

Instructions for Filing Unliquidated Geo. V. Hamilton, Inc. Asbestos Trust Claims

The Geo. V. Hamilton, Inc. Asbestos Trust (the “Trust”) was established pursuant to the First Amended Plan of Reorganization of Geo. V. Hamilton, Inc. (as modified) (the “Plan”) confirmed in Case No. 15-12075 by the United States Bankruptcy Court for the Western District of Pennsylvania on February 27, 2018. The Trust was established to process, liquidate and pay valid asbestos personal injury claims in accordance with the Geo. V. Hamilton, Inc. Asbestos Trust Distribution Procedures (the “TDP”) – a copy of which is attached. Unless otherwise defined herein, capitalized terms shall have the meaning ascribed to them in the TDP.

This document has been designed to assist with the completion and submission of the Unliquidated Geo. V. Hamilton, Inc. Asbestos Trust Claim Form (the “Claim Form”). These instructions apply only to holders of Unliquidated Geo. V. Hamilton, Inc. Asbestos Trust Claims seeking to liquidate their claim under Section 5.3 of 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. Nothing in these instructions replaces or modifies the requirements of the TDP, and in the event of a conflict between these instructions and the TDP, the provisions of the TDP shall prevail. All claimants should thoroughly read and understand the TDP before filing a claim with the Trust.

Notice of Filing Fee:

A filing fee of \$30 must be submitted with this claim. The claim will not be deemed to be filed with the Trust unless the filing fee is remitted within 60 days of submitting the claim form to the Trust. The filing fee should be submitted electronically or via a check made payable to Geo. V. Hamilton Asbestos Trust.

MFR Claims Processing, Inc. (“MFR”), the Trust’s claims processing facility, has the capability to accept the Claim Form in electronic format. If you wish to file claims electronically, please contact MFR at 215-702-8033 or GVHInquiries@mfrclaims.com for further information and instructions. If you are a first-time filer, you must contact MFR to register your law firm prior to submitting a claim.

If submitting a paper-based Claim Form, please send it to the following address:

**MFR Claims Processing, Inc.
115 Pheasant Run
Suite 112
Newtown, PA 18940
(215) 702-8033**

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CLAIM REVIEW ELECTION

Expedited Review (“ER”)

The ER process is designed primarily to provide an expeditious, efficient and inexpensive method for liquidating all claims to the Trust. Claims that undergo the ER process and meet the presumptive Medical/Exposure Criteria for the relevant Disease Level will be approved for payment based on the Scheduled Value for such Disease Level set forth below, subject to the Payment Percentage in effect at the time the payment is made.

Claimants should also indicate in Section One of the Claim Form whether their claim is based on secondary exposure (see TDP § 5.4).

Pre-Petition Liquidated Claims

Pre-Petition Liquidated Claims, as set forth in Section 5.2 of the TDP, are claims that were liquidated by (i) a binding settlement agreement for the particular claims entered into prior to the Petition Date that is judicially enforceable by the claimant, (ii) a jury verdict or non-final judgment in the tort system obtained prior to the Petition Date, or (iii) a judgement that became final and non-appealable prior to the Petition Date. Holders of Pre-Petition Liquidated Claims must submit all documentation necessary to demonstrate that the claims was liquidated prior to the Petition Date to MFR.

Secondary Exposure Claims

Secondary Exposure Claims, as set forth in Section 5.4 of the TDP, are claims based on an asbestos-related disease that result solely from exposure to an occupationally exposed person. A Secondary Exposure claimant must establish that the occupationally exposed person would have met the exposure requirements under the TDP that would have been applicable had that person filed a direct claim against the Trust.

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REQUIREMENTS FOR A VALID CLAIM UNDER THE TDP

Statute of Limitations

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

Respective Disease Levels and Their Scheduled Values

Claims are categorized according to five asbestos-related Disease Levels. Each Disease Level is assigned a Scheduled Value. Valid approved claims will be paid the following Scheduled Values, multiplied by the Payment Percentage that is effective at the time the claim is liquidated. The Initial Payment Percentage for the Trust has been set at %.

<u>Disease Level</u>	<u>Scheduled Disease</u>	<u>Scheduled Value</u>
V	Mesothelioma	\$120,000
IV	Lung Cancer 1	\$25,000
III	Lung Cancer 2	\$10,000
II	Other Cancer	\$3,000
I	Severe Asbestosis	\$15,000

Medical and Exposure Criteria to Qualify for Payment

The following summarizes the medical and exposure criteria for the various Disease Levels. This is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP sets forth in detail the requirements that a claim must meet to receive an offer for the Scheduled Value. Claimants may elect to rely on medical evidence previously reviewed and approved by the APG Asbestos Trust for the same Disease Level.

Level V – Mesothelioma

1. Diagnosis of mesothelioma; and
2. Credible evidence of GVH Exposure alternatively defined as “Debtor Exposure” in Section 5.6(b)(3) of the TDP.

Level IV – Lung Cancer 1

1. Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease as defined in footnote 5 of the TDP;
2. Six months of GVH Exposure;
3. Significant Occupational Exposure to asbestos as defined in Section 5.6(b)(2) of the TDP; and

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4. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Level II – Lung Cancer 2

1. Diagnosis of a primary lung cancer;
2. Six months of GVH Exposure;
3. Significant Occupational Exposure to asbestos; and
4. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Level II – Other Cancer

1. Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease;
2. Six months of GVH Exposure;
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.

Level I – Severe Asbestosis

1. Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestosis, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%;
2. Six months of GVH Exposure;
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.

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Medical Evidence Required to Establish an Asbestos-Related Disease

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 must be based upon a physical examination of the claimant by the physician providing the diagnosis of the asbestos-related disease, except that for Disease Levels II–V, the diagnosis may alternatively be based upon a diagnosis by a board-certified pathologist or by a pathology report prepared at or on behalf of a hospital accredited by the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO). For a claimant who was deceased at the time of claim filing, a diagnosis for Disease Level I may alternatively be based upon (i) pathological evidence of the non-malignant asbestos-related disease, or (ii)(a) either an ILO reading of 2/1 or greater or pathological evidence of asbestosis; and (b), pulmonary function testing.

For a detailed description of the medical evidence requirements by Disease Level see TDP Section 5.6(a). Claimants are advised to review that section of the TDP before filing a claim.

The Trust must have reasonable confidence that the medical evidence provided in support of the claim is credible and consistent with recognized medical standards. The Trust has determined, based on currently available information, that medical reports (or medical evidence) from certain doctors and medical facilities may not meet the reliability standards of this section. Accordingly, until further notice, the Trust will not accept medical reports (and/or medical evidence) from the following doctors and medical facilities: Dr. James Ballard, Dr. Kevin Cooper (of Pascagoula, Mississippi), Dr. Todd Coulter, Dr. Andrew Harron, Dr. Ray Harron, Dr. Glynn Hilbun, Dr. Barry Levy, Dr. George Martindale, Dr. Gregory Nayden, Dr. W. Allen Oaks, Netherland & Mason, Inc., Respiratory Testing Services, Inc., and Occupational Diagnostics; provided, however, in the event that a claimant's representative or counsel certifies that a deceased injured party has no medical evidence related to or concerning the effects of asbestos exposure on his or her health, whether supporting a positive diagnosis or not, other than from one of the foregoing persons or facilities, the Trust may consider such medical evidence from the foregoing and give it whatever weight the Trust, in its sole discretion, deems appropriate.

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Exposure Evidence

In general, to meet the presumptive exposure requirements of Expedited Review, the claimant must show:

- For all Disease Levels, GVH Exposure.
- For Severe Asbestosis (Disease Level I), Other Cancer (Disease Level II), Lung Cancer 2 (Disease Level III), or Lung Cancer 1 (Disease Level IV), six months of GVH Exposure, plus Significant Occupational Exposure to asbestos.

The claimant must also indicate if the injured party was exposed to asbestos-containing products and/or conduct for which the injured party alleges a GVH Entity has legal responsibility on or after December 5, 1980. Pursuant to the GVH Trust Agreement, the Trust is required to act as reporting agent under the Medicare Secondary Payer Act (“MSP”) for the Reorganized Debtors and Funding Insurers. The end date of the injured party’s exposure to a GVH product and/or conduct is necessary for the Trust to determine if a claim meets a CMS policy exception to reporting under MSP, and the Trust will rely on the claimant’s representation regarding the exposure period to GVH products and/or conduct in determining if a claim meets this exception.

Significant Occupational Exposure

“Significant Occupational Exposure” means employment for a cumulative period of at least five years in an industry and an occupation in which the claimant (i) handled raw asbestos fibers on a regular basis; (ii) fabricated asbestos-containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers; (iii) altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers; or (iv) 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 (i), (ii) and/or (iii).

Exposure evidence may be established by an affidavit or sworn statement of the injured party, co-worker or family member in the case of a claim submitted on behalf of a deceased injured person (providing the Trust finds such evidence reasonably reliable), by invoices, employment, construction or similar records, interrogatory answers, sworn work history, deposition testimony or by other credible evidence.

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SUMMARY OF SUPPORTING DOCUMENTATION NEEDED FOR A CLAIM

If a claimant elects to file a claim, he or she must file a complete Claim Form and submit all supporting documentation indicated:

For all claimants

- Medical records supporting the diagnosis of the claimed Disease Level.
- Proof of GVH Exposure, as required by the TDP.

For deceased injured parties:

- Death certificate.
- Certificate of Official Capacity, Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law.

Other supporting documentation, as applicable:

- Copy of tolling agreement (if applicable).

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PROCESSING OF CLAIMS

In general, claims that have been deemed “sufficiently complete” per Section 5.1(a)(1) of the TDP will be processed and a liquidated value will be assigned to claims in the order in which the claims are received by the Trust, on a first-in-first-out basis. See Section 5.1(a)(1) of the TDP for details of the FIFO processing order.

PAYMENT OF CLAIMS

Once a claim is liquidated, it is placed in the FIFO Payment Queue for payment. Prior to payment, the Trust will require that the claimant execute a release. The order of payment is based on the date of the Trust’s receipt of the executed release. 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

If the claim is made by a personal representative, the executed release must be accompanied by Certificate of Capacity or other proof of the personal representative’s capacity unless such documentation has previously been submitted to the Trust.

Subject to the Maximum Annual Payment the claimant will receive a payment equal to the Payment Percentage multiplied by the liquidated value of the claim. 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. The Trustee, with the consent of the Trust Advisory Committee and Future Claims Representative, may adjust the Payment Percentage to reflect updated estimates of the Trust’s assets and liabilities. The Initial Payment Percentage for the Trust has been set at 15%.

If applicable, the Claimant must provide for the payment and/or resolution of any obligations owing or potentially owing under 42 U.S.C. § 1395y et seq., or any other similar statute or regulation, and any related rules, regulations, or guidance issued in connection therewith or amendments thereto (“MSP”), including Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L.110-173), or any other similar statute or regulation, and any related rules, regulations, or guidance issued or amendments or amendatory statutes passed in connection therewith.

QUESTIONS AND ASSISTANCE

If you have questions concerning these filing procedures or forms, you may reach the Trust in a variety of ways. The Trust has established a Help Line and website to report on the status of Trust operations and respond to questions. You can reach the Help Line at (215) 702-8033 or at GVHInquiries@mfrclaims.com. The Trust’s website address is www.mfrclaims.com. A variety of training tools are also available at this website.