

# Online Filing User's Guide

Updated December 2022

# Online Filing User's Guide

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## 1. Getting Started

- In order to start submitting claims through the Claim Processing System, please contact the Trust at [support@524gtrust.com](mailto:support@524gtrust.com) to request the required documents. Please complete the documents and return to the Trust. Upon receipt, the Trust will begin the Vetting process.
  - ❖ **Law Firm Registration Form**
    - A separate form must be completed for **each** Trust if you are going to be submitting claims for Western Asbestos, Thorpe Insulation, J.T. Thorpe, and Plant Asbestos.
  - ❖ **Electronic Filer Agreement**
    - A separate form must be completed for **each** Trust if you are going to be submitting claims for Western Asbestos, Thorpe Insulation, J.T. Thorpe, and Plant Asbestos.
  - ❖ **W-9 Form**
  - ❖ **ACH Form**
- **Vetting** is the process of investigating a new Law Firm before accepting new claims. A background review is completed using the submitted documentation provided to the Trust. Once the vetting process is concluded and the new Law Firm is accepted, the Law Firm can be set up in the Claim Processing System.
- Once your Firm has been set up and vetted, you will receive an e-mail providing a **User Name** and **Temporary Password**. At this time, you are ready to set up your Account and start submitting claims through the Claim Processing System.
- Please use the following link to access the Claims Processing System:
  - ❖ <https://trust.524gtrust.com/Western/UserLogin.aspx>

## 2. Logging in

- Enter the **User Name** and temporary **Password** that was provided to you when you registered your account. Upon your first login, the system will direct you to change the temporary password to one of your own creation.
- Your new password must meet the following requirements:
  - ❖ 6-12 characters in length
  - ❖ Contains at least one capital letter and one lower case letter
  - ❖ Contains at least one number
  - ❖ Contains at least one of these special characters: @, #, \$, %, &, \*, ^, !, =

- Upon successfully logging in, you will be directed to the **Home Page**.

### 3. Home Page

- The **Home Page** is where you will be able to access the tools and information necessary to file with the Trust, view recent announcements, and access Trust documents. The **Home Page** is also where you will access the Western Asbestos, Thorpe Insulation, J.T. Thorpe, and Plant Asbestos Trust System. Listed below are some of the features that can be accessed through the **Home Page**:
  - ❖ **My Application Tools**: These are features that help you manage your Firm's user accounts and your claim submissions with each Trust. This includes features such as Account Management, Deadline Notifications, Download Deficiencies and Releases, Filing Fees, Trust Information, Search Claims, Payments, and Deficiencies.
  - ❖ **Contact Support**: This is located under My Application Tools. Here you can access the Support Center. In the Support Center you are able to open a Support Ticket and check on open Support Tickets.
  - ❖ **My Trust Accounts**: Here you can access your account for Western Asbestos, Thorpe Insulation, J.T. Thorpe, and Plant Asbestos. This is where you will go to submit new claims, run reports, and access information on each of the Trust's website.
  - ❖ **Important Announcements**: This is where you will find announcements regarding each Trust. This information can range from informing you of a system maintenance, contact information for the Trust staff, policies, updates to Medical and Economic Index's for each Trust, etc.

Asbestos Bankruptcy Trusts

**My Application Tools**

- Home
- Account Management
- Deadline Notifications
- Download Deficiencies
- Supplemental Questionnaire
- Download Releases
- Filing Fees
- Search Claims
- Custom Search Claims
- Search Deficiency
- Search Payments
- Trust Information
- Actionable Deficiencies
- Contact Support

**Important Announcements**

- NEW! System Maintenance 4/30/2022
- NEW! System Maintenance 3/1/2022
- NEW! System Maintenance 11/1/2021
- NEW! System Maintenance 10/19/2021
- NEW! New Address
- NEW! Modified Successor in Interest Documentation Policy

**My Trust Accounts**

- J.T. Thorpe Settlement Trust
- Plant Asbestos Settlement Trust
- Thorpe Insulation Settlement Trust
- Western Asbestos Settlement Trust

EXTENSION OF TEMPORARY POLICY CHANGES REGARDING ELECTRONIC SIGNATURES AND DIRECT MAILING OF RELEASES AS WELL AS THE TEMPORARY POLICY CHANGES REGARDING MEDICARE CERTIFICATIONS – COVID- 19

## 4. Methods for Electronic Submissions

- We offer two methods for submitting claims electronically:
  - ❖ **Direct Input**: This method allows you to submit claims by completing an online version of the claim form and uploading supporting documents to each claim individually. You may wish to use this method if you only have a small number of claims to submit or if you are unable to convert or export your claim data to an Excel format.
  - ❖ **Bulk Upload**: The Bulk Upload process enables you upload multiple claims at once by electronically transferring the Claimant data and Supporting Document images directly to the Trust's Claims Management System (CMS). Claim information is uploaded in an Excel file format and Supporting Documentation images are uploaded in a PDF or TIFF format. Please contact the Trust for further instructions on the Bulk Upload process.
- Firms that are not equipped to submit claims electronically may also submit claims by completing the paper version of the claim form. The Claim Forms for each Trust are located on the Home Page of each Trust Web site under the link for Claims.

## 5. Submitting Claims by Direct Input

- From the **Home Page**, under the **My Trust Accounts**, please select the Trust in which you would like to submit a new Claim.
- Select **Submit Claims** → **Input New Claim** from the menu bar at the top left of the screen. The Claim Form will display, defaulting to the **Injured Party** page.



The screenshot shows the 'Asbestos Bankruptcy Trusts' website interface. At the top, there is a navigation bar with the following links: Home, Submit Claims, Reports, and Exit Trust. The 'Submit Claims' link is highlighted with a green rectangular box. Below the navigation bar, there is a section titled 'links:' containing several hyperlinks: 'Trust Website', 'Western Asbestos Settlement Trust Contact Information', and 'File Upload Specs'. Further down, there is a section titled 'Claims' with a filter by date range. The filter shows a date range from '8/16/2004' to '07/07/2022', with 'through' in between. There are also dropdown menus for selecting specific dates.

**Note:** Many of the pages on the online Claim Form are completed by the Trust Staff during the course of the review; you will not be able to save information on these tabs. These tabs

include the Death Certificate (DC), Proof of Exposure (POE), Physical Exam (Phys), Radiographic Evidence (Radiographic), Pulmonary Function Test (PFT), Pathology (Path), Clinical, and the Release section.

## 5.1 Entering Injured Party Information

- Tab Name: Inj. Party
- The Injured Party tab must be completed before information on the other tabs can be saved. The following required fields are indicated by **red text**:

### ❖ Claim Information

1. **Review Type** –Matrix, Individual Review, or Extraordinary. Please refer to each of the respective Case Valuation Matrix (Matrix) to determine which type of review is appropriate for your claim. You can find the Case Valuation Matrix on each of the respective Website's under **About the Trust**→**Trust Documents**.

- **Matrix Review**

**Any Claimant or Injured Person who meets the medical and exposure criteria under the compensable disease shall have their claim reviewed under the Matrix.**

- **Individual Review (IR)**

- Any Claimant or Injured Person whose claim does not meet the medical or exposure criteria for any Compensable Disease shall have the opportunity for individual consideration and evaluation of their claim. In such a case, the Trust shall either deny the claim or, if the Trust is satisfied that the Injured Person has presented a claim that would be cognizable and valid in the tort system in a jurisdiction where the Debtor had been or was, on the Petition Date, amenable to suit, the Trust can offer the Injured Person a liquidated value amount up to the average settlement value for that Compensable Disease in the appropriate jurisdiction.

- **Extraordinary Review (ER)**

- In extraordinary situations such as where an Injured Person was exposed only to the Debtor, or where the Debtors exposure constituted over 80% of the Injured Person's asbestos exposure, where extraordinary present or future medical expenses are incurred, or where special damages are exceptionally large, the Trust may individually evaluate

and liquidate a claim for an amount that exceeds the Maximum Value for the particular Compensable Disease asserted by the Injured Person. Any dispute as to Extraordinary Claim status shall be submitted to arbitration by a special Extraordinary Claims panel established by the Trust. Under no circumstances shall an Extraordinary Claim be valued at more than 8 times the Average Value for the particular Compensable Disease.

2. **Firm Matter Number** – if your Firm has an internal identification number that is used to track this claim, you may find that providing this information will make it easier for you to match Trust data back to your own management systems.
3. **Exigency Type** – if your Claimant is experiencing a Hardship, please select Exigent Hardship. A Hardship claim is defined in the Trust Distribution Procedures (TDP) Section 5.5.
  - **TDP Section 5.5:** At any time, the Trust may liquidate and pay certain Trust Claims that qualify as Hardship Claims. Such claims may be considered separately no matter what the order of processing otherwise would have been under this TDP. A Hardship Claim, following its liquidation, shall be placed at the head of the FIFO Liquidation Queue for purposes of payment, subject to the Maximum Annual Payment, Company Category Claims Payment Ratio and Disease Category Claims Payment Ratio described above. A Trust Claim qualifies for payment as a Hardship Claim if the Trust, in its sole discretion, determines (a) that the claimant needs financial assistance on an immediate basis based on the claimant's expenses and all sources of available income, and (b) that there is a causal connection between the claimant's dire financial condition and the claimant's asbestos-related disease.

#### ❖ **Section 1: Injured Party Information**

1. In this section, please enter the following required information:
  - Injured Party's Last Name
  - Injured Party's First Name
  - Injured Party's Gender
  - Injured Party's Social Security Number (SSN)
  - Injured Party's Date of Birth



## 2. Please enter in the Injured Party's Date of Death, if applicable

**Asbestos Bankruptcy Trusts**

Home Submit Claims Reports Exit Trust

Document Status: Document Type: Document ID: Claim Actions:

Claim ID: Law Firm: Name: SSN: Received Date: Review Type: Disease Level: FIFO #:

**Inj. Party** Representation Disease Smoking Pers. Rep. DC Litigation Sec. Exp. Exp. POE Economic Loss Dependents Phys Radiographic PFT Path Review Release Docs Evaluation Notes

**Claim Information**

**\*Review Type:**

Matrix ☐ Individual Review ☐ Extraordinary ☐

Is the claimant eligible for Medicare even though under age 65?

Have any of the medical expenses of the injured party related to this claim been paid by Medicare?

Applicable Jurisdiction

**\*Exigency Type:**

Not Applicable ☐ Exigent Hardship ☐

Firm Matter Number

Claim Type

**Section 1: Injured Party Information**

Last Name  \*First Name  Middle Name  Suffix

\*Gender ☐ Male ☐ Female \*SSN/Tax ID Number  \*Date of Birth (mm/dd/yyyy) / /  Date of Death (mm/dd/yyyy) / /

- Once you have completed and saved this page, a Claim ID number is automatically assigned to you. The claim status will update to **Incomplete** and is displayed in the form header. You may now proceed to the other sections of the Claim Form by clicking the tabs in the menu header.

## 5.2 Entering Representation Information

- Tab Name: **Representation**
- This tab will be populated by default with the Law Firm information associated with your User Account.
  - ❖ If your Firm has established separate Filer IDs for tracking submissions from different offices and/or managing attorneys, please select the appropriate **Law Firm Name** to link the new claim to the office/attorney of your choice. Once the **Law Firm Name** has been selected, the rest of the contact information will be completed automatically.

- Click the **Save** button before moving on to the next tab.

| Inj. Party   | Representation | Disease | Smoking | Pers. Rep. | DC | Litigation | Sec. Exp. | Exp. | POE | Economic Loss | Dependents | Phys | Radiographic | PFT | Path | Review | Release | Docs | Evaluation | Notes |
|--|----------------|---------|---------|------------|----|------------|-----------|------|-----|---------------|------------|------|--------------|-----|------|--------|---------|------|------------|-------|
| <p><b>Section 2: Representation</b><br/> Please provide the following information if the claimant is represented by counsel.<br/> If the injured party has a personal representative other than (or in addition to) his or her attorney, please submit a copy of the estate papers appointing that representative when filing this claim form.</p>   |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |       |
| <p>Law Firm Name<br/> --Select--</p> <p>Mailing Address<br/> <input type="text"/><br/> <input type="text"/></p> <p>City<br/> <input type="text"/></p> <p>State<br/> --Select--</p> <p>ZIP Code<br/> <input type="text"/></p> <p>Attorney Last Name<br/> <input type="text"/></p> <p>Attorney First Name<br/> <input type="text"/></p> <p>Attorney Middle Name<br/> <input type="text"/></p> <p>Direct Telephone<br/> <input type="text"/></p> <p>Facsimile<br/> <input type="text"/></p> <p>Email Address<br/> <input type="text"/></p>        |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |       |
| <p>If the claimant is represented by, or has been referred by other Counsel with a Financial Interest in this claim, also provide the following.</p>   |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |       |
| <p>Co-Counsel<br/> --Select--</p> <p>Mailing Address<br/> <input type="text"/><br/> <input type="text"/></p> <p>City<br/> <input type="text"/></p> <p>State<br/> <input type="text"/></p> <p>ZIP Code<br/> <input type="text"/></p> <p>Attorney Last Name<br/> <input type="text"/></p> <p>Attorney First Name<br/> <input type="text"/></p> <p>Attorney Middle Name<br/> <input type="text"/></p> <p>Direct Telephone<br/> <input type="text"/></p> <p>Facsimile<br/> <input type="text"/></p> <p>Email Address<br/> <input type="text"/></p> |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |       |

## 5.3 Entering Disease Level Information

- Tab Name: **Disease**
- Please refer to the Case Valuation Matrix for the specific medical requirements for each disease level and select the highest level in which your claim qualifies.
  - ❖ If the Trust determines that the submitted claim is eligible for a higher disease or does not qualify for the claimed disease after the medical documentation is reviewed, the Claims Analyst will upgrade or lower the disease level.
- After determining the Injured Party's disease level, please enter in the following:
  - ❖ **Disease Level**
    1. Please select the highest disease level in which qualifies the claim.
  - ❖ **Diagnosis Date**
    1. Please enter the date the Injured Party was diagnosed with the claimed disease.

- Click the **Save** button before moving on to the next tab.

## 5.4 Entering Smoking History Information

- Tab Name: **Smoking**
- Please select **yes** or **no** as to whether the Injured Party smoked cigarettes.
  - ❖ If the Injured Party was a non-smoker, once **no** is selected, click the **Save** button before moving on to the next tab.

If the Injured Party only smoked cigars or a pipe, the Injured Party would be considered a non-smoker.

- ❖ If the Injured Party did smoke, select **yes** and fill out the following information:

### 1. Last date known to have smoked

## 2. Average packs smoked per day

- If the Injured Party smoked 1 and ½ packs per day, please enter this in as 1.5

## 3. Number of years smoked

- Click the **Save** button before moving on to the next tab.

The screenshot shows the 'Smoking' tab selected in a claim form. The tab bar at the top includes: Inj. Party, Representation, Disease, Smoking, Pers. Rep., DC, Litigation, Sec. Exp., Exp., POE, Economic Loss, Dependents, Phys, Radiographic, PFT, Path, Review, Release, Docs, Evaluation, Notes (0). Below the tab bar, the 'Claim Form' and 'Supporting Documents' tabs are visible. The 'Section 4: Smoking History' section contains four fields: 'Has the injured party ever smoked cigarettes?' with a dropdown menu showing 'Yes'; '\*Last date known to have smoked (mm/dd/yyyy)' with a date picker; '\*Average Packs smoked per day' with a text input field; and '\*Number of years spent smoking' with a text input field. Each of these four fields is highlighted with a colored box: black, red, purple, and pink respectively.

## 5.5 Entering Personal or Estate Representative

- Tab Name: **Pers. Rep.**
- This section only needs to be completed if the Injured Party is deceased or incapacitated.
- On the **Inj. Party** tab, enter in the name of the Injured Party's **Personal Representative**.
  - ❖ This is located at the bottom of the page under “[Section 1: Injured Party Information](#)”
  - ❖ The personal representative that you indicate under the **Inj. Party** tab should have the authority to sign a **Release** if an offer is made.
- The **Supporting Documents** tab will be completed by the Trust Staff upon review of the uploaded personal representative and/or estate papers.

The screenshot shows the 'Inj. Party' tab selected in a claim form. The tab bar at the top includes: Inj. Party, Representation, Disease, Smoking, Pers. Rep., DC, Litigation, Sec. Exp., Exp. The 'Claim Information' section contains the following fields: '\*Review Type:' with three radio buttons labeled 'Matrix', 'Individual Review', and 'Extraordinary'; 'Is the claimant eligible for Medicare even though under age 65?' with a dropdown menu showing '--Select--'; 'Have any of the medical expenses of the injured party related to this claim been paid by Medicare?' with a dropdown menu showing '--Select--'; and 'Applicable Jurisdiction' with a dropdown menu showing '--Select--'.

**Section 1: Injured Party Information**

\*Last Name  \*First Name  Middle Name  Suffix

\*Gender ☒ Male ☐ Female \*SSN/Tax ID Number  \*Date of Birth (mm/dd/yyyy)  /  /  Date of Death (mm/dd/yyyy)  /  /

Please list all other names by which the injured party has been known (if applicable):

Last Name  First Name  Middle Name  Suffix

If the injured party is deceased, please submit a copy of their death certificate when filing this claim form. If the injured party is not deceased, please fill out the fields below.

Mailing Address (if not represented by counsel)

City  State  ZIP Code  Country

Daytime Telephone  Evening Telephone  Email Address

## 5.6 Entering Asbestos Litigation and Claims History

- Tab Name: **Litigation**
- Enter in the details of the Injured Party's Claim and Litigation History in to the **Claim Form** tab.
  - ❖ If a lawsuit was filed, please enter in the relevant information.
  - ❖ If a lawsuit was not filed, please enter in the **State in which the Injured Party would have elected to file a lawsuit**.

Note: The applicable jurisdictions for each of the Trusts are as follows:

- **Western Asbestos**: California, Minnesota, and North Dakota
- **Thorpe Insulation**: California
- **J.T. Thorpe**: California
- **Plant Asbestos**: California

**Section 6: Asbestos Litigation and Claims History**

If any asbestos-related lawsuits have ever been filed on behalf of the injured party, please submit endorsed copies of the lawsuit face pages for each suit when filing this claim form.

Discovery Date: Not Yet calculated  
Applicable Jurisdiction: Not Yet calculated

Date of Filing  /  /  Jurisdiction in which lawsuit was or could have been filed:

If the injured party has ever received prior compensation from Western entities, please provide the following:

Disease Claimed  Settlement Date:  /  /  Settlement Amount:

Note: Required fields are marked by an asterisk (\*)

❖ **Prior Compensation**

Please be sure to fill out this information if the Injured Party has had any prior compensation from any of the Debtors.

- ❖ Complete the required information and be sure to **Save** before proceeding to the next tab.

## 5.7 Entering Secondary Exposure Information

- Tab Name: **Sec. Exp.**
- This tab only needs to be completed if the Injured Party is claiming exposure to asbestos through another person. This would be indirect exposure by a household member such as a parent, spouse, sibling, child, etc.
- Enter in the following information:
  - ❖ The **Dates** the secondary exposure began and ended.
  - ❖ The **Relationship** of the occupationally exposed person to the Injured Party.
  - ❖ A **Description** of how the Injured Party was exposed by the occupationally exposed person.
- Once this information is saved, you can enter in any additional sources of indirect exposures, if needed. Example: If the Injured Party was Secondarily exposed by their parent and spouse, please enter these separately.

|            |                |         |         |            |    |            |                  |      |     |               |            |      |              |     |      |        |         |      |            |           |
|------------|----------------|---------|---------|------------|----|------------|------------------|------|-----|---------------|------------|------|--------------|-----|------|--------|---------|------|------------|-----------|
| Inj. Party | Representation | Disease | Smoking | Pers. Rep. | DC | Litigation | <b>Sec. Exp.</b> | Exp. | POE | Economic Loss | Dependents | Phys | Radiographic | PFT | Path | Review | Release | Docs | Evaluation | Notes (0) |
|------------|----------------|---------|---------|------------|----|------------|------------------|------|-----|---------------|------------|------|--------------|-----|------|--------|---------|------|------------|-----------|

Claim Form
Supporting Documents

Section 8: Secondary Exposure

*If the injured party is claiming secondary exposure, identify all occupationally exposed individuals through which the injured party was exposed to asbestos or asbestos-containing products for which the trust defendant is legally responsible. Provide work histories for all id*

*If it is necessary to add additional occupationally exposed individuals, attach more copies of this page to the claim form as needed.*

Complete Exp. Section for occupationally exposed person

|  |   |   |
|--|---|---|
| *Date Exposure from Other Person Began (mm/dd/yyyy)  | *Date Exposure from Other Person Ended (mm/dd/yyyy) | SSN/Tax ID of Occupationally Exposed Person |
| <input type="text"/>   | <input type="text"/>                                | <input type="text"/>                        |
| Last Name  | First Name  | Middle Name                                 |
| <input type="text"/>   | <input type="text"/>                                | <input type="text"/>                        |
| *Relationship to Occupationally Exposed Person   | If Other, please specify ( Max 50 Characters )      | OEP Death Date                              |
| --Select--   | <input type="text"/>                                | <input type="text"/>                        |
| *Description of how the injured party was exposed through this individual to asbestos or asbestos containing products for which the trust defedant is legally responsible. |   |   |
| <input type="text"/>   |   |   |

Complete the required information and be sure to **Save** before proceeding to the next tab.

## 5.8 Entering Occupational Exposure to Asbestos Products

- Tab Name: **Exp.**
- Start by entering in the **Start and End Dates** of employment at the first site of exposure.
  - ❖ If the Injured Party or Occupationally exposed person was exposed at multiple sites, each period of exposure will need to be entered in separately
- If the person who worked at this site was not the Injured Party, please select the name of the occupationally exposed person from the **Occupationally Exposed Person (OEP)** drop-down. These names will generate from the information that was entered into the **Sec. Exp.** Tab.
  - ❖ If the person who worked at this site is the Injured Party, do not click anything in the **Occupationally Exposed Person (OEP)** drop-down. Just leave the drop-down on “--Select--”.
  - ❖ If an OEP has been selected, all information that you enter in should reflect the OEP’s work history. **Example:** If the Injured Party’s Spouse worked at Shell Oil, you would enter in the dates the Spouse was employed at Shell Oil not the dates the Spouse exposed the Injured Party.
- Enter the **Occupation** of the Injured Party or Occupationally Exposed person. Once you start typing in the Occupation, multiple occupations will start to generate. Please select the correct Occupation from the generated list.
- Select whether you are claiming exposure at a Land-Based Job Site or Ship at Sea under the **Exposure Type**.
  - ❖ Once you select a Land- Based Job Site or Ship at Sea, additional fields will appear to allow you to enter in the **Site of Exposure**.

| Inj. Party  | Representation | Disease | Smoking | Pers. Rep. | DC | Litigation | Sec. Exp. | Exp. | POE | Economic Loss | Dependents | Phys | Radiographic | PFT | Path | Review | Release | Docs | Evaluation | Notes (0) |
|---|----------------|---------|---------|------------|----|------------|-----------|------|-----|---------------|------------|------|--------------|-----|------|--------|---------|------|------------|-----------|
| Section 7: Occupational Exposure to Asbestos  |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |           |
| List all occupation exposure to asbestos-containing products experienced by either the injured party of an occupationally exposed individual with whom the injured party came into contact. Submit supporting documentation in conjunction with each entry provided   |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |           |
| Please include information for all sites at which exposure occurred as well as all sites at which the injured party/occupationally exposed individual was employed contemporaneous to when exposure occurred. If it necessary to add additional exposure exposure record  |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |           |
| <div>*Start Date (mm/dd/yyyy) <input type="text"/>/ <input type="text"/>/ <input type="text"/></div> <div>*End Date (mm/dd/yyyy) <input type="text"/>/ <input type="text"/>/ <input type="text"/></div> <div>*Occupationally Exposed Person (if not Injured Party) <input type="text" value="--Select--"/></div> <div>*Occupation: <input type="text"/></div> <div>*Exposure Type<br/><input type="radio"/> Land-Based Job Site <input type="radio"/> Ship at Sea</div> <div>*Was the claimant exposed to asbestos products sold by or asbestos operations of Western Asbestos or Western MacArthur on or after December 5, 1980? <input type="text" value="--Select--"/></div> |                |         |         |            |    |            |           |      |     |               |            |      |              |     |      |        |         |      |            |           |



- Entering in the **Site of Exposure**

- ❖ Whether you are claiming an approved or unapproved site, start by entering the site being claimed into the **Site of Exposure** box. A list will start to populate. Please select the site being claimed from this list. After selecting the claimed site, please enter in the **City, State, and Country** for each individual site.

- **Note: Please disregard entering a “Site Code”. Western Asbestos, Thorpe Insulation, J.T. Thorpe, and Plant Asbestos does not utilize Site Codes.**

- ❖ Use the drop-down to clarify whether or not the Injured Party was **exposed on or after December 5, 1980**. Be sure to click Save before entering the next site or moving on to a new tab.

\*Start Date (mm/dd/yyyy) 01 / 01 / 1960 \*End Date (mm/dd/yyyy) 12 / 31 / 1960 \*Occupationally Exposed Person (if not Injured Party) --Select--

Type the first few letters of the Occupation, then select an Occupation from the popup list. If the occupation is not already in the list, finish typing the description. The new Occupation will be added when you save the record.

\*Occupation: Boilemaker

\*Exposure Type ☒ Land-Based Job Site ☐ Ship at Sea

If you have a site code which references a specific approved site, you may use it here to populate the job site details.

Enter Site Code Apply

If using neither an approved site nor a co-worker affidavit site, provide the job site details here.

\*Site of Exposure SHELL OIL - MARTINEZ, CA

\*City \*State --Select-- \*Country --Select--

\*Was the claimant exposed to asbestos products sold by or asbestos operations of Western Asbestos or Western MacArthur on or after December 5, 1980? --Select--

- ❖ Once the site being claimed is saved, the jobsite record will **display in a grid** below the data entry fields. Each additional exposure site needs to be entered in separately.

\*Start Date (mm/dd/yyyy) \*End Date (mm/dd/yyyy) \*Occupationally Exposed Person (if not Injured Party)

Type the first few letters of the Occupation, then select an Occupation from the popup list. If the occupation is not already in the list, finish typing the description. The new Occupation will be added when you save the record.

\*Occupation:

\*Exposure Type ☐ Land-Based Job Site ☐ Ship at Sea

\*Was the claimant exposed to asbestos products sold by or asbestos operations of Western Asbestos or Western MacArthur on or after December 5, 1980? --Select--

Undo Save

| Start Date | End Date   | Occupation | Job Site                 | POE | SOE | Edit | Delete |
|------------|------------|------------|--------------------------|-----|-----|------|--------|
| 01/01/1960 | 12/31/1960 | Boilemaker | SHELL OIL - MARTINEZ, CA | No  | No  |      |        |

Note: Approved sites are marked in blue text.  
Approved Occupations and job sites are displayed in blue text.  
The POE column designates whether or not the exposure record is supported by proof of exposure information tracked on the POE tab.



## 5.9 Entering Economic and Medical Loss Information

- Tab Name: **Economic Loss**
- If Economic or Medical Loss is being claimed, please select **Yes** from the **drop-down**. Once Yes is selected a box will populate. Please enter in the total amount being claimed in the **populated boxes** and click **Save**.
- If Economic or Medical Loss is not being claimed, please select **No** from the **drop-down**. Click **Save** before moving on to the next tab.

## 5.10 Entering Dependent Information

- Tab Name: **Dependents**
- If the Injured Party has any minor children, adult disabled dependent children or dependent minor grandchildren living with the Injured Person at the time of diagnosis, please select **Yes** or **No** to the **two drop-downs**. Please click **Save**.

**Note:** All of the remaining tabs will be entered in by the Trust Staff when reviewing the submitted supporting documents for your claim.

## 6. Uploading Supporting Documents

- Supporting documents may be uploaded to a claim at any point after the Injured Party page has been completed.

- ❖ From the **Claim Actions** drop-down, select Upload Document and click **Go**.
- ❖ Select **Choose File** to select the image file to be uploaded.

The only files that are accepted are PDF or TIFF

- ❖ Select the **Destination** for the image file. The drop-down will ask if you want to upload to just the current claim or for all claims for the Injured Party.

**Asbestos Bankruptcy Trusts**

Home Submit Claims Reports Exit Trust

Document Status: Document Type: Document ID:

Claim ID: 74462 Law Firm: Defense Name: [REDACTED] SSN: [REDACTED] Received Date: 07/18/2022 Review Type: Matrix Disease Level: Lung Cancer FTO #: [REDACTED]

Inj. Party Representation Disease Smoking Pers. Rep. DC Litigation Sec. Exp. Exp. POE Economic Loss Dependents Phys Radiographic PFT Path Review Release Docs Evaluation Notes (0)

Upload a single file/document

Max file size limit is 15 MB. Based on the speed of your connection and the size of the file(s), this upload may take up to 20 minutes to complete. Please do not turn off your computer until the upload has been completed.

File to upload

Choose File No file chosen

Remove

Upload more documents

Start Upload

Destination

Only this claim

Claim Actions: Upload Document Go

- ❖ Click the Start Upload button. The status of the upload will display.

### 1. Example of a successful upload:


| File Name      | Upload Status         |
|----------------|-----------------------|
| fake doc 1.pdf | Uploaded successfully |

### 2. Example of an unsuccessful upload:

| File Name     | Upload Status   |
|---------------|---|
| Fake Doc.docx | Incorrect file extension. Only PDF and TIFF are accepted. |

- ❖ Additional documents may be selected and uploaded in the same process as the original uploaded document.

- ❖ Uploaded documents will appear on the **Docs** page of the Claim Form.

|  |                |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |               |  |  |                 |  |   |
|--|----------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|---------------|--|--|-----------------|--|---|
| Inj. Party   Representation   Disease   Smoking   Pers. Rep.   DC   Litigation   Sec. Exp.   Exp.   POE   Economic Loss   Dependents   Phys   Radiographic   PFT   Path   Review   Release   Docs   Evaluation   Notes (0) |                |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |               |  |  |                 |  |   |
| Uploaded Files   Distinct Documents  |                |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |               |  |  |                 |  |   |
| ID   | File Name      |  |  |  |  |  |  |  |  |  | Date Received       |  |  |  |  | Uploaded By   |  |  | File Status     |  | Delete/ Restore   |
| 163528   | fake doc 1.pdf |  |  |  |  |  |  |  |  |  | 8/9/2022 3:43:38 PM |  |  |  |  | Sweeney, Kyle |  |  | Awaiting Review |  |  |

**Note:** The maximum upload size is 15 megabytes. If the document being uploaded exceeds this size, please split into smaller documents.

## 6.1 Electronic Signatures

- The Trust will accept electronic signatures on documentation executed by individuals authorized to act on behalf of **law firms representing Trust claimants** (each a “Document” and, collectively, “Documentation”) pursuant to the following procedure:
  - ❖ A law firm representing Trust claimants that intends to sign and submit Documentation electronically must execute and return to the Trust an Agreement to Allow Electronic Signatures on Documentation, attached as Exhibit A (“Electronic Signature Agreement”). Counsel to Trust claimants must use the fill and sign Adobe feature designated by the Trust, or a commercially available equivalent which produces an electronic signature in .pdf format (each computer program compliant with this policy, an “Electronic Signature Program”), to electronically sign the Electronic Signature Agreement and then must submit it to the Trust via email at [support@524gtrust.com](mailto:support@524gtrust.com). The Electronic Signature Agreement must be properly executed and returned to the Trust before a law firm representing Trust claimants may submit electronically signed Documentation to the Trust.
  - ❖ Law firms must execute and return the current form of Electronic Signature Agreement if they wish to submit electronic signatures for any Documentation, including Certification(s) for Unpaid Claims – Claimed Exposure Post December 5, 1980 and Certification(s) for Unpaid Claims – Claimed Exposure Pre December 5, 1980 (“Medicare Certifications”). All Medicare Certifications must be submitted to the Trust via email containing the language set forth in Exhibit B to [support@524gtrust.com](mailto:support@524gtrust.com). Counsel to Trust claimants must also use an Electronic Signature Program to electronically sign Documentation other than Medicare Certifications. Counsel to Trust claimants must then submit electronically signed Documentation other than Medicare Certifications to the Trust via the Trust’s online claim processing system.
  - ❖ Trust staff will review all submitted Electronic Signature Agreements and Medicare Certifications for compliance and, if satisfactory, scan completed

Electronic Signature Agreements and Medicare Certifications into the Trust's online claims processing system. Trust staff will also review all other electronically signed Documentation submitted by a law firm via the Trust's online claim processing system and will reject any other Documentation that does not meet the requirements of this policy.

- The Trust will accept electronic signatures on documentation executed by **Trust claimants** that is submitted by a law firm representing Trust claimants (each a "Document" and, collectively, "Documentation") pursuant to the following procedure:
  - ❖ A law firm representing Trust claimants that intends to submit Documentation electronically signed by claimants must execute and return to the Trust an Agreement to Allow Electronic Signatures on Documentation, attached as Exhibit A ("Electronic Signature Agreement"). Counsel to Trust claimants must use the fill and sign Adobe feature designated by the Trust, or a commercially available equivalent which produces an electronic signature in .pdf format (each computer program compliant with this policy, an "Electronic Signature Program"), to electronically sign the Electronic Signature Agreement and then must submit it to the Trust via email at [support@524gtrust.com](mailto:support@524gtrust.com). The Electronic Signature Agreement must be properly executed and returned to the Trust before a law firm representing Trust claimants may submit Documentation electronically signed by Trust claimants.
  - ❖ Law firms must execute and return the current form of Electronic Signature Agreement if they wish to submit electronic signatures for any Documentation, including Release and Discharge, and Release and Discharge General ("Releases") and Affidavit of Successor In Interest ("Successor in Interest Certificates"). All Releases and Successor in Interest Certificates must be submitted to the Trust via email to [support@524gtrust.com](mailto:support@524gtrust.com). Trust claimants and Law firms representing Trust Claimants must also use an Electronic Signature Program to electronically sign Documentation other than Releases and Successor in Interest Certificates. Counsel to Trust claimants must submit electronically signed Documentation other than Releases and Successor in Interest Certificates to the Trust via the Trust's online claim processing system. Each Document electronically signed by a Trust claimant, regardless of manner of submission, must be submitted with a complete certificate electronically signed by an authorized person at the law firm representing the Trust claimant in the form set forth in Exhibit B (each, a "Law Firm Certificate"). The same Law Firm Certificate may be submitted with additional Documentation electronically signed by a Trust Claimant, so long as the representations set out in the Law Firm Certificate remain accurate.
  - ❖ Trust staff will review all submitted Electronic Signature Agreements, Releases and Successor in Interest Certificates for compliance and, if satisfactory, scan completed Documentation into the Trust's online claims processing system. Trust staff will also review all other electronically signed Documentation, including all related Law Firm Certificates, submitted by a law firm via the Trust's online

claim processing system and will reject any Documentation that does not meet the requirements of this policy.

- The forms for **Exhibit A** and **Exhibit B** can be found on each respective website:

- ❖ [www.wastrust.com](http://www.wastrust.com)
- ❖ [www.titrust.com](http://www.titrust.com)
- ❖ [www.jttstrust.com](http://www.jttstrust.com)
- ❖ [www.pastrust.com](http://www.pastrust.com)

**Note:** If there are multiple Electronic Signatures in a claim for multiple individuals, an Exhibit B is required for each person. This would mean that if the Injured Party, the wife, and the son all used Electronic Signatures, an Exhibit B would be required for each individual.

## 7. How to Determine if a Claim is Complete for Submission

- Claims are not assigned a place in the FIFO processing queue until they are determined to be sufficiently complete. Until a claim is **sufficiently complete**, the claim status will show **Incomplete**. Once all of the required data and supporting documentation has been provided, the claim will be deemed sufficiently complete. You can continue to revise and upload data until you are ready to submit your claim for review by the Trust.
  - ❖ **Sufficiently Complete** is defined as the following:
    - A Filing Fee has been received and applied to the claim.
    - A complete set of Interrogatories, Litigation, and required Medical Reports have been uploaded to the claim.
    - The Exposure Tab of the Claim Form must have at least one exposure site entered.
  - ❖ A scheduled program periodically sweeps through the database to identify all claims that meet the minimum requirements to be submitted for processing and automatically submits them to the FIFO processing queue. The claim status will then be updated to **Pending First Review**.
  - ❖ If the claim remains in **Incomplete** after this process runs, the missing elements

that are required to complete the claim can be viewed on the **Evaluation** page.

Info: Sufficiently complete process has run successfully. The results are displayed below.

| Inj. Party  | Representation | Disease  | Smoking | Pers. Rep. | DC | Litigation | Sec. Exp. | Exp. | POE | Economic Loss | Dependents | Phys | Radiographic | PFT | Path | Review | Release           | Docs | Evaluation      | Notes (0) |
|---|----------------|--|---------|------------|----|------------|-----------|------|-----|---------------|------------|------|--------------|-----|------|--------|-------------------|------|-----------------|-----------|
| Evaluation Page   |                |  |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      |                 |           |
| Point the mouse at a particular deficiency description for more information |                |  |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      |                 |           |
| DeficiencyID  |                | Deficiency Description   |         |            |    |            |           |      |     |               |            |      |              |     |      |        | Notification Date |      | Deficiency Type |           |
| 279   |                | Exposure information is missing or incomplete (such as Secondary Exposure question not answered) |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      | Incomplete      |           |
| 288   |                | Invalid disease  |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      | Incomplete      |           |
| 291   |                | No documents provided  |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      | Incomplete      |           |
| 346   |                | Required filing fee not yet received by the Trust.   |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      | Filing Fee      |           |
| 702   |                | Answers to Interrogatories not found among supporting documentation.                             |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      | Incomplete      |           |
| 703   |                | Required litigation information not found among supporting documentation.                        |         |            |    |            |           |      |     |               |            |      |              |     |      |        |                   |      | Incomplete      |           |

- **Note:** A FIFO number is not assigned immediately upon completing this process. The program which assigns the FIFO numbers runs periodically throughout the day. However, all of the FIFO numbers will be assigned according to the rules located in the TDP Section 5.3.

## 8. Submitting Claims by Bulk Upload

- The **Bulk Upload** process enables you upload multiple claims at once by electronically transferring the Injured Party data and Supporting Document images directly to the Trust's Claims Management System (CMS). Claim information is uploaded in an Excel file format and Supporting Documentation images are uploaded in a PDF or TIFF format.
- Please contact the Trust for further instructions on the **Bulk Upload** process at [support@524gtrust.com](mailto:support@524gtrust.com).

## 9. Overview of Claim Statuses

- Throughout this User Guide, you will see multiple times where a **Claim Status** is referenced. This section provides a brief description of each status, how the status changes as the Claim moves through the process, and points out additional relevant information for each status. Please see below for the following Claim Status and their Description:

### ❖ **Incomplete**

- The Injured Party's information has been entered in the database but, the claim has not been deemed sufficiently complete for the Trust to review. You can identify which information is needed to make the Claim complete by going into the specific claim and clicking on the **Evaluation** tab. You can also find what is lacking in a specific claim by selecting "Check for Completeness" in the **Claim Actions** drop-down.

❖ **Pending First Review**

- The claim has been deemed sufficiently complete to be reviewed by the Trust. The claim has been submitted to the FIFO Processing Queue and is now waiting to be reviewed by a Claims Analyst.

❖ **Deficient- Pending QC Review**

- The claim has been deemed deficient during the completion of the Claim Analyst's first review or the Trust is researching the claim further.

❖ **Review Deficient**

- The claim has been deemed officially deficient and a Deficiency Notice has been sent. Additional information may be required to qualify the claim for compensation. **The deficiencies will not be displayed until you have received a Deficiency Notice and a deadline for a response has been set.** Deficiency Notices are sent out weekly. At that point, the Deficiency Response process will be available to cure outstanding deficiencies.

❖ **Pending Re-Review**

- A response to an outstanding deficiency has been received and is pending review by the Trust.

❖ **Qualified- Pending QC Review**

- Claims that are in this queue have been deemed Qualified and are awaiting an Audit.

❖ **Reviewed Qualified**

- Claims in this queue have been through the first review and Audit process and it has been determined to be eligible for compensation. Claims in this queue are still subjected to a further quality control review before a formal Offer is made. **You will receive an automated email alerting you when a formal Offer has been made.**

❖ **Offer Made**

- Once a claim has been reviewed and audited, an Offer will be issued. At this time, a **Release** will have been made available for the Law Firm to download.

❖ **Payable Qualified**

- A signed Release and any personal representation or estate documents have been received and the claim is set to be paid in compliance with the



Trust's payment schedule. All applicable Payment Percentages and Funds Received Ratios will be applied as well as the inflation factor.

❖ **Payable Hold**

- A signed Release has been received, but one or more deficiencies must be resolved before the claim can be paid. The reason for any **Hold** is displayed on the **Evaluation** tab when in the individual claim.

❖ **Paid**

- This queue is for claims that have been paid by the Trust. Please refer to the Review tab to see the **Net Payment** amount.

❖ **Withdrawn**

- The claim has been withdrawn at the request of Plaintiff Counsel or by the Trust, due to the expiration of a deadline.
- The Trust can deem a claim withdrawn after the claim has been placed on "Hold/Deferred", in "Reviewed Deficient" status, or in "Offer Made" status and remains in one of those statuses for six (6) months. Upon request and for good cause, the Trust may extend this period for an additional six (6) months. After the extended period, the Trust will deem the claim withdrawn. In addition, claims that remain in an "Incomplete" status without a filing fee will be withdrawn after two weeks. Claims that remain in Incomplete with a filing fee will be withdrawn after one year. According to the Trust Distribution Procedures Section 6.3, the existing statute of limitations for the claim will not be affected by the withdrawal, only its place in the FIFO queue. "A claimant can withdraw a Trust Claim at any time upon written notice to the Trust and file another claim subsequently without affecting the status of the claim for statute of limitations purposes, but any such claim filed after the withdrawal shall be given a place in the FIFO Processing Queue based on the date of such subsequent filing. Any claim that is withdrawn or rejected may be resubmitted, but a new \$250 filing fee will be required.

❖ **Deferred**

- A claim may be deferred by Counsel or by the Trust. You may choose to defer a claim if additional time is needed to obtain documents or information required for the claim submission.
- In order to Defer a claim, the following information is required:
  - Injured Party's Name
  - Injured Party's Date of Birth
  - Injured Party's Social Security Number
  - Claimed Disease
  - Apply a \$250 Filing Fee to the claim



- List at least one site/ship of exposure entered

**Note:** The filing fee will be forfeited if the claim is withdrawn or exceeds the time limitations in the deferred queue. A claim may remain in Deferred for six months. At that time, the Firm may request an additional six months. If the claim has not been resubmitted after one year, the claim will be withdrawn.

#### ❖ Rejected

- Claims in this queue have been rejected by the Trust as the result of an incurable deficiency or the claim is not compensable.

## 10. Notices: Deadline and Deficiencies

- To receive notifications regarding Deadlines and Deficiencies, your **User Account** must be assigned Admin rights for your Firm.
- You will receive notifications when new deficiencies have been applied to your claims and when deadlines are approaching regarding deficiencies and offers. Listings of these claims may be downloaded from the Claim Processing System.

### 10.1 Downloading Deficiency Notifications

- Please follow the instructions on how to download your Deficiency Notifications:

- ❖ On the **Home Page**, under **My Application Tools**, select **Download Deficiencies**.



- ❖ On the **Download Deficiency Reports** page, please answer the following:

- Select the **Trust** for the report that you are requesting.
- To select the most recent report, limit the **Date Range** to the day when you received the email notification.
- Select the type of list needed from the **Download Status**:
  - **Not Downloaded**: This is a list of notices that have not yet been downloaded.
  - **Downloaded**: This is a list of notices that have previously been downloaded. This would be used if you need another copy of the same report.

The screenshot shows the 'Download Deficiency Reports' form. The title bar is highlighted in yellow. The 'Trust' dropdown menu is highlighted in green. The 'Download Status' dropdown menu is highlighted in blue. The 'Notice From Date' and 'Notice To Date' fields, along with the 'Search' button, are highlighted in purple. The 'Law Firm Name' field is redacted with a black box.

- ❖ Place a check mark in the box next to the **report** that you would like to download.
  - If you would like to download all of the listed Reports, place a check mark in the **Select All** box.
- ❖ Click the **Download** button and select whether you would like to Open the Report or Save the Report to your computer.

The screenshot shows the 'Download Deficiency Reports' form with the following values: Trust: WAST, Law Firm Name: Defense, Download Status: Not Downloaded, Notice From Date: 06/30/2022, Notice To Date: 08/21/2022. Below the form, a table displays the results. The table has columns for Trust, Report Run Date, Law Firm, Picked Up Date, and Download. The 'Download' column contains checkboxes. A 'Select All' checkbox is highlighted in pink, and the 'Download' button is highlighted in green. The 'Law Firm' column is redacted with a black box.

| Trust | Report Run Date | Law Firm   | Picked Up Date | Download                 |
|-------|-----------------|------------|----------------|--------------------------|
| WAST  | 7/1/2022        | [Redacted] |                | <input type="checkbox"/> |
| WAST  | 7/1/2022        | [Redacted] |                | <input type="checkbox"/> |
| WAST  | 7/1/2022        | [Redacted] |                | <input type="checkbox"/> |

## 10.2 Downloading Deadline Notifications

- Please follow the instructions on how to download your Deadline Notifications:
  - ❖ On the **Home Page**, under **My Application Tools**, select **Deadline Notifications**.



- ❖ On the **Deadline Notifications** page, please answer the following:
  - Select the **Trust** for the report you are requesting.
  - Select a **Notice To and From Date**
    - To select the most recent report, limit the **Notice To and From Date** to the day when you received the email notification.
  - You can narrow the search results by entering in the **Claim ID** and/or a **Deadline Type**:
    - **Claim ID**: This is also referred to as a Claim Number. This is how to identify your specific claim for the Trust. **Note: If you have the same Injured Party in four separate Trust's, you will have four different Claim ID's.**
    - **Deadline Types**: See Section 10.3 below for the types of Deadlines and their definitions.

- ❖ Click the **Search** button.

Search Deadline Notifications

Notice From Date: 07/23/2022 Notice To Date: 08/21/2022

Claim ID

Deadline Type: --Select--

Trust: --Select--

Search

- ❖ Click the **Export to File** link to export the listing of claims to an excel spreadsheet.

## 10.3 Deadline Types

- **Incomplete**

- ❖ Claims that remain in an Incomplete status without a filing fee will be withdrawn after two weeks.
- ❖ Claims that remain in Incomplete status with a filing fee will be withdrawn after one year.
- ❖ A claim is not considered accepted by the Trust until the claim has been removed from an Incomplete status as is sufficiently complete.

- **Deferral Limit**

- ❖ If a claim has remained in a Deferred status for six months, the Trust can withdraw the claim. Upon request and for good cause, the Trust may extend this period for an additional six months. If the claim remains in Deferred after the extended period, the Trust will withdraw the claim.

**Note: According to the Trust Distribution Procedures, the existing Statute of Limitations for the claim will not be affected by the withdrawal, only its place in the FIFO queue.**

- **Deficiency Notification**

- ❖ If a claim has remained in a Deficient status for six months, the Trust can withdraw the claim. Upon request and for good cause, the Trust may extend this period for an additional six months. If the claim remains Deficient after the extended period, the Trust will withdraw the claim.

**Note: According to the Trust Distribution Procedures, the existing Statute of Limitations for the claim will not be affected by the withdrawal, only its place in the FIFO queue.**

- **Offer Notification**

- ❖ If a claim has remained in an Offer Made status for six months, the Trust can withdraw the claim. Upon request and for good cause, the Trust may extend this period for an additional six months. If the claim remains in Offer Made after the extended period, the Trust will withdraw the claim.

**Note: According to the Trust Distribution Procedures, the existing Statute of Limitations for the claim will not be affected by the withdrawal, only its place in the FIFO queue.**

- **Filing Fee**

- ❖ Pursuant to the Trust Distribution Procedures Section 6.3: Any claim that is withdrawn or rejected may be resubmitted, but a new \$250 filing fee will be required.

## 11. Resolving Deficiencies

- Once you have been notified of any deficiencies that have been issued for a claim, you may attempt to resolve them in any of the following ways:
  - ❖ Amend the information in the **Claim Form** to correspond with the information provided in the provided **Supporting Documents**.
  - ❖ Upload additional **Supporting Documentation**.
  - ❖ Provide a written response. The Trust will refer to this as a **Deficiency Response**.
  - ❖ A combination of the above.
- The primary course for resolving deficiencies is through the Deficiency Response feature. This feature allows the Trust to maintain a complete record of all the information submitted to cure claim deficiencies and provide feedback to you on the status of each deficiency response.

### 11.1 Amending the Claim Form

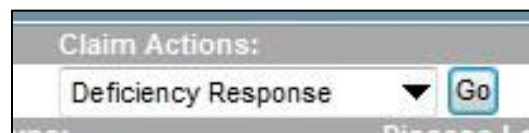
- You may edit the information provided on the **Claim Form** at any time while a claim is in a deficient status. The application has several built-in validations that will automatically re-assess updated claims each night.
  - ❖ **Example:** When submitting a claim, the Injured Party's name is entered as "John

Smith”. When the Trust reviews the Supporting Document’s, they notice that the documents are showing the Injured Party’s name is “John Smith Jr.”. Upon seeing this inconsistency, Deficiency 1187: *A properly verified set of Interrogatory Answers reflecting the name of the Injured Party as indicated on the Claim Form was not found* will populate. To cure this deficiency, simply edit the Claim Form to reflect the Injured Party’s full name. In this case, entering “John Smith Jr.” into the Claim Form will close Deficiency 1187.

- It is important to note that **editing information provided in the Claim Form alone will NOT prompt a re-review of the claim.** Deficiencies that were issued because of a discrepancy between the Claim Form and Supporting Documents cannot be cured by amending the Claim Form alone. Any changes made to the Claim Form that requires further review or clarification must be indicated in a written **Deficiency Response** as described below in Section 11.2.

## 11.2 Using the Deficiency Response Feature

- This feature will only become available once a Deficiency Notification has been issued for the Claim.*
- To access the **Deficiency Response** feature, select “Deficiency Response” from the **Claim Actions** drop-down in the **Claim Form** header.



- The following pop-up will be displayed:

To respond to deficiencies, please either:

a) Upload additional curative documents (such as additional medical records, exposure affidavits, estate papers, etc.) to supplement information provided to date.

b) Enter a response in the space provided below for each specific deficiency reason.

Curative documents and any notes provided below in response to deficiencies will be reviewed in FIFO order based upon the date the curative information is submitted.

| Deficiency Descriptions  |
|--|
| + NEW - Claim was not filed within the statute of limitations. |
| + NEW - Phy. Exam: Report was not provided.                    |

Save
Submit for Review
Close

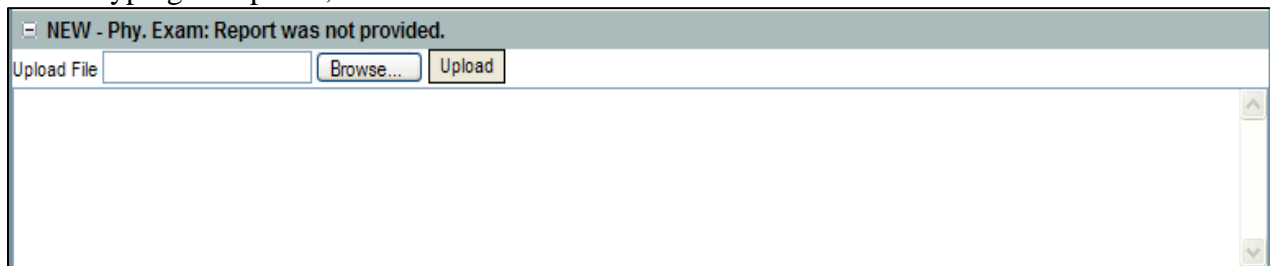
- Each specific deficiency identified on the claim will be displayed in a list, preceded by a “+” and the status of the Deficiency Response. The statuses to the Deficiency Responses

are as follows:

- ❖ **New**: This indicates a new deficiency has been issued to the claim for which a response has not been provided yet.
- ❖ **Submitted**: The response has been submitted and will be placed in the Deficiency Response FIFO Queue automatically when the background rules that assigns responses to the Trust Review queue runs. This program runs periodically throughout the day.
- ❖ **Pending Re-Review**: The response has been placed in the Deficiency Response FIFO Queue and is awaiting review by a Claims Analyst.
- ❖ **Cured**: The response has been reviewed by a Claims Analyst and deemed acceptable to clear the open deficiency.
- ❖ **Still Deficient**: The response has been reviewed by a Claims Analyst and deemed insufficient to clear the open deficiency.

## 11.2a Entering in a Deficiency Response

- Click on the “+” sign to expand the response for the specific deficiency in which you would like to address. An **Image Upload** box and a **Notes** field will populate below the deficiency description. You can respond to the open deficiency by uploading a document, typing a response, or both.

The screenshot shows a web interface for a deficiency response. At the top, a header bar reads "NEW - Phy. Exam: Report was not provided." Below this, there is a section titled "Upload File" which contains a text input field, a "Browse..." button, and an "Upload" button. The main body of the form is a large, empty text area for typing a response, with a vertical scrollbar on the right side.

- ❖ To upload a new document, click “Upload File”, then click the **Browse** button to locate the TIFF or PDF file that you would like to upload to the claim. Select the TIFF or PDF file and click the **Upload** button. If you have more than one document to upload, click the “Upload More Documents” link and continue to upload documents as needed.

**Note**: Uploading documents that have already been included in the original claim submission will not result in a re-review of the claim. If documents that have already been provided need to be re-reviewed, please request this by submitting a written response.

- ❖ Please submit a written Deficiency Response in the **Notes** field to provide additional information and/or clarification, request a review to changes made to the Claim Form, or to request a re-review of a previously submitted document.

- The **Notes** field is a blank box located under the **Upload File** section.
- Click anywhere in the **Notes** field and type your response.

- After completing your response, please click **Submit for Review**.

## 11.2b Additional Deficiency Response Notes

- When requesting a re-review of the Claim Form or previously submitted documents, please be as specific and detailed as possible. Page numbers and document references will aid the Claims Analyst in locating relevant information within the claim submission.
- All statements made through this process are subject to the terms of the Electronic Filer Agreement.
- All written Deficiency Responses will become part of the uploaded Supporting Documentation for the claim.
- Once you click the **Submit for Review** button, the status of each response that you have provided will change to **Submitted**. You may respond to each deficiency independently.

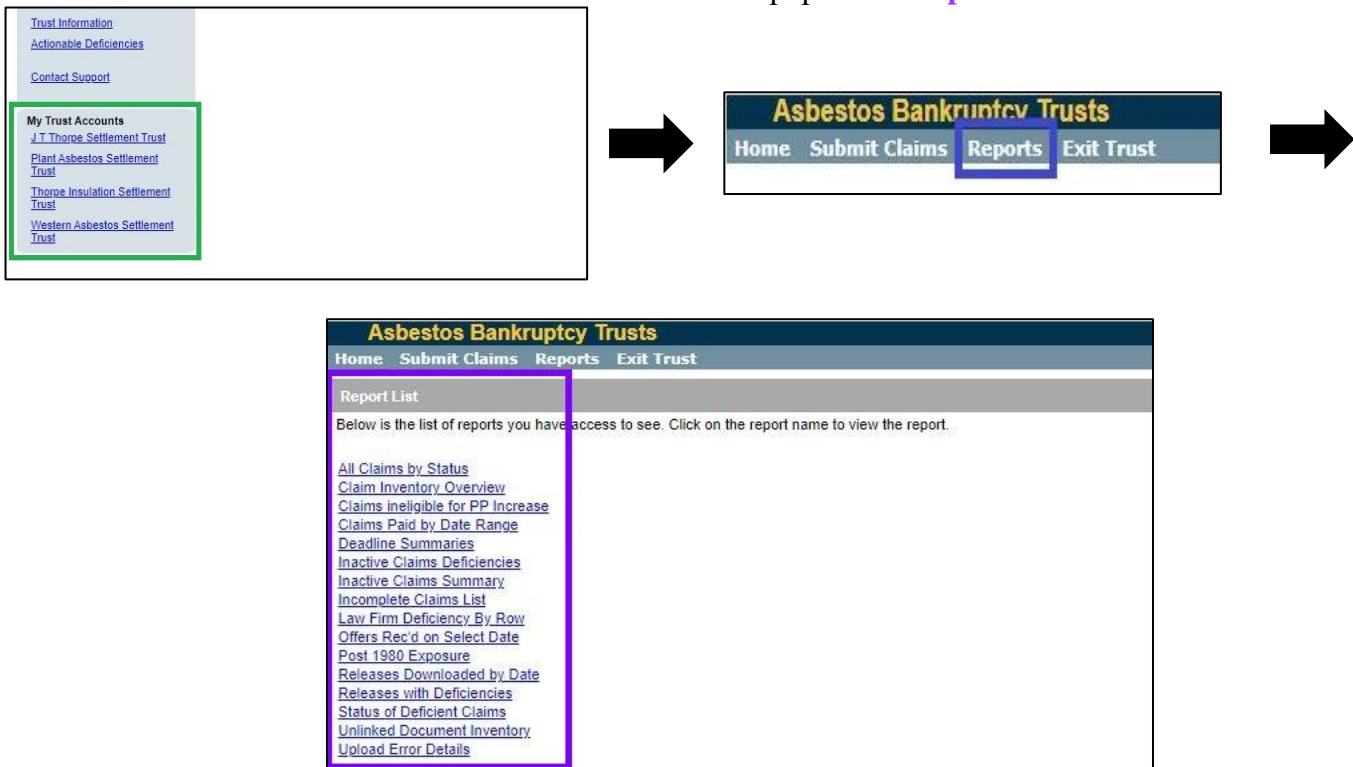
- An automated program runs periodically to gather all Deficiency Response submissions. After this process runs, the status of the response will change from **Submitted** to **Pending Review**. The Claim Status will change from **Review Deficient** to **Pending Re-Review**.
- This claim will now be in the Claims Analyst's curative queue. Once the Claims Analyst reviews the Deficiency Response, the status of each response will change to either **Still Deficient** if the response is insufficient to clear the deficiency or to **Cured** if the response was sufficient and the deficiency was closed by the Claims Analyst. You may view the status of each deficiency at any time by clicking the **Claim Actions** drop-down and selecting **Deficiency Response**.



- If the status of the response is **Still Deficient** after the Claims Analyst's review, the **Upload Image File** and **Notes** fields will be reactivated and you may submit another response with additional information. Should all deficiencies become cured after the review of the responses, the status of the claim will be updated to **Qualified – Pending QC Review**.

## 12. Reports

- The application provides a **Menu** of standard reports that Law Firms can use to monitor the status of claims submitted throughout the claim review process.
- To access the reports, please select the Trust account located on the **Home Page** under **My Trust Accounts**. The reports can be accessed from the **Reports** menu located on the Menu bar of each **Trust Account**. This will populate a **Report List**.



- Depending on the number of claims and amount of data included in the report, it may take several minutes for certain reports to run and displayed on the screen.
- The report may be exported in various formats to view and/or save.

## 12.1 Descriptions of Reports

- **All Claims by Status**
  - ❖ This report is equivalent to running a search for all Trust claims from the Home Page, but this report also includes the Liquidated Value, and Status Date.
- **Claim Inventory Overview**
  - ❖ This is a report listing the total count of claims filed with each Trust. This report is broken down by Claim Status. You can run this report from any of the Trust pages and it will include data for all Trusts.
- **Claims Paid by Date Range**
  - ❖ This is a report of claims paid within a specified date range. The report includes the Payment Date, Liquidated Value, and Amount Paid.
- **Deadline Summaries**
  - ❖ This is a report of all claims that have a deadline. This includes Offers, Deficiency Responses, and Deferral Limits. The report includes the days remaining before the deadline and expiration date.
- **Inactive Claims Deficiencies**
  - ❖ This is a report of all the claims in a Withdrawn or Rejected status and their outstanding deficiencies.
- **Inactive Claims Summary**
  - ❖ This is a report of Deferred, Rejected, and Withdrawn claims. This report includes the date the claim became inactive, prior claim status, and reason for the current claim status.
- **Incomplete Claims List**
  - ❖ This is a report of Incomplete claims. This report includes the date the claim was received and reason for the incomplete status.
- **Law Firm Deficiency By Row**
  - ❖ This is a detailed report of claims and each of their deficiencies are listed individually. This report is useful for sorting all of your claims by the deficiency type.
- **Offers Received on Select Date**
  - ❖ This is a report of claims which have received offers or can be for a specified date range. The report includes the offer date, offer amount and current claim status.
- **Releases Downloaded by Date**
  - ❖ This is a report of claims in which Releases have been downloaded for a specified date range. Includes the Picked-up Date and Release File Name.
- **Releases with Deficiencies**

- ❖ This is a report of claims in Payable Hold status. The report lists any open deficiencies and any accompanying notes with regard to the deficiency.
- **Status of Deficient Claims**
  - ❖ This is a report of deficient claims. This report is similar to the **Law Firm Deficiency By Row** report, but in this report the deficiencies are grouped by claim. The report includes the Earliest Notice Date, Insert Source, and if there are any pending documents.
- **Unlinked Document Inventory**
  - ❖ This is a report of documents that have successfully been uploaded to the staging area, but are not yet linked to any claim.
- **Upload Error Details**
  - ❖ This is a report listing records from the **Bulk Submission** spreadsheets. This will list claims that were not successfully imported and the reason why they were deemed insufficient.

## 13. Notices of Offer and Releases

- When a claim has been determined to be eligible for compensation, you will receive an automated email notification from the Trust that a **Release** is available for download.

### 13.1 Downloading Releases

- On the **Home Page**, under **My Application Tools**, select **Download Releases**.



- Select the **Trust**, **Law Firm**, and **Date Range**.

Download Releases

Date Received From: 12/31/2006 Date Received To: 08/25/2022

Law Firm Name: Defense Download Status: Not Downloaded

Trust: --Select-- Claim ID: SSN: Last Name: First Name: Search

- Select either **Not Downloaded** for Releases not yet downloaded or **Downloaded** for Releases that have previously been downloaded (this would be if you need to download another copy of an already downloaded Release). Searches may be further filtered by

Date Received To: 08/25/2022 Last Name: First Name: SSN:

Download Status: Not Downloaded

Claim ID: -- Select -- Not Downloaded Downloaded

**Claim Number**, **Social Security Number**, and/or **Injured Party name**.

- Place a **check mark** in the box next to the Release you would like to download. If you want to download all of the Releases, place a check mark in the **Select All** box.

Download Releases

Date Received From: 12/28/2006 Date Received To: 08/22/2022 Last Name: First Name: SSN: Search

Law Firm Name: Defense Download Status: Not Downloaded

Trust: --Select-- Claim ID:

Row(s) returned: 407

Download All Releases ☐ Select All Download

Export To Excel

| Trust | Claim ID              | Claimant Name | SSN | Disease Level | Law Firm | Liquidated Value | Picked Up Date | Download                 |
|-------|-----------------------|---------------|-----|---------------|----------|------------------|----------------|--------------------------|
| TI    | <a href="#">12595</a> |               |     |               |          |                  |                | <input type="checkbox"/> |
| WAST  | <a href="#">7736</a>  |               |     |               |          |                  |                | <input type="checkbox"/> |
| PLANT | <a href="#">25423</a> |               |     |               |          |                  |                | <input type="checkbox"/> |
| JTT   | <a href="#">73705</a> |               |     |               |          |                  |                | <input type="checkbox"/> |
| WAST  | <a href="#">74097</a> |               |     |               |          |                  |                | <input type="checkbox"/> |

- Click the **Download** button. The Release will populate on the screen, please select whether you would like to open and/or save the file. We recommend selecting **Save** and keeping a copy of the Releases for your records.

## 13.2 Returning Signed Releases

- The Trust has three options for returning Releases: **Return Release by Mail, Electronic Signature Option, and Direct Mailing Option.**
  - ❖ **Return Release by Mail.** If counsel to a Trust claimant has received the release with a wet signature, the release and any supporting documents can be mailed directly to the Trust via USPS, Fed Ex, or any other courier.
  - ❖ **Electronic Signature Option.** After Counsel to Trust claimants approve the value of a claim and the form of Release for a claimant, he or she can request that the Release be signed by electronic means (“Electronic Signature Option”). To implement the Electronic Signature Option, the Trust offers the following procedure:
    - Counsel to Trust claimants who intend to use the Electronic Signature Option are required to execute a Consent to Contact Client and Waiver (“Consent and Waiver”) and the related Option for Signing Consent to Contact Client and Waiver by Electronic Means (“Electronic Option Agreement”), both of which are attached as Exhibit A. The Consent and Waiver authorizes the Trust to contact claimants represented by counsel by telephone or otherwise to authenticate that the claimant affixed or affirmed their electronic signature on a Release and on the Electronic Signature Agreement described below. Counsel to Trust claimants who wish to electronically sign the Consent and Waiver must use the fill and sign Adobe feature designated by the Trust, or a commercially available equivalent which produces an electronic signature in .pdf format, to electronically sign both the Consent and Waiver and the Electronic Option Agreement. Both executed documents must then be submitted to the Trust via email to support@524gtrust.com using the language set forth in Exhibit B. The Consent and Waiver may also be executed manually and returned to the Trust via overnight courier. The Consent and Waiver must be properly executed and returned to the Trust before a law firm representing Trust claimants may select the Electronic Signature Option or the Direct Mail Option set forth below.
    - After the Trust has accepted the Consent and Waiver, if counsel for a Trust claimant intends to use the Electronic Signature Option, counsel will electronically send the claimant the approved Release and an Agreement to Allow Electronic Signatures, attached as Exhibit C (“Electronic Signature Agreement”). The Electronic Signature Agreement authorizes

the claimant to sign both the Electronic Signature Agreement and the Release electronically. The electronic signature can be affixed to both documents using the fill and sign Adobe feature designated by the Trust, or a commercially available equivalent which produces an electronic signature in .pdf format, as directed by counsel for the Trust claimant. After affixing his or her electronic signature to the documents, claimant must return those documents to counsel. Counsel to the Trust claimant will send the electronically signed documents to the Trust, indicate in writing that the Consent and Waiver is applicable and provide telephonic contact information for each claimant for which counsel intends to use the Electronic Signature Option, all via email to [support@524gtrust.com](mailto:support@524gtrust.com).

- In order to complete the Electronic Signature Option process, the Trust will attempt to contact a claimant by telephone using the contact information provided by the claimant's counsel. The claimant must provide the Trust with sufficient unique and personal information which, in the Trust's sole discretion, satisfies the Trust that the person contacted is the claimant who intended to affix or affirm their electronic signature on the Release and the Electronic Signature Agreement. If the claimant's electronic signature cannot be authenticated by the Trust (e.g., the Trust is unable to reach the claimant by telephone, or insufficient correct identifying information is provided by the person contacted) then the electronic signature will not be accepted by the Trust and the Electronic Signature Option may not be utilized for that claimant.
- Counsel and Trust claimants may continue to use the existing manual execution method for executing Releases, or the Direct Mail Option set forth below, in addition to the Electronic Signature Option.

**Note: When submitting an Electronic Signature, an Electronic Signature Agreement is required. Please see Section 6.1 for further information on what exhibit to submit.**

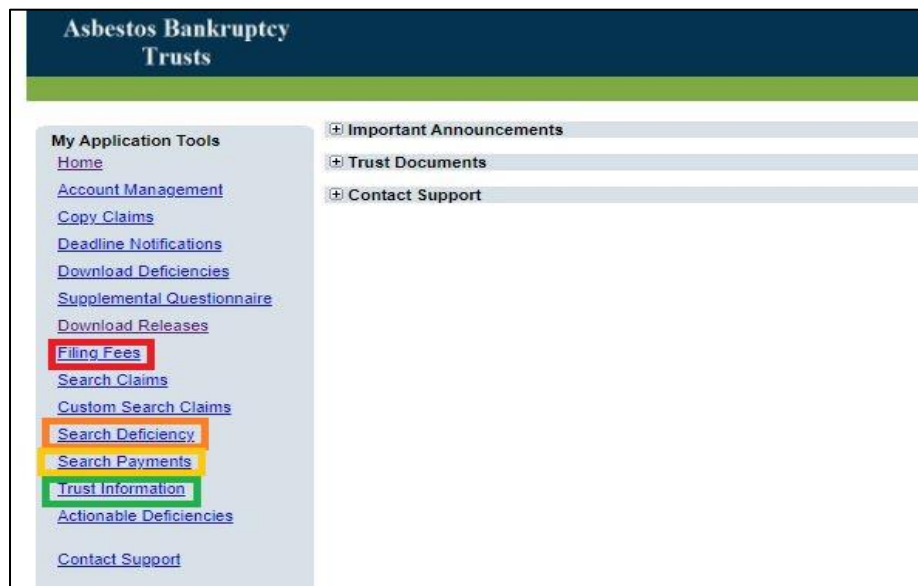
- ❖ **Direct Mail Option.** If counsel to a Trust claimant has an approved Consent and Waiver on file with the Trust, and has confirmed in writing to the Trust that the particular claimant is subject to the executed Consent and Waiver and has provided the Claimant's current mailing address to the Trust, all via email to [support@524gtrust.com](mailto:support@524gtrust.com), then counsel may select the option to have the claimant receive the Release directly from the Trust and, after claimant has signed the Release, to return it directly to the Trust ("Direct Mail Option"). Claimants who exercise the Direct Mail Option will receive the original Release by mail from the Trust. The Trust will provide a return envelope for use by the claimant to return the Release to the Trust by mail.

## 13.3 Successor in Interest Documentation

- If a Successor in Interest is signing the **Release**, please provide the following Documentation:
  - ❖ California Probate Code Section 13110 affidavits, properly completed under California law, and similar affidavits properly completed under those laws of other states;
  - ❖ Letters testamentary and other documentation from probate proceedings definitively adjudicated by state courts of competent jurisdiction; and
  - ❖ California CCP Section 377.32 affidavits, filed and accepted with a California court of competent jurisdiction, and similar affidavits filed and accepted by courts of competent jurisdiction in other states.
  - ❖ In addition to continuing to accept the above listed documentation in support of a successor in interest signing a release, the Trust will now also accept a form of Trust Affidavit from a successor in interest for this purpose. The form of Trust Affidavit is located on the Trust Website.
  - ❖ The Trust will accept electronic signatures for the form of Trust Affidavit consistent with the Trust's Electronic Signature Policy as it applies to releases.

## 14. Other Tools

- There are additional features found under **My Application Tools** on the **Home Page** that are helpful for managing your claims.



## 14.1 Filing Fees

- On this screen, you can view your balance of funds available and manage your **Filing Fee** account.
  - ❖ On the **Claims** tab, you will find the claims that currently have outstanding fees and have the ability to select the claims for which you can apply from the funds that you have available.
  - ❖ The **Funds** tab lists the checks that have been received by the Trust to cover Filing Fees.
  - ❖ The **History** tab lists the claims to which the Filing Fees have already been applied.
  - ❖ The **Reimbursement** tab shows your history of reimbursement and includes a link where you can request a reimbursement of unused funds.

Total Claims Requiring Filing Fee: 4      Total Fees Owed: \$1,000.00      Available Funds: \$0.00

Claims   Funds   History   Reimbursement

[Export To Excel](#)      [Apply Funds to Claims](#)

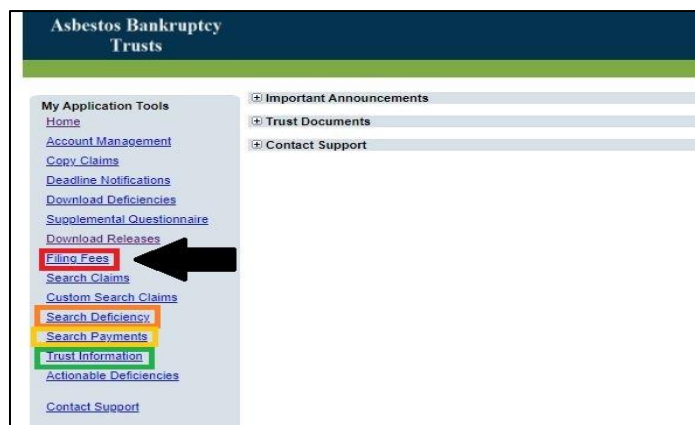
| Claim ID             | Injured Party        | SSN                  | Disease Level | Claim Status | Date Received        | Fees Owed            |
|----------------------|----------------------|----------------------|---------------|--------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | All           | All          | <input type="text"/> | <input type="text"/> |

No records to display.

Page size: 25      0 items in 1 pages

## 14.2 Filing Fee Reimbursements

- On this screen, you can request a **Reimbursement** of applied Filing Fee's.
  - ❖ To start, click **Filing Fees** under **My Application Tools** on the **Home Page**.





- ❖ Next, use the drop-down menu to select the **Trust** that you are requesting a Reimbursement for and the **Law Firm** drop-down to select your Firm. Click **Search**.

- ❖ Next, click on the **Reimbursement** tab.

- ❖ On this tab, you will click the **Request Reimbursement** link. Be sure to note the **Available Funds**.

- ❖ A pop-up will generate. Please enter in the **Funds to Reimburse**. This could be one Filing Fee or more as long as the **Available Funds** is not exceeded. Click **Ok**.

- ❖ After you click Ok, your request will be sent to the Trust's Finance Department to

be processed. On the Reimbursement tab you will see **Pending Requests**.

The screenshot shows a web application interface for 'Filing Fees'. At the top, there's a search bar with 'Trust: WAST' and 'Law Firm: [REDACTED]'. Below this, it says 'Total Claims Requiring Filing Fee: 0', 'Total Fees Owed: \$0.00', and 'Available Funds: \$36,500.00'. There are tabs for 'Claims', 'Funds', 'History', and 'Reimbursement'. The 'Reimbursement' tab is active. Below the tabs is a table with columns: 'Date Requested', 'Request User', 'Amount', 'Date Processed', and a 'Cancel Request' button. The table contains one row: '12/13/2022', 'Sweeney, Kyle', '\$250.00'. There is a 'Request Reimbursement' link above the table. At the bottom, there are navigation controls and 'Page size: 25'.

❖ If you would like to cancel a request, simply click the **Cancel Request** button.

**Note:** Reimbursements are processed once a month and paid through an ACH payment.

## 14.3 Search Deficiencies

- Deficiencies can be searched by the Deficiency Code or description.
  - ❖ To obtain a list of all deficiencies used by the Trust, click Search without entering anything into the field. This list can be exported into Excel for reference by clicking the link above the grid.

## 14.4 Search Payments

- After receiving a notification of payment, this screen may be used to obtain a list of the Claims that will be included in the payment, as well as other payment information.

## 14.5 Trust Information

- Here you can find the Payment Percentage and Funds Received Ratio for each Trust, and other key information for each Trust.

## 15. Getting More Help

- If you require help with an issue or have a question that was not addressed in this guide, please contact us directly at [Support@524gtrust.com](mailto:Support@524gtrust.com). Please include as much information as possible in your email, including the specific Trust to which your question pertains; if your question pertains to a specific claim, please also include the Claim ID and name of the Injured Party in your correspondence.

