

INSTRUCTIONS:

This Claim Form sets forth your claim for recovery under the Final Settlement Agreement.

You only need to complete the portions of this Claim Form that apply to your claim.

All Claim Forms must include responses to Part 1 (General Information), Part 2 (Preliminary Affirmations), Part 7 (Complaint/Notice of Claim), Part 8 (Eligibility for Payments), Part 9 (Lien Disclosures) and Part 10 (Marine Claims).

Check the boxes below that describe your claim and complete the specified Part(s) of the Claim Form:

- Primary Plaintiff is deceased (complete Part 3 regarding the personal representative);
- There is a Derivative Plaintiff (complete Parts 4 and 5);
- Derivative Plaintiff is deceased (complete Part 6 regarding the personal representative);
- Primary Plaintiff claims a Tier 2 Primary Qualifying Injury (complete Part 11);
- Primary Plaintiff claims a Tier 3 Primary Qualifying Injury (complete Part 12);
- Primary Plaintiff claims a Tier 4 Primary Qualifying Injury (complete Parts 13 and 14);
- Primary Plaintiff claims a Permanent Disability Fund payment (complete Part 15);
- Primary Plaintiff claims a Qualifying Surgery payment (complete Part 16);
- Primary Plaintiff claims a Mixed Orthopedic Injury payment (complete Part 17).

Please follow carefully all instructions in this Claim Form. All Capitalized terms in this Claim Form have the meaning ascribed to them in the Final Settlement Agreement.

Once this Claim Form is completed electronically, it must be printed and signed by all Plaintiffs, any Personal Representatives, and your lawyer. Before signing, it is important to ask your attorney any questions you have about this Claim Form. If someone else prepared this Claim Form for you, review its contents carefully. You are responsible for any material misrepresentations, material omissions or material concealment in this Claim Form.

This Claim Form and all supporting records can be submitted with your Release and Covenant not to Sue and must be submitted within forty-five days of the Final Settlement Agreement Effective Date.

FRAUD WARNING:

Any person who knowingly presents false information or conceals material information called for on this Claim Form is guilty of a crime, including but not limited to perjury, and may be subject to criminal prosecution, confinement in prison, and monetary fines and penalties. In addition, any such person shall be denied any and all benefits of the settlement and shall be subject to court action seeking the return of any monies paid to that person as part of the settlement prior to discovery of the knowingly false or concealed information, as well as all costs, attorneys' fees and expenses incurred by the parties to the settlement as a result of the knowingly false or concealed information.

PART 1: GENERAL INFORMATION (<i>Provide Information Regarding Primary Plaintiff</i>)			
A. Current Legal Name:	Plaintiff	Primary	
	Family Name (Last), and suffix if applicable	Given Name (First)	M.I.
B. Any Prior Legal Name(s):	_____		
	Family Name (Last), and suffix if applicable	Given Name (First)	M.I.
C. Identification Number:	U.S. Social Security Number: 000-00-0000		
	<i>Or Alternate Identification</i>	Type:	No.:
D. Date of Birth:	Jan. 1, 1901	E. Primary Plaintiff is:	Alive (skip Part 3)
F. Home Address:	_____		
	Street Number and Street Name	Apt. No.	
		00000	
	City	State	Zip Code
G. Marital Status:	Single	H. Date of Marriage to Derivative Plaintiff:	[insert if applicable]
I. Counsel:	Plaintiff's Attorney		

PART 2: PRELIMINARY AFFIRMATIONS (<i>Must check all four items to affirm</i>):
<input type="checkbox"/> Primary Plaintiff is included on the Eligible Plaintiff List with Primary Injury code: ____.
<input type="checkbox"/> Primary Plaintiff worked or volunteered at the WTC Site or another location at which 9/11-related clean-up work occurred.
<input type="checkbox"/> Primary Plaintiff did not recover from the September 11th Victim Compensation Fund.
<input type="checkbox"/> Primary Plaintiff has no outstanding liens against payments to be received by him or her under the Final Settlement Agreement or will satisfy fully any and all such liens against him or her.

PART 3: PERSONAL REPRESENTATIVE OF DECEASED PRIMARY PLAINTIFF (<i>Skip if alive</i>)			
A. Current Legal Name:	Representative	Personal	
	Family Name (Last), and suffix if applicable	Given Name (First)	M.I.
B. Home Address:	_____		
	Street Number and Street Name	Apt. No.	
		00000	
	City	State	Zip Code
Attach probate order, court order or official document identifying Personal Representative.			

PART 4: DERIVATIVE PLAINTIFF GENERAL INFORMATION (Skip if No Derivative Plaintiff)			
A. Current Legal Name:	Plaintiff	Derivative	
	Family Name (Last), and suffix if applicable	Given Name (First)	M.I.
B. Any Prior Legal Name(s):	_____		
	Family Name (Last), and suffix if applicable	Given Name (First)	M.I.
C. Identification Number:	U.S. Social Security Number:	000-00-0000	
	Or Alternate Identification Type:	No.:	
D. Derivative Plaintiff is:	Alive (skip Part 6)		
E. Home Address:	_____		
	Street Number and Street Name	Apt. No.	
		00000	
	City	State	Zip Code

PART 5: REQUIRED AFFIRMATIONS (Skip if No Derivative Plaintiff)	
A. Required Affirmations from Primary Plaintiffs (Must check both items to affirm):	
<input type="checkbox"/>	Primary Plaintiff lawfully married the Derivative Plaintiff before Sept. 11, 2001.
<input type="checkbox"/>	Primary Plaintiff remained lawfully married to and cohabitated with Derivative Plaintiff as of his or her last day of work or volunteer service at the WTC Site and/or at another location at which the Primary Plaintiff alleges exposure giving rise to his or her Debris Removal Claims.
B. Required Affirmations from Derivative Plaintiffs (Must check all three items to affirm):	
<input type="checkbox"/>	Derivative Plaintiff is included on the Eligible Plaintiff List.
<input type="checkbox"/>	Derivative Plaintiff lawfully married the Primary Plaintiff before Sept. 11, 2001.
<input type="checkbox"/>	Derivative Plaintiff remained lawfully married to and cohabitated with the Primary Plaintiff as of the Primary Plaintiff's last day of work or volunteer efforts at the WTC Site and/or at another location at which the Primary Plaintiff alleges exposure giving rise to his or her Debris Removal Claims.

PART 6: PERSONAL REPRESENTATIVE OF DECEASED DERIVATIVE PLAINTIFF (Skip if alive)			
A. Current Legal Name:	Representative	Personal	
	Family Name (Last), and suffix if applicable	Given Name (First)	M.I.
B. Home Address:	_____		
	Street Number and Street Name	Apt. No.	
		00000	
	City	State	Zip Code
Attach probate order, court order or official document identifying Personal Representative.			

PART 7: COMPLAINT/NOTICE OF CLAIM

Type of Complaint (*Select the most accurate box and fill in details*):

Plaintiff(s) have a complaint pending in the Southern District of New York (S.D.N.Y.) with civil action number: 00 CV 00000, in Master Docket Not Applicable.

Plaintiff(s) submitted a Notice of Claim to the City of New York on [insert date] and have filed a complaint pending in the S.D.N.Y. *against Other Defendants* with civil action number: 00 CV 00000, in Master Docket Not Applicable.

Plaintiff(s) submitted a Notice of Claim to the City of New York on [insert date] but have *not* filed a complaint against the Insureds or any Other Defendant in the S.D.N.Y. or other venue.

Plaintiff(s) have a complaint pending *outside* the S.D.N.Y. in [insert name of court] with civil action number: [insert civil action number].

PART 8: ELIGIBILITY FOR BENEFITS

A. Work Verification (*Check either first or second box*):

Primary Plaintiff is on the work verification pre-approval list.

Primary Plaintiff is *not* on the work verification pre-approval list, but is providing with this Claim Form documentation sufficient for the Allocation Neutral to conclude that Primary Plaintiff worked or volunteered at the WTC Site or at another location at which 9/11-related clean-up work or other services occurred and which form the basis for the Primary Plaintiff's Debris Removal Claims, consistent with the Work Verification Procedure attached as Exhibit B to the Final Settlement Agreement.

B. Release and Covenant Not to Sue and Second Injury Letter (*Check all boxes that apply*):

Primary Plaintiff has signed the Release and Covenant Not to Sue.

Derivative Plaintiff has signed the Release and Covenant Not to Sue.

Primary Plaintiff signed the Second Injury Letter in the presence of a Notary Public.

C. Cancer Insurance Policy Eligibility (*Check either first or second box*):

Primary Plaintiff has been provided with a Cancer Insurance Policy application form, believes he or she is eligible, and will apply for coverage.

Primary Plaintiff has been provided with a Cancer Insurance Policy application form and understands that he or she must apply if eligible, but *does not intend* to apply for coverage because the Primary Plaintiff already has or had a cancer covered by the Cancer Insurance Policy.

PART 9: LIEN DISCLOSURES

A. Government Benefits (*Select box 1 or box 2 – if box 2, fill in details*):

1. Primary Plaintiff *has not received* any government healthcare benefits giving rise to a lien against his or her payments under the Settlement since his or her first date of alleged exposure (*Skip to Part 9.B*); **OR**

[Please note: Medical, screening, monitoring and treatment through the City of New York, or Logistics Health, Inc. do not give rise to liens. In addition, any WTC medical screening, monitoring and treatment funded through or by NIOSH, including, but not limited to, the WTC Screening Monitoring and Treatment Programs administered by and through the Mount Sinai Medical Center and its affiliated entities, Long Island University Hospital, Bellevue Hospital and University of Medicine and Dentistry of New Jersey (EOSHI) do not give rise to liens unless the Plaintiff has sought workers' compensation benefits for the injury identified by or through such programs.]

2. Primary Plaintiff *has received* government healthcare benefits giving rise to a lien against his or her payments under the Settlement since his or her first date of alleged exposure, specifically (*Check all that apply and fill in details*):

Medicare – HICN or Medicare ID No. [insert number]

Medicaid

Department of Veterans Affairs (VA)

TRICARE

Other government healthcare program: [insert name of program]

B. Benefits from Non-Governmental Healthcare Providers or Insurers (*Select box 1 or box 2*):

1. Primary Plaintiff *has* had a non-governmental healthcare provider or insurer pay for care related to his or her Debris Removal Claims and related injuries (*check all that apply and fill in details*):

Private Health Insurance Policy No. [insert number], through [insert name of Insurance Company(-ies)]

Employer Health Plan through [insert name of Employer(s)]

Workers' Compensation benefit(s) through [insert name of Employer(s)]

Medicare Advantage Plan through [insert name of Private Insurer]

MediGap/Medicare Supplemental Insurance through [insert name of Private Insurer]

Other [explain compensation program and identify source]

2. Primary Plaintiff *has not* received any of the above-mentioned benefits at any time since his or her first date of alleged exposure.

C. Benefits Correspondence (*Check the most accurate box*):

Primary Plaintiff *has received* correspondence or inquiries from one of the above-mentioned healthcare benefit providers and has provided those materials to his or her counsel. [Plaintiff *must* provide such materials if they have been received.]

Primary Plaintiff *has not received* correspondence or inquiries from one of the above-mentioned healthcare benefit providers.

PART 10: MARINE CLAIMS
Primary Plaintiff’s Allegations of Marine Exposure (Select box 1 <u>or</u> box 2 – if box 2, fill in details):
<input type="checkbox"/> 1. Primary Plaintiff <i>does not allege</i> exposure on a vessel, such as a barge, owned by the City of New York or Weeks Marine, Inc., or at a pier, dock, or other location used by such vessels.
<input type="checkbox"/> 2. Primary Plaintiff <i>alleges</i> exposure on a vessel, such as a barge, owned by the City of New York or Weeks Marine, Inc., or at a pier, dock, or other location used by such vessels (“Alleged Marine Exposure”) (Complete the three sentences below with details):
Primary Plaintiff’s employer during his or her Alleged Marine Exposure was: <u>[insert employer name]</u> .
Primary Plaintiff’s work relating to his or her Alleged Marine Exposure consisted of: <u>[insert description of work at marine locations, including role and responsibilities]</u> .
Alleged Marine Exposure constituted 00% of Primary Plaintiff’s total alleged exposure giving rise to his or her Debris Removal Claims.

PART 11: MEDICAL CRITERIA FOR PLAINTIFFS CLAIMING A TIER 2 PRIMARY QUALIFYING INJURY
To qualify for Tier 2, a Primary Plaintiff must provide Qualifying Medical Records to document any of the following conditions. Although Primary Plaintiffs in Tier 2 can only receive payment for one (1) Qualifying Injury, you may submit documentation for more than one injury.
Check the appropriate box(es) and attach Qualifying Medical Record(s) that provide the required documentation specified below:
<input type="checkbox"/> A Physician Diagnosis of Chronic Laryngitis or Chronic Pharyngitis (or physician diagnoses of Laryngitis or Pharyngitis occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001. [Please note: Physician Diagnoses of Acute Laryngitis, Acute Pharyngitis, and Upper Respiratory Infections (“URI”) are examples of medical conditions, findings or observations that do not qualify.]
<input type="checkbox"/> A Physician Diagnosis of Chronic Rhinosinusitis, Chronic Sinusitis, Chronic Rhinitis or Vocal Cord Dysfunction (or physician diagnoses of Rhinosinusitis, Rhinitis, or Sinusitis occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001. [Please note: Physician Diagnoses of Allergic Rhinitis, Acute Sinusitis, and Acute Rhinitis are examples of medical conditions, findings or observations that do not qualify.]
<input type="checkbox"/> A Physician Diagnosis of Gastroesophageal Reflux Disease (GERD), Barrett’s Esophagus, Esophagitis, Esophageal Reflux, Esophageal Ulcer and Esophageal Stricture, or GI Stricture (or physician diagnoses of Acid Reflux occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001. [Please note: Physician Diagnoses of Heartburn, Chronic Heartburn, Laryngeal Reflux, Gastric Ulcer, Gastric Regurgitation and Gastritis are examples of medical conditions, findings or observations that do not qualify.]

A Physician Diagnosis of **Sleep Disordered Breathing** on or after September 11, 2001.

[Please note: Symptoms of sleep disorders (*e.g.*, snoring or insomnia) are examples of findings or observations that do not qualify.]

Death certificate, hospital note, or other authoritative document establishing death after his or her alleged exposure at the WTC Site or other location giving rise to his or her Debris Removal Claims against any Insured and before the Final Settlement Agreement Effective Date.

A Physician Diagnosis of a **Pre-Cancerous Condition** (dysplasia, pre-malignant, preneoplasia, intraepithelial neoplasia, adenomatous colon polyps or actinic keratosis conditions) on or after September 11, 2001.

A Physician Diagnosis of **Skin Cancer other than Melanoma** (including without limitation basal cell carcinoma or squamous cell carcinoma) on or after September 11, 2001.

A Physician Diagnosis of **Hypertension, Heart Attack, or Miscellaneous Cardiac Condition** on or after September 11, 2001.

[Please note: Physician Diagnoses of congenital heart defects (*e.g.*, septal defects, valve defects, or other malformations), heart conditions caused by infectious diseases (*e.g.*, bacterial, viral, fungal or parasitic conditions), and heart conditions caused by autoimmune diseases (*e.g.*, lupus) do not qualify as Miscellaneous Cardiac Conditions.]

A Physician Diagnosis of a **Restrictive Lung Disease** not attributable to obesity (BMI under 30) on or after September 11, 2001.

* Determination of whether multiple diagnoses constitute a diagnosis of a chronic condition is up to the Allocation Neutral's independent judgment.

Qualifying Medical Records supporting the above diagnosis(es) are attached as QMR No. [Fill in Page/Page Range].

PART 12: MEDICAL CRITERIA FOR PLAINTIFFS CLAIMING A TIER 3 PRIMARY QUALIFYING INJURY
<p>To qualify for Tier 3, a Primary Plaintiff must provide Qualifying Medical Records to document any of the following conditions. Although Primary Plaintiffs in Tier 3 can only receive payment for one (1) Qualifying Injury, you may submit documentation for more than one injury.</p>
<p><input type="checkbox"/> A. To demonstrate COPD (“A0”), Primary Plaintiff attaches:</p> <p>A Physician Diagnosis of COPD, Chronic Bronchitis, Emphysema, Bullous Lung Disease, Small Airway(s) Disease or Obstructive Airway(s) Disease on or after September 11, 2001.</p> <p>[Please note: Physician Diagnoses of Obstructive Lung Defect, Small Obstructive Lung Defect, Ground Glass Syndrome, Peripheral Airway(s) Dysfunction, WTC Cough and Chronic Cough are examples of medical conditions, findings or observations that do not qualify.]</p>
<p><input type="checkbox"/> B. To demonstrate Laryngitis/Pharyngitis (“D1”), Primary Plaintiff attaches:</p> <p>A Physician Diagnosis of Chronic Laryngitis, Chronic Pharyngitis (or physician diagnoses of Laryngitis or Pharyngitis occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001; AND (select one of the following):</p> <p>[Please note: Physician Diagnoses of Acute Laryngitis, Acute Pharyngitis, and Upper Respiratory Infections (“URI”) are examples of medical conditions, findings or observations that do not qualify.]</p> <p><input type="checkbox"/> Physician evaluation of audibility, intelligibility, and functional efficiency meet many needs of everyday speech; OR</p> <p><input type="checkbox"/> Stroboscovideolaryngoscopy (“SVL”) where objective voice and speech measures, and Voice Handicap Index (“VHI”) are mildly to moderately abnormal.</p>
<p><input type="checkbox"/> C. To demonstrate Chronic Rhinosinusitis (“E1”), Primary Plaintiff attaches:</p> <p>A Physician Diagnosis of Chronic Rhinosinusitis, Chronic Sinusitis, Chronic Rhinitis or Vocal Cord Dysfunction (or physician diagnoses of Rhinosinusitis, Rhinitis, or Sinusitis occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001; AND (select one of the following):</p> <p>[Please note: Physician Diagnoses of Allergic Rhinitis, Acute Sinusitis, and Acute Rhinitis are examples of medical conditions, findings or observations that do not qualify.]</p> <p><input type="checkbox"/> Endoscopy that shows mild to moderate mucosal thickening, mild to moderate obstruction of nasopharynx or opharynx; OR</p> <p><input type="checkbox"/> Sinus CT that shows mild to moderate mucosal thickening, mild to moderate obstruction of nasopharynx or opharynx; OR</p> <p><input type="checkbox"/> MRI that shows mild to moderate mucosal thickening, mild to moderate obstruction of nasopharynx or opharynx; OR</p> <p><input type="checkbox"/> Laryngoscopy that shows mild to moderate alteration in vocal fold (cord) function.</p>

<input type="checkbox"/> D. To demonstrate an Upper Digestive condition (“F1”), Primary Plaintiff attaches:
<p>A Physician Diagnosis of Gastroesophageal Reflux Disease (GERD), Barrett’s Esophagus, Esophagitis, Esophageal Reflux, Esophageal Ulcer and Esophageal Stricture, or GI Stricture (or physician diagnoses of Acid Reflux occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001; AND</p> <p>[Please note: Physician Diagnoses of Heartburn, Chronic Heartburn, Laryngeal Reflux, Gastric Ulcer, Gastric Regurgitation and Gastritis are examples of medical conditions, findings or observations that do not qualify.]</p>
<p>An endoscopy that reveals mild or moderate findings in the esophagus such as inflammation, esophagitis, erosions, and mucosal breaks.</p>
<input type="checkbox"/> E. To demonstrate Sleep Apnea (“G1”), Primary Plaintiff attaches:
<p>A Physician Diagnosis of Obstructive Sleep Apnea or Sleep Apnea on or after September 11, 2001; AND</p> <p>[Symptoms of sleep disorders (e.g., snoring or insomnia) are examples of findings or observations that do not qualify.]</p>
<p>A Polysomnograph demonstrating obstructive sleep apnea.</p>
<input type="checkbox"/> F. To demonstrate Restrictive Lung Disease (“K1”), Primary Plaintiff attaches:
<p>A Physician Diagnosis of a Restrictive Lung Disease not attributable to obesity on or after September 11, 2001; AND</p>
<p>Documentation of Primary Plaintiff’s weight and height as of the date of the test; AND</p>
<p>A full Pulmonary Function Test showing:</p> <p style="padding-left: 40px;">TLC less than or equal to 79% predicted; and</p> <p style="padding-left: 40px;">FVC less than or equal to 79% predicted; and</p> <p style="padding-left: 40px;">FEV1/FVC (%)>70% predicted.</p>
<p>* Determination of whether multiple diagnoses constitute a diagnosis of a chronic condition is up to the Allocation Neutral’s independent judgment.</p>
<p>Qualifying Medical Records supporting the above diagnosis(es) as well as related impairment documentation are attached as QMR No. <u>[Fill in Page/Page Range]</u>.</p>

PART 13: MEDICAL CRITERIA FOR PLAINTIFFS CLAIMING A TIER 4 PRIMARY QUALIFYING INJURY

To qualify for Tier 4, a Primary Plaintiff must provide Qualifying Medical Records to document one or more of the Tier 4 Qualifying Injuries. Although Primary Plaintiffs in Tier 4 can receive payment for only one Secondary Qualifying Injury, you may submit documentation for more than two injuries and allow the Allocation Neutral to determine which are your Primary and Secondary Qualifying Injuries.

A. COPD – Primary Plaintiff seeks recovery for Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Bullous Lung Disease, Small Airway(s) Disease or Obstructive Airway(s) Disease.

1. Qualifying Injury

Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in].

2. Diagnostic Support (a or b required for Severity Levels A2-A4)

a. Spirometry with Post-Bronchodilator FEV₁/FVC ≤ 0.7 (≤70%) is attached as QMR No. [fill in]; **OR**

b. (For Emphysema only) CT scan that states as a conclusion any or all of the following: Emphysema (panlobular, panacinar, or paraseptal), Bullous disease, or Giant Bullae, is attached as QMR No. [fill in].

[Please note: Conclusions on a CT scan reflecting mild or minor emphysematous changes, air-trapping, pneumatoceles, cysts or cystic disease, and/or bronchiectasis do not qualify.]

3. Impairment Records (required for Severity Levels A1-A4)

a. For Severity Level A1 – impairment is demonstrated by (check one of the following):

Pulmonary Function Test (“PFT”) showing FVC of ≤ 79% of predicted **or** FEV₁ of ≤ 79% of predicted, attached as QMR No. [fill in]; **OR**

Carbon Monoxide Diffusion Capacity Test showing DLCO of ≤ 74% of predicted, attached as QMR No. [fill in]; **OR**

Cardio-Pulmonary Stress Test showing VO₂ max of ≤ 25ml/(kg·min) **or** VO₂ max of ≤ 7.1 METs, attached as QMR No. [fill in].

b. For Severity Levels above A1 – impairment is demonstrated by two tests (can be Pulmonary Function Tests, Carbon Monoxide Diffusion Capacity Tests, Cardio-Pulmonary Stress Tests or a combination thereof):

Most recent test, which satisfies the COPD Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in]; **AND**

Other confirming test at least three months earlier, which satisfies the COPD Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in].

[Please note: If Primary Plaintiff is deceased and cannot provide a second test due to his or her death before such second test could be administered, this requirement will be waived and Impairment will be graded by the most recent test.]

4. Timing of Diagnosis (a or b required):

a. Primary Plaintiff was first diagnosed with a COPD Qualifying Injury *before his or her first alleged exposure*, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in]]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with a COPD Qualifying Injury on [insert date] *after his or her first alleged exposure*, which occurred on [insert date], as established by QMR No. [fill in], **AND** (check one of the following):

First Physician Diagnosis is less than 2.5 years after first day of alleged exposure; **or**

First Physician Diagnosis is 2.5 years or more after the first day of alleged exposure

B. ILD – Primary Plaintiff claims recovery for Chemical Pneumonitis, BOOP, Eosinophilic or other Granulomatosis, Hypersensitivity Pneumonitis, Sarcoidosis, Silicosis, Asbestosis, Pulmonary or Interstitial Fibrosis, Interstitial Lung Disease, Pneumoconiosis or Wegener’s Granulomatosis.

1. Qualifying Injury

Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in].

2. Diagnostic Support (a or b required):

a. A Chest CT or X-ray finding supporting such diagnosis, such as bibasilar reticular abnormalities (e.g., increased interstitial markings, honey-combing, hazy opacifications that are worse in the subpleural and inferior regions) with or without ground glass opacities, is attached as QMR No. [fill in]; **OR**

b. A Lung biopsy that supports such diagnosis, is attached as QMR No. [fill in].

3. Impairment Records (a, b, or c is required for Severity Levels B1-B4):

a. **For Severity Level B1**, impairment is demonstrated by a Pulmonary Function Test showing TLC ≤ 79% predicted; **and** FVC ≤ 79% predicted; **and** FEV₁/FVC (%) > 70% predicted, attached as QMR No. [fill in].

b. For Severity Levels above B1, impairment is demonstrated by:

The most recent Full Pulmonary Function Test or other Full Pulmonary Function Test within the last 12 months, which satisfies the ILD Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in]; **AND** (select one of the following):

A second PFT at least three months prior to the most recent test, which satisfies the ILD Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in]; **or**

[Please note: If Primary Plaintiff is deceased and cannot provide a second test due to his or her death before such second test could be administered, this requirement will be waived and Impairment will be graded by the most recent test.]

A high-resolution CT scan that confirms impairment at the B2, B3, or B4 levels

[Please note: The Allocation Neutral shall be responsible for determining whether a CT scan meets this criteria.]

c. For Sarcoidosis at Severity Levels B3-B4, a CT scan and/or X-ray that satisfies the ILD Impairment Criteria for Severity Level N/A, attached as QMR No. [fill in].

4. Timing of Onset (a or b required):

Primary Plaintiff was first diagnosed with an ILD Qualifying Injury **before his or her first alleged exposure**, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since initial WTC work. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

Primary Plaintiff was first diagnosed with an ILD Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on [insert date], as established by QMR No. [fill in], **AND** (check one of the following):

First Physician Diagnosis is less than 2.5 years after first day of alleged exposure; **or**

First Physician Diagnosis is 2.5 years or more after the first day of alleged exposure.

C. Asthma/RADS – Primary Plaintiff claims recovery for Asthma, Reactive Airway(s) Disease (“RADS”), Chronic Asthmatic Bronchitis, Asthma Exacerbation, Airway(s) Hyperreactivity or Hyperreactive Airway(s).

1. Qualifying Injury

Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in].

[Please Note: Physician Diagnoses of Hyperresponsiveness, Bronchospasm, and WTC Syndrome are examples of medical conditions, findings or observations that do not qualify.]

2. Diagnostic Support (a or b is required for Severity Levels C2-C4):

- a. A Pulmonary Function Test with Pre-Bronchodilator FEV₁ < 80% of predicted and Post-Bronchodilator FEV₁ improvement of 12% or 250 cc, is attached as QMR No. [fill in]
- b. A Methacholine Challenge Test with ≥ 20% decrease in FEV₁ at or below 8 mg/ml, is attached as QMR No. [fill in]

3. Impairment Records (a, b, c, d, or e required for Severity Levels C1-C4, as specified):

- a. **For Severity Level C1 (select one of the following):**
 - A Pulmonary Function Test with post-Bronchodilator FEV₁ of ≤ 80% of predicted, attached as QMR No. [fill in].
 - Pharmacy records or physician notes of any steroid or bronchodilator use, attached as QMR No. [fill in].
- b. **For Severity Levels C1-C4 – A Methacholine Challenge Test that meets the Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in]**
- c. **For Severity Levels above C1 two or three Pulmonary Function Tests (PFTs):**
 - One PFT (“PFT 1”), which satisfies the Asthma/RADS Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in]; **AND**
 - A second PFT (“PFT 2”) at least three months prior to PFT 1, which satisfies the Asthma/RADS Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in]; **AND**
 - A third PFT (*if available*) at least three months prior to PFT 2, which satisfies the Asthma/RADS Impairment Criteria for Severity Level N/A, is attached as QMR No. [fill in].
- d. **For Severity Levels C1-C4 (include all of the following):**
 - A Methacholine Challenge Test with ≥ 20% decrease in FEV₁, attached as QMR No. [fill in]; **and/or**
 - A Pulmonary Function Test, attached as QMR No. [fill in]; **and/or**
 - Two sets of Pharmacy/Medical records at least six months apart confirming **Not Applicable**, are attached as QMR Nos. [fill in numbers]; **and/or**
 - Three sets of Pharmacy/Medical Records dated 2008-2010 documenting a course of systemic steroids (if applicable, must also provide other pharmacy records), are attached as QMR Nos. [fill in numbers]

e. For Severity Level C4 (Complete if not met by other criteria):

A physician statement issued in the course and in furtherance of the Primary Plaintiff's medical care and not upon the Primary Plaintiff's or his or her counsel's request that Asthma/RADS Qualifying Injury not controlled despite use of [select medication use], attached as QMR No. [fill in]; **AND**

Qualifying Medical Records demonstrating (Select either option below and complete sub-parts):

Primary Plaintiff's ingestion of one of the following medications for at least six months daily (select any of the following):

≥ 20 mg of Prednisone per day, attached as QMR No. [fill in];

≥ 16 mg of Methylprednisolone per day, attached as QMR No. [fill in]; **or**

≥ 3 mg of Dexamethasone per day, attached as QMR No. [fill in].

Physician statement that the Primary Plaintiff cannot tolerate long-term daily oral steroid use, attached as QMR No. [fill in], and other records indicating Primary Plaintiff's ingestion of one of the following medications for four (4) courses within one year (select any of the following):

≥ 20 mg of Prednisone per day, attached as QMR No. [fill in];

≥ 16 mg of Methylprednisolone per day, attached as QMR No. [fill in]; **or**

≥ 3 mg of Dexamethasone per day, attached as QMR No. [fill in].

4. Timing of Onset (a or b is required):

a. Primary Plaintiff was first diagnosed with an Asthma/RADS Qualifying Injury **before his or her first alleged exposure**, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with an Asthma/RADS Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on [insert date], as established by QMR No. [fill in], **AND** (check one of the following):

First Physician Diagnosis is less than 7 months after first day of alleged exposure; **or**

First Physician Diagnosis is 7 months or more after the first day of alleged exposure

D. Laryngitis/Pharyngitis – Primary Plaintiff claims recovery for Chronic Laryngitis or Chronic Pharyngitis.

1. Qualifying Injury (a or b is required):

a. Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in].

[Please note: Physician Diagnoses of Acute Laryngitis, Acute Pharyngitis, and Upper Respiratory Infections (“URI”) are examples of medical conditions, findings or observations that do not qualify.]

b. Primary Plaintiff has multiple physician diagnoses of [specify Laryngitis or Pharyngitis], attached as QMR Nos. [fill in range], demonstrating that the condition occurs with such frequency that it amounts to a chronic disease.

2. Diagnostic Support (required for Severity Levels D2-D3):

A record from a physical examination or Endoscopy, including Laryngoscopy or Pharyngoscopy finding redness, inflammation and/or swelling of pharyngeal or laryngeal mucosal membranes, is attached as QMR No. [fill in].

3. Impairment Records (required for Severity Levels D1-D3):

a. For Severity Level D1 – physician evaluation of audibility, intelligibility, and functional efficiency meet many needs of everyday speech satisfies the Laryngitis/Pharyngitis Impairment Criteria, is attached as QMR No. [fill in]; **OR**

b. For Severity Levels D1-D3 – physician evaluation of audibility, intelligibility, and functional efficiency meet many needs of everyday speech satisfies the Laryngitis/Pharyngitis Impairment Criteria, is attached as QMR No. [fill in].

4. Timing of Onset (a or b is required):

a. Primary Plaintiff was first diagnosed with a Laryngitis/Pharyngitis Qualifying Injury **before his or her first alleged exposure**, which occurred on [insert date], **AND (check one of the following):**

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with a Laryngitis/Pharyngitis Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on [insert date], as established by QMR No. [fill in], **AND (check one of the following):**

First Physician Diagnosis is less than 7 months after first day of alleged exposure; **or**

First Physician Diagnosis is 7 months or more after the first day of alleged exposure.

E. Chronic Rhinosinusitis – Primary Plaintiff claims recovery for Chronic Rhinosinusitis, Chronic Rhinitis, Chronic Sinusitis or Vocal Cord Dysfunction.

1. Qualifying Injury (a or b is required):

a. Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in]; **OR**

[Please note: Physician Diagnoses of Allergic Rhinitis, Acute Sinusitis, and Acute Rhinitis are examples of medical conditions, findings or observations that do not qualify.]

b. Primary Plaintiff has multiple physician diagnoses of [specify condition], attached as QMR Nos. [fill in range], demonstrating that the condition occurs with such frequency that it amounts to a chronic disease.

2. Diagnostic Support (required for Severity Levels E1-E3)

An endoscopy, Sinus CT, or MRI that shows mucosal thickening, obstruction of the nasopharynx or oropharynx is attached as QMR No. [fill in].

3. Impairment Records (required for Severity Levels E1-E3, as specified)

a. For Severity Level E1 – Nasal endoscopy that shows mucosal thickening, obstruction of the nasopharynx or oropharynx is attached as QMR No. [fill in].

b. For Severity Level E1-E3 – Sinus CT scan or MRI that shows mucosal thickening, obstruction of the nasopharynx or oropharynx, establishing Severity Level N/A impairment is attached as QMR No. [fill in].

c. For Severity Level E1-E3 – Laryngoscopy that shows alteration in vocal fold (cord) function establishing Severity Level N/A impairment is attached as QMR No. [fill in].

4. Timing of Onset (a or b is required):

a. Primary Plaintiff was first diagnosed with a Chronic Rhinosinusitis Qualifying Injury **before his or her first alleged exposure**, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with a Chronic Rhinosinusitis Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on [insert date], as established by QMR No. [fill in], **AND** (check one of the following):

First Physician Diagnosis is less than 7 months after first day of alleged exposure; **or**

First Physician Diagnosis is 7 months or more after the first day of alleged exposure

F. Upper Digestive – Primary Plaintiff claims recovery for Gastroesophageal Reflux Disease (GERD), Barrett’s Esophagus, Esophagitis, Esophageal Reflux, Esophageal Ulcer and Esophageal Stricture, or GI Stricture.

1. Qualifying Injury (a or b is required):

a. Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in]; **OR**

[Please note: Physician Diagnoses of Heartburn, Chronic Heartburn, Laryngeal Reflux, Gastric Ulcer, Gastric Regurgitation and Gastritis are examples of medical conditions, findings or observations that do not qualify.]

b. Primary Plaintiff has multiple physician diagnoses of Acid Reflux, attached as QMR Nos. [fill in range], demonstrating that the condition occurs with such frequency that it amounts to a chronic disease.

2. Impairment Records (required for Severity Levels F1-F2, as specified):

a. For Severity Level F1 – Primary Plaintiff’s post-work endoscopy reveals mild or moderate findings in the esophagus such as inflammation, esophagitis, erosion and/or mucosal breaks, and is attached as QMR No. [fill in].

b. For Severity Level F2 – Primary Plaintiff’s post-work endoscopy reveals severe findings in the esophagus such as Barrett’s esophagus, benign peptic esophageal stricture, ulcers, hemorrhage or severe esophagitis, and is attached as QMR No. [fill in].

3. Timing of Onset (a or b is required):

a. Primary Plaintiff was first diagnosed with an Upper Digestive Qualifying Injury **before his or her first alleged exposure**, which occurred on [insert date], **AND (check one of the following)**:

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with an Upper Digestive Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on [insert date], as established by QMR No. [fill in], **AND (check one of the following)**:

First Physician Diagnosis is less than 7 months after first day of alleged exposure; **or**

First Physician Diagnosis is 7 months or more after the first day of alleged exposure

G. Sleep Disorders – Primary Plaintiff claims Obstructive Sleep Apnea, Sleep Apnea or other Sleep Disordered Breathing.

1. Qualifying Injury

Primary Plaintiff has a Physician Diagnosis of [specify Qualifying Injury], attached as QMR No. [fill in].

[Please note: Symptoms of sleep disorders (e.g., snoring or insomnia) are examples of findings or observations that do not qualify for Tier 4.]

2. Diagnostic Support (required for Severity Levels G1-G2):

Primary Plaintiff has a polysomnogram demonstrating obstructive sleep apnea, attached as QMR No. [fill in].

3. Impairment Records (required for Severity Levels G1-G2, as specified):

a. For Severity Level G1 & G2 – For Primary Plaintiff’s most recent post-work polysomnogram demonstrating obstructive sleep apnea is attached as QMR No. [fill in].

b. For Severity Level G2 – Primary Plaintiff has medical records indicating current treatment with CPAP/BiPAP or need to have CPAP/BiPAP titration, attached as QMR No. [fill in].

4. Timing of Onset (a or b required):

a. Primary Plaintiff was first diagnosed with an Sleep Disorder Qualifying Injury *before his or her first alleged exposure*, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with an Sleep Disorder Qualifying Injury on [insert date] *after his or her first alleged exposure*, which occurred on [insert date], as established by QMR No. [fill in],

H. Death – Primary Plaintiff claims death subsequent to work at the WTC Site or other location giving rise to his or her Debris Removal Claims against any Insured and before the Final Settlement Agreement Effective Date.

1. Qualifying Criterion

Proof of the Primary Plaintiff’s death on or after the last date of work at the WTC Site or other location giving rise to his or her Debris Removal Claims against any Insured, established by a death certificate, hospital notes, or other authoritative document (e.g., physician letter) confirming death, attached as QMR No. [fill in].

2. Impairment Criteria (a and b required for levels H1-H2, c is optional):

a. Primary Plaintiff died as a result of (Select one of the two options below):

Qualifying Injuries B2-B4, C2-C4 or I3 as set forth in Part 13.B, 13.C, or 13.I of this Claim Form, *or*

An injury caused by his or her work or volunteer service at the WTC Site or other location(s) at which the Primary Plaintiff’s alleged exposure gave rise to his or her Debris Removal Claims against an Insured, according to a report from the County of New York Medical Examiner attached as QMR No. [fill in].

b. Primary Plaintiff has provided documentation sufficient for the Allocation Neutral to establish that the predicate injury referenced in the proceeding section did not pre-exist Plaintiff’s first date of work at the WTC Site or other location giving rise to his or her Debris Removal Claims against any Insured, and additional documentation, if necessary, is attached as QMR No(s). [fill in numbers for all documents].

c. Primary Plaintiff hereby provides additional documentary support to demonstrate a causal relationship between Primary Plaintiff’s death and the Settlement Grid injury referenced above and/or to refute alternate causes for the Primary Plaintiff’s death, attached as QMR No(s). [fill in numbers for all documents].

I. Cancer – Primary Plaintiff claims Pre-Cancerous Condition (dysplasia, pre-malignant, preneoplasia, intraepithelial neoplasia, adenomatous colon polyps or actinic keratosis conditions), Skin Cancer other than Melanoma, Solid Tumor Cancer, Respiratory Solid Tumor Cancer or Blood Cancer.

1. Qualifying Injury (a, b, c, d, or e required)

a. Primary Plaintiff has a Physician Diagnosis or a histopathy report demonstrating a Pre-Cancerous Condition, specifically, [insert listed pre-cancerous condition], attached as QMR No. [fill in].

[Please note: Pre-Cancerous Conditions do not include benign tumors, brain lesions, enlarged lymph nodes, lung nodules, polyps (e.g., nasal, laryngeal, throat, sinus or vocal cord), cysts or benign skin lesions (e.g., seborrheic keratosis, lipoma, dermatofibroma, pyogenic granuloma, epidermoid cyst or papilloma).]

b. Primary Plaintiff has a Physician Diagnosis or a histopathy report demonstrating any Skin Cancer other than Melanoma, including without limitation basal cell carcinoma and squamous cell carcinoma.

c. Primary Plaintiff has physician documentation of diagnosis of or treatment for a Respiratory Solid Tumor Cancer originating in the larynx, in the airways or tissues of the lungs, or in the mesothelium, specifically [insert type of respiratory solid tumor cancer], attached as QMR No. [fill in].

d. Primary Plaintiff has physician documentation of diagnosis of or treatment for any Solid Tumor Cancer not covered by I.1.b or I.1.c above, specifically [insert type of solid tumor cancer], attached as QMR No. [fill in].

e. Primary Plaintiff has physician documentation of diagnosis of or treatment for a Blood Cancer, specifically, [insert type of blood cancer], attached as QMR No. [fill in].

2. Timing of Onset (a or b required):

a. Primary Plaintiff was first diagnosed with a Cancer Qualifying Injury *before his or her first alleged exposure*, which occurred on [insert date].

b. Primary Plaintiff was first diagnosed with a Cancer Qualifying Injury on [insert date] *after his or her first alleged exposure*, which occurred on [insert date], as established by QMR No. [fill in], **AND** (check one of the following):

First Physician Diagnosis is before January 1, 2007; **or**

First Physician Diagnosis is January 1, 2007 or later.

J. Cardiac – Primary Plaintiff claims Hypertension, a Heart Attack, or other Miscellaneous Cardiac Condition *other than* a congenital heart defect (*e.g.*, septal defects, valve defects, or other malformations); a heart condition caused by infectious diseases (*e.g.*, bacterial, viral, fungal or parasitic conditions); or a heart condition caused by autoimmune diseases (*e.g.*, lupus).

1. Qualifying Injuries (a, b, or c required)

a. Primary Plaintiff has a Physician Diagnosis of a miscellaneous cardiac condition, specifically [insert miscellaneous heart condition], attached as QMR No. [fill in].

[Please note: Physician Diagnoses of congenital heart defects (*e.g.*, septal defects, valve defects, or other malformations), heart conditions caused by infectious diseases (*e.g.*, bacterial, viral, fungal or parasitic conditions), and heart conditions caused by autoimmune diseases (*e.g.*, lupus) do not qualify.]

b. Primary Plaintiff has physician documentation of diagnosis of or treatment for hypertension, attached as QMR No. [fill in].

c. Primary Plaintiff physician documentation of diagnosis of or treatment for a heart attack, attached as QMR No. [fill in].

2. Timing of Onset (a or b required):

a. Primary Plaintiff was first diagnosed with a Cardiac Qualifying Injury *before his or her first alleged exposure*, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with a Cardiac Qualifying Injury on [insert date] *after his or her first alleged exposure*, which occurred on [insert date], as established by QMR No. [fill in].

K. Restrictive Lung Disease – Primary Plaintiff claims Restrictive Lung Disease.

1. Qualifying Injury

Primary Plaintiff has a Physician Diagnosis of Restrictive Lung Disease not attributable to obesity (*i.e.*, body mass index is below 30), attached as QMR No. [fill in].

2. Diagnostic Support (required for Severity Levels K1-K3, as specified)

a. For Severity Level K1 – a Restrictive Pulmonary Function Test, attached as QMR No. [fill in].

b. For Severity Levels K2-K3 – a Restrictive Pulmonary Function Tests, and no or normal imaging studies, attached as QMR No. [fill in].

3. Impairment Records (required for Severity Levels K1-K3, as specified):

a. For Severity Level K1 – impairment is demonstrated by a Pulmonary Function Test showing $TLC \leq 79\%$ predicted; **and** $FVC \leq 79\%$ predicted; **and** $FEV_1/FVC (\%) > 70\%$ predicted, attached as QMR No. [fill in], together with records establishing the Primary Plaintiff's height and weight at the time of the test, attached as QMR No. [fill in].

a. For Severity Level K2 – impairment is demonstrated by a Pulmonary Function Test showing $TLC \leq 59\%$ predicted; **and** $FVC \leq 59\%$ predicted; **and** $FEV_1/FVC (\%) > 70\%$ predicted, attached as QMR No. [fill in], together with records establishing the Primary Plaintiff's height and weight at the time of the test, attached as QMR No. [fill in].

a. For Severity Level K3 – impairment is demonstrated by a Pulmonary Function Test showing $TLC < 50\%$ predicted; **and** $FVC < 50\%$ predicted; **and** $FEV_1/FVC (\%) > 70\%$ predicted, attached as QMR No. [fill in], together with records establishing the Primary Plaintiff's height and weight at the time of the test, attached as QMR No. [fill in].

4. Timing of Onset (a or b required):

a. Primary Plaintiff was first diagnosed with a Restrictive Lung Disease Qualifying Injury **before his or her first alleged exposure**, which occurred on [insert date], **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [Qualifying Medical Records establishing pre-9/11 impairment are attached as QMR No. [fill in].]; **or**

The condition is the same or better, since his or her first date of alleged exposure.

b. Primary Plaintiff was first diagnosed with a Restrictive Lung Disease Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on [insert date], as established by QMR No. [fill in].

PART 14: ADJUSTMENT FACTORS FOR PRIMARY PLAINTIFFS WITH TIER 4 QUALIFYING INJURIES

A. Timing of Work at the WTC Site or Other Location:

Primary Plaintiff's first date of work or volunteer service at the WTC Site or other location at which he or she alleges exposure forming the basis of his or her Debris Removal Claims: Jan. 1, 2001.

Primary Plaintiff's last date of work or volunteer service at the WTC Site or other location at which he or she alleges exposure forming the basis of his or her Debris Removal Claims: Jan. 1, 2001.

Primary Plaintiff's cumulative days of work or volunteer service at the WTC Site or other location at which he or she alleges exposure forming the basis of his or her Debris Removal Claims: 7 days or fewer (less than 56 hours total).

B. Smoking History (check all descriptions that apply):

Primary Plaintiff has a 20 pack-year history of smoking (e.g., 1 pack a day for 20 years, or 2 packs a day for 10 years, or a half-pack a day for 40 years).

Primary Plaintiff has smoked cigarettes in the last year.

Primary Plaintiff has smoked cigarettes in the last 5 years.

Primary Plaintiff does not meet any of the above criteria.

C. Primary Plaintiff's Locations of Alleged Exposure (skip if in 21 MC 100):

00% – Is the percentage of Primary Plaintiff's rescue, recovery and debris removal work or volunteer activities at the WTC Site and/or at other locations at which Primary Plaintiff alleges exposure forming the basis of his or her Debris Removal Claims against any Insured from September 11, 2001 to the present.

00% – Is the percentage of Primary Plaintiff's rescue, recovery and debris removal work or volunteer activities performed at other locations from September 11, 2001 to the present

Note: Work location percentages must sum to 100%. Time not allocated will be added to the second period.

PART 15. PERMANENT DISABILITY FUND CRITERIA (Skip if Not Claiming Permanent Disability)

Primary Plaintiffs who seek to recover separately from the Permanent Disability Fund must complete this Part and submit the required Qualifying Medical Records (QMRs) together with this Claim Form.

A. Existence of Permanent Disability Determination (select one of four bases):

1. The Primary Plaintiff was found permanently disabled by: [Insert name of Adjudicatory Body], as demonstrated by attached QMR No(s). [fill in].

2. The Primary Plaintiff has not yet been found permanently disabled, but Primary Plaintiff’s application for permanent disability is pending and has been preliminarily approved or Primary Plaintiff has been found unfit for duty by [insert name of body finding a disabling injury and recommending disability] as demonstrated by attached QMR No(s). [fill in].

[Please note: Eligible documentation includes any writing by an employer, its workers’ compensation carrier, or any licensed physician retained thereby supporting the Primary Plaintiff’s application for permanent disability benefits; or documentation from the 1-b medical board of the New York City Fire Department Pension Fund has approved Primary Plaintiff’s application for permanent disability benefits; or the Medical Board of the Police Pension Fund of the Police Department of the City of New York has approved Primary Plaintiff’s application for permanent accidental disability benefits.]

3. The Primary Plaintiff is deceased and documentation submitted with this Claim Form establishes Potentially Related Death (“H1”) or Related Death (“H2”), as demonstrated by attached QMR No(s). [fill in].

4. The Primary Plaintiff is deceased and his or her heirs receive(d) World Trade Center related death benefits, as demonstrated by attached QMR No(s). [fill in].

B. Basis for Permanent Disability Determination (select one of the following options):

The Primary Plaintiff’s disability determination is due *solely* to a Qualifying Injury or Qualifying Injuries established in the Claim Form.

The Primary Plaintiff’s disability determination is in due *in part* to an injury (i) pre-dating the Primary Plaintiff’s first date of work at the WTC Site or other location giving rise to his or her Debris Removal Claims against any Insured; (ii) any orthopedic injury, a wound, or burn; or (iii) any other injury or condition that is not a Qualifying Injury (provided, however, that a Primary Plaintiff need not select this option simply because the disability determination was due to more than two conditions and there can be only two Qualifying Injuries under this agreement).

C. Documentation of Connection to Alleged Exposure Supporting Debris Removal Claims

The connection between the Primary Plaintiff’s disability determination and his or her alleged exposure during work or volunteer service at the WTC Site or other locations giving rise to his or her Debris Removal Claims against any Insured is established by [insert basis for claim], found in attached QMR No(s). [fill in].

PART 16. QUALIFYING SURGERIES (Skip if not claiming Qualifying Surgery)

Primary Plaintiffs who seek to recover separately for a Qualifying Surgery must complete this Part and submit the required Qualifying Medical Records together with this Claim Form.

Primary Plaintiff underwent one or more of the following Qualifying Surgeries *after* his or her first date of work at the WTC Site or other location giving rise to his or her Debris Removal Claims against any Insured to address a condition caused by the specified Qualifying Injury, which must be *established separately* on this Claim Form.

Laryngectomy to address Laryngeal Cancer (“I2”), the records for which are attached in QMR No. [fill in].

Lobectomy to address Lung Cancer (“I2”), the records for which are attached in QMR No. [fill in].

Lung transplant to address any COPD (“A”) (other than Emphysema), or any ILD (“B”) (includes double lung transplants and individuals for whom a lung transplant was recommended, but who were deemed too sick to undergo the procedure), the records for which are attached in QMR No. [fill in].

Pneumonectomy to address Lung Cancer (“I2”), the records for which are attached in QMR No. [fill in].

Sinus surgery to address Chronic Rhinosinusitis or Chronic Sinusitis (“E”), the records for which are attached in QMR No. [fill in], and establish:

(i) that the sinus surgery relates to Primary Plaintiff’s “E2” or “E3” Qualifying Injury within one (1) year of the Primary Plaintiff’s last day of 9/11-related work or volunteer service;

(ii) that the Primary Plaintiff took prescription medication for his or her “E” conditions prior to the surgery in question;

(iii) that the sinus surgery was not performed to correct, mitigate or otherwise treat an anatomic defect or any other condition unrelated to his her Debris Removal Claims; and

(iv) that the Primary Plaintiff had no Qualifying Injury in the “E” Disease Group before his or her first date of 9/11-related work or volunteer service.

Thyroidectomy to address Thyroid Cancer (“I1”), the records for which are attached in QMR No. [fill in].

PART 17. MIXED ORTHOPEDIC INJURIES (Skip if not claiming Mixed Orthopedic Injury)

Primary Plaintiffs who seek to recover separately for a Mixed Orthopedic Injury must complete this Part and submit the required Qualifying Medical Records together with this Claim Form.

Primary Plaintiff is entitled to recover for a Mixed Orthopedic Injury sustained while working or volunteering at the WTC Site or other location at which Primary Plaintiff alleges exposure giving rise to his or her Debris Removal Claims against the Insureds (*Confirm each of the following and attach support where indicated*):

Primary Plaintiff is Eligible to apply for a Mixed Orthopedic Injury payment because (*Select one option below*):

Primary Plaintiff is listed on Exhibit I to the Final Settlement Agreement; *or*

Primary Plaintiff was not listed on Exhibit I to the Final Settlement Agreement due to extraordinary circumstances outside of his or her control, as explained in and verified by the attached affidavit signed by the Primary Plaintiff at Record No. [fill in].

Primary Plaintiff's Mixed Orthopedic Injury was sustained on [insert date of injury], as demonstrated by attached Record No. [fill in];

Primary Plaintiff was present at the WTC Site or other location at which Primary Plaintiff alleges exposure giving rise to his or her Debris Removal Claims against the Insureds when the Mixed Orthopedic Injury occurred, as demonstrated by attached Record No. [fill in];

Conditions at the WTC Site or other location at which Primary Plaintiff alleges exposure giving rise to his or her Debris Removal Claims against the Insureds caused Primary Plaintiff's Mixed Orthopedic Injury, as demonstrated by attached Record No. [fill in]; and

Primary Plaintiff's Mixed Orthopedic Injury was confirmed by objective medical tests or studies (*e.g., MRI, CT-Scan, X-ray, etc.*), attached as QMR No. [fill in].

Primary Plaintiff filed suit against one or more Insureds alleging this Mixed Orthopedic Injury, or served notice of claim to the City of New York alleging this Mixed Orthopedic Injury, within three years of the injury, or served a notice of claim upon the City of New York between September 16, 2009 and September 17, 2010, as demonstrated by attached Record No. [fill in].

You may include additional records for the Allocation Neutral to consider in assessing the severity of the Mixed Orthopedic Injury. If applicable, such records are attached as QMR No. [fill in].

PRIMARY PLAINTIFF'S SIGNATURE PAGE

FRAUD WARNING:

Any person who knowingly presents false information or conceals material information called for on this Claim Form is guilty of a crime, including but not limited to perjury, and may be subject to criminal prosecution, confinement in prison, and monetary fines and penalties. In addition, any such person shall be denied any and all benefits of the settlement and shall be subject to court action seeking the return of any monies paid to that person as part of the settlement prior to discovery of the knowingly false or concealed information, as well as all costs, attorneys' fees and expenses incurred by the parties to the settlement as a result of the knowingly false or concealed information.

PRIMARY PLAINTIFF ATTESTATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that all documents submitted with this Claim Form are true and correct copies of original records.

Executed on: _____, 20__.

PRIMARY PLAINTIFF

On _____, 20__, before me, _____, Notary Public, personally appeared Primary Plaintiff, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the written instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Public in and for the

DERIVATIVE PLAINTIFF'S SIGNATURE PAGE (IF APPLICABLE)

FRAUD WARNING:

Any person who knowingly presents false information or conceals material information called for on this Claim Form is guilty of a crime, including but not limited to perjury, and may be subject to criminal prosecution, confinement in prison, and monetary fines and penalties. In addition, any such person shall be denied any and all benefits of the settlement and shall be subject to court action seeking the return of any monies paid to that person as part of the settlement prior to discovery of the knowingly false or concealed information, as well as all costs, attorneys' fees and expenses incurred by the parties to the settlement as a result of the knowingly false or concealed information.

DERIVATIVE PLAINTIFF ATTESTATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that all documents submitted with this Claim Form are true and correct copies of original records.

Executed on: _____, 20__.

DERIVATIVE PLAINTIFF

On _____, 20__, before me, _____, Notary Public, personally appeared Derivative Plaintiff, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the written instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Public in and for the

PLAINTIFFS' COUNSEL'S SIGNATURE PAGE

FRAUD WARNING:

Any person who knowingly presents false information or conceals material information called for on this Claim Form is guilty of a crime, including but not limited to perjury, and may be subject to criminal prosecution, confinement in prison, and monetary fines and penalties. In addition, any such person shall be denied any and all benefits of the settlement and shall be subject to court action seeking the return of any monies paid to that person as part of the settlement prior to discovery of the knowingly false or concealed information, as well as all costs, attorneys' fees and expenses incurred by the parties to the settlement as a result of the knowingly false or concealed information.

PLAINTIFF'S COUNSEL ATTESTATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge, information and belief, and that all documents submitted with this Claim Form are true and correct copies of original records to the best of my knowledge, information and belief.

Executed on: _____, 20__.

PLAINTIFF'S ATTORNEY

PRIMARY PLAINTIFF’S PERSONAL REPRESENTATIVE’S SIGNATURE PAGE (IF APPLICABLE)

FRAUD WARNING:

Any person who knowingly presents false information or conceals material information called for on this Claim Form is guilty of a crime, including but not limited to perjury, and may be subject to criminal prosecution, confinement in prison, and monetary fines and penalties. In addition, any such person shall be denied any and all benefits of the settlement and shall be subject to court action seeking the return of any monies paid to that person as part of the settlement prior to discovery of the knowingly false or concealed information, as well as all costs, attorneys’ fees and expenses incurred by the parties to the settlement as a result of the knowingly false or concealed information.

PERSONAL REPRESENTATIVE ATTESTATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that all documents submitted with this Claim Form are true and correct copies of original records.

Executed on: _____, 20__.

Personal Representative

On _____, 20__, before me, _____, Notary Public, personally appeared Personal Representative, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the written instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Public in and for the

DERIVATIVE PLAINTIFF’S PERSONAL REPRESENTATIVE’S SIGNATURE PAGE (IF NECESSARY)

FRAUD WARNING:

Any person who knowingly presents false information or conceals material information called for on this Claim Form is guilty of a crime, including but not limited to perjury, and may be subject to criminal prosecution, confinement in prison, and monetary fines and penalties. In addition, any such person shall be denied any and all benefits of the settlement and shall be subject to court action seeking the return of any monies paid to that person as part of the settlement prior to discovery of the knowingly false or concealed information, as well as all costs, attorneys’ fees and expenses incurred by the parties to the settlement as a result of the knowingly false or concealed information.

PERSONAL REPRESENTATIVE ATTESTATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that all documents submitted with this Claim Form are true and correct copies of original records.

Executed on: _____, 20__.

Personal Representative

On _____, 20__, before me, _____, Notary Public, personally appeared Personal Representative, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the written instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Public in and for the
