

**INSTRUCTIONS:**

This Claim Form sets forth your claim for recovery under the Final Settlement Agreement. Where indicated in this Claim Form, additional records must be provided together with this Claim Form to support your claims, as required by the Final Settlement Agreement.

If you have any questions regarding this Claim Form, raise those issues with your attorney.

If any portion of this Claim Form was prepared for you, review its contents carefully.

You are responsible for any material misrepresentations, material omissions or material concealment in this Claim Form.

After filling in pages 1-5 of this Claim Form electronically, it must be printed and signed before a Notary Public by all Plaintiffs, Personal Representatives, if any, and Counsel.

This Claim Form and all supporting records must be submitted to the Allocation Neutral within ninety (90) 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.

<b>PART 1: PRIMARY PLAINTIFF PERSONAL INFORMATION</b>			
<b>A. Current Legal Name:</b>	Plaintiff	Primary	
	<small>Family Name (Last), and Suffix if applicable</small>	<small>Given Name (First)</small>	<small>M.I.</small>
<b>B. Any Prior Legal Name(s):</b>	_____		
	<small>Family Name (Last), and Suffix if applicable</small>	<small>Given Name (First)</small>	<small>M.I.</small>
<b>C. Identification Number:</b>	U.S. Social Security Number:	000-00-0000	
	<small>Or Alternate Identification Type:</small>	<small>No.:</small>	
<b>D. Date of Birth:</b>	Jan. 1, 1901	<b>E. Primary Plaintiff is:</b>	Alive; skip Parts 5 and 6
<b>F. Home Address:</b>	_____		
	<small>Street Number and Street Name</small>	<small>Apt. No.</small>	
		00000	
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>G. Marital Status:</b>	Single	<b>H. Date of Marriage to Derivative Plaintiff:</b>	[insert if applicable]
<b>I. Counsel:</b>	Plaintiff's Attorney		

**PART 2: PRIMARY PLAINTIFF AFFIRMATIONS**

**A. Required Affirmations from all Primary Plaintiffs (must check all boxes):**

Primary Plaintiff is included on the Eligible Plaintiff List with Primary Injury code: \_\_\_\_.

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 claims.

Primary Plaintiff did not recover from the September 11th Victim Compensation Fund.

Primary Plaintiff has no outstanding liens against him or her relating to any payments received under the Final Settlement Agreement or will satisfy fully any and all liens against him or her.

**B. Required Affirmations for all Primary Plaintiffs with Derivative Plaintiffs:**

Primary Plaintiff lawfully married the Derivative Plaintiff before Sept. 11, 2001.

Primary Plaintiff remained lawfully married to and cohabitated with the Derivative Plaintiff as of the Primary Plaintiff's 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 claims.

**PART 3: DERIVATIVE PLAINTIFF PERSONAL 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. Home Address:** \_\_\_\_\_  
Street Number and Street Name Apt. No.  
 00000  
City State Zip Code

**PART 4: DERIVATIVE PLAINTIFF AFFIRMATIONS (Skip if No Derivative Plaintiff)**

**Required Affirmations from all Derivative Plaintiffs (must check all boxes):**

Derivative Plaintiff is included on the Eligible Plaintiff List.

Derivative Plaintiff lawfully married the Primary Plaintiff before Sept. 11, 2001.

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 claims.

PART 5: PERSONAL REPRESENTATIVE OF DECEASED PLAINTIFF <i>(Skip if Primary Plaintiff is alive)</i>			
<b>A. Current Legal Name:</b>	Representative	Personal	
	Family Name (Last), and Suffix if applicable	Given Name (First)	M.I.
<b>B. Home Address:</b>			
Street Number and Street Name		Apt. No.	
		00000	
City	State	Zip Code	
Attach probate order, court order or other official document establishing Personal Representation.			

PART 6: BENEFICIARY OF DECEASED PLAINTIFF <i>(Skip if Primary Plaintiff is alive)</i>			
<b>A. Current Legal Name:</b>	BeneficiaryLN	BeneficiaryFN	
	Family Name (Last), and Suffix if applicable	Given Name (First)	M.I.
<b>B. Home Address:</b>			
Street Number and Street Name		Apt. No.	
		00000	
City	State	Zip Code	
Attach probate order, court order or other official document identifying beneficiary.			

PART 7: COMPLAINT CHARACTERIZATION INFORMATION	
<b>Type of Complaint:</b>	
<input type="checkbox"/> Plaintiff(s) has/have a complaint pending in the Southern District of New York (S.D.N.Y.) with civil action number: <u>00 CV 00000</u> , in Master Docket <u>Not Applicable</u> .	
<input type="checkbox"/> Plaintiff(s) has/have a complaint pending <i>outside</i> the S.D.N.Y. in [ <u>insert name of court</u> ] with civil action number: [ <u>insert civil action number</u> ].	

PART 8: PRELIMINARY CRITERIA FOR ELIGIBILITY TO RECOVER	
<b>A. Work Verification</b> <i>(check relevant box):</i>	
<input type="checkbox"/> Primary Plaintiff is on the work verification pre-approval list	
<input type="checkbox"/> Primary Plaintiff is <i>not</i> on the work verification pre-approval list, but is providing with this Claim Form documentation that the Primary Plaintiff contends is 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 claims, consistent with the Work Verification Procedure attached as Exhibit B to the Final Settlement Agreement.	

<b>PART 8: PRELIMINARY CRITERIA FOR ELIGIBILITY TO RECOVER</b>
<b>B. Release and Covenant Not to Sue and Second Injury Letter</b> ( <i>check all that apply</i> ):
<input type="checkbox"/> Primary Plaintiff has signed the Release and Covenant Not to Sue.
<input type="checkbox"/> Derivative Plaintiff has signed the Release and Covenant Not to Sue.
<input type="checkbox"/> Primary Plaintiff signed the Second Injury Letter in the presence of a Notary Public.
<b>C. Cancer Insurance Policy Eligibility</b> ( <i>check relevant box</i> ):
<input type="checkbox"/> Primary Plaintiff has been provided with a Cancer Insurance Policy application form, believes he or she is eligible, and will apply for coverage.
<input type="checkbox"/> Primary Plaintiff has been provided with a Cancer Insurance Policy application form and understands that he or she must apply if eligible, but <i>does not intend</i> to apply for coverage because the Primary Plaintiff already has or had a cancer covered by the Cancer Insurance Policy.

<b>PART 9: MARINE EXPOSURE CLAIMS</b>
<b>Allegations of Marine Exposure:</b>
<input type="checkbox"/> Primary Plaintiff <b>does not allege</b> 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 ( <i>skip to Part 10</i> ).
<input type="checkbox"/> Primary Plaintiff <b>alleges</b> 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”) ( <i>complete the rest of this Part</i> ):
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 supporting his or her Debris Removal Claims.

**PART 10: LIEN DISCLOSURES**

**A. Government Benefits:**

Primary Plaintiff **has not received** any government healthcare benefits since his or her first date of alleged exposure (*skip to part 10.B*); **OR**

Primary Plaintiff **has received** government healthcare benefits since his or her first date of alleged exposure, specifically (*check all that apply*):

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:**

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

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]

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:**

Primary Plaintiff has received correspondence or inquiries regarding his or her claim from one of the above-mentioned healthcare benefit providers and has provided those materials to his or her counsel.

Primary Plaintiff has not received correspondence or inquiries regarding his or her claim from one of the above-mentioned healthcare benefit providers.

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

**PRIMARY PLAINTIFF’S SIGNATURE PAGE**

**FRAUD WARNING:**

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**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 NECESSARY)**

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**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:**

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**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

**PERSONAL REPRESENTATIVE’S SIGNATURE PAGE (IF NECESSARY)**

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**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  
\_\_\_\_\_