidated value of the claim. Disease Level I claims receive a fixed dollar amount without application of the Payment Percentage. Prior to payment, the Trust will require that the claimant execute a release. If the claimant is represented by an attorney, the payment shall 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.

Payment Percentage

All claims are subject to the Payment Percentage. The Payment Percentage is the percentage of the full liquidated value of a claim that claimants will receive from the Trust. The Payment Percentage is calculated based on the Trust's estimate of the number, types and values of present and future claims and the value and liquidity of the Trust's assets after considering the Trust's operating expenses. Currently, the Payment Percentage is 7.5%. Applying this Payment Percentage, claimants with valid claims based on the Scheduled Values could expect to be paid the following amounts:

Disease Level	Scheduled Value	Payment Amount
Mesothelioma (Level VI)	\$275,000	\$20,625
Lung Cancer 1 (Level V)	\$40,000	\$3,000
Other Cancer (Level IV)	\$10,000	\$750

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Severe Asbestosis (Level III)	\$40,000	\$3,000
Asbestosis/Pleural Disease (Level II)	\$6,000	\$450
Other Asbestos Disease (Level 1)	\$1,000	\$75

The Trustees may adjust the Payment Percentage to reflect updated estimates of the Trust's liabilities. Because there is uncertainty in the prediction of both the number and severity of future claims, and the amount of the Trust's assets, no guarantee can be made of the Payment Percentage. If the Payment Percentage is increased over time, claimants whose claims were liquidated and paid in prior periods under the TDP will receive supplemental payments subject to the limitations described in Section 4.2 of the TDP.

Annual Payment Limitations

To assure that the Trust has adequate resources to pay similarly situated present and future claims in similar amounts, the Trust may only pay a maximum amount on all liquidated claims in any year. See Section 2.6 of the TDP.

In addition, 65% of the maximum annual amount must be used to pay claims in Disease Levels III-VI and 35% to pay claims in Disease Levels I and II. See Section 2.5 of the TDP. If the Trust has insufficient funds under the maximum annual allowance to pay all liquidated claims by category in a year, the claims will be carried over to the next year and will retain their priority placement in the FIFO payment queue.