

**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 1-6 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 Qualifying Medical Records (“QMR”) 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   |                           |
|   | Family Name (Last) , and Suffix if applicable | Given Name (First)                                  | M.I.                      |
| <b>B. Any Prior Legal Name(s):</b>                    | _____   |   |                           |
|   | Family Name (Last) , and Suffix if applicable | Given Name (First)                                  | M.I.                      |
| <b>C. Identification Number:</b>                      | U.S. Social Security Number:                  | 000-00-0000   |                           |
|   | <i>Or Alternate Identification</i> Type:      | No.:  |                           |
| <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>                               | _____   |   |                           |
|   | Street Number and Street Name                 | Apt. No.  |                           |
|   |   | 00000   |                           |
|   | City  | State   | Zip Code                  |
| <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                          |   |                           |



|  |   |                    |       |          |
|--|---|--------------------|-------|----------|
| <b>PART 5: PERSONAL REPRESENTATIVE OF DECEASED PLAINTIFF (Skip if Primary Plaintiff is alive)</b>  |   |                    |       |          |
| <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. |   |                    |       |          |

|   |   |                    |       |          |
|---|---|--------------------|-------|----------|
| <b>PART 6: BENEFICIARY OF DECEASED PLAINTIFF (Skip if Primary Plaintiff is alive)</b> |   |                    |       |          |
| <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. |   |                    |       |          |

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|--|--|
| <b>PART 7: COMPLAINT CHARACTERIZATION INFORMATION</b>  |  |
| <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> .            |  |

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| <b>PART 8: PRELIMINARY CRITERIA FOR ELIGIBILITY TO RECOVER UNDER TIER 2</b>  |
| <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>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.   |

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| <b>PART 9: MARINE EXPOSURE CLAIMS</b>  |
| <b>Allegations of Marine Exposure:</b>   |
| <input type="checkbox"/> Primary Plaintiff <b><i>does not allege</i></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><i>alleges</i></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(s) 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.

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| <b>PART 11: SEPARATE RECOVERY COMPONENTS (SEPARATE SCHEDULES REQUIRED)</b>  |
| <b>A. Permanent Disability Fund</b> ( <i>complete the attached Schedule A, if applicable</i> ):   |
| <input type="checkbox"/> Primary Plaintiff <i>seeks</i> recovery for a Permanent Disability and attaches supporting documentation to establish the basis for recovery.    |
| <input type="checkbox"/> Primary Plaintiff <i>does not seek</i> to recover for a Permanent Disability.  |
| <b>B. Qualifying Surgeries</b> ( <i>complete the attached Schedule B, if applicable</i> ):  |
| <input type="checkbox"/> Primary Plaintiff <i>seeks</i> recovery for a Qualifying Surgery and attaches supporting documentation to establish the basis for recovery.      |
| <input type="checkbox"/> Primary Plaintiff <i>does not seek</i> to recover for a Qualifying Surgery.  |
| <b>C. Mixed Orthopedic Injuries</b> ( <i>complete the attached Schedule B, if applicable</i> ):   |
| <input type="checkbox"/> Primary Plaintiff <i>seeks</i> recovery for a Mixed Orthopedic Injury and attaches supporting documentation to establish the basis for recovery. |
| <input type="checkbox"/> Primary Plaintiff <i>does not seek</i> to recover for a Mixed Orthopedic Injury.   |

|   |
|---|
| <b>PART 12: MEDICAL CRITERIA REQUIRED TO RECOVER UNDER TIER 2</b>   |
| To qualify for Tier 2, a Primary Plaintiff must provide Qualifying Medical Records to document one or more 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.  |
| <b>Check the appropriate box(es) and attach Qualifying Medical Record(s) that provide the required documentation specified below:</b>   |
| <input type="checkbox"/> A physician diagnosis of <b>Chronic Laryngitis or Chronic Pharyngitis</b> (or physician diagnoses of Laryngitis or Pharyngitis occurring with such frequency that it amounts to a chronic disease*) on or after September 11, 2001.<br>[Please note: Acute Laryngitis, Acute Pharyngitis, and Upper Respiratory Infections (“URI”) are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.]                                   |
| <input type="checkbox"/> A physician diagnosis of <b>Chronic Rhinosinusitis, Chronic Sinusitis, Chronic Rhinitis or Vocal Cord Dysfunction</b> (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.<br>[Please note: Allergic Rhinitis, Acute Sinusitis, and Acute Rhinitis are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.] |

**PART 12: MEDICAL CRITERIA REQUIRED TO RECOVER UNDER TIER 2**

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: Heartburn, Chronic Heartburn, Laryngeal Reflux, Gastric Ulcer, Gastric Regurgitation and Gastritis are examples of medical conditions, findings or observations that shall not be independently credited by the Allocation Neutral.]

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 will not be independently credited by the Allocation Neutral.]

**Death** certificate, hospital note, or other authoritative document establishing death.

A physician diagnosis of **Solid Tumor Cancer** on or after September 11, 2001.

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 **Hypertension, Heart Attack, or Miscellaneous Cardiac Condition** other than 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) on or after September 11, 2001.

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.

QMRs supporting the above diagnosis/diagnoses are attached as QMR No. [Fill in Page/Page Range].

**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)**

**FRAUD WARNING:**

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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  
\_\_\_\_\_

**PERMANENT DISABILITY PAYMENT QUALIFYING CRITERIA**

Primary Plaintiffs who seek to recover separately from the Permanent Disability Fund must complete this Schedule and submit it, along with the required Qualifying Medical Records (QMRs) and their Claim Form. All statements and representations made in this document and any QMRs are subject to the same attestations of truth and penalties of perjury as the Claim Form itself.

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

1. The Primary Plaintiff was found permanently disabled by: [Insert name of disabling organization], 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 by [insert name of body finding a disabling injury and recommending disability] as demonstrated by attached QMR No(s). [fill in].

[Please note: This 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 the Tier 4 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 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; (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 is established by [insert basis], found in attached QMR No(s). [fill in].

**NON-QUALIFYING INJURIES**

Primary Plaintiffs who seek to recover separately for a Qualifying Surgery or Mixed Orthopedic Injury must complete this Schedule and submit it, along with the required Qualifying Medical Records (QMRs) and their Claim Form. All statements and representations made in this document and any QMRs are subject to the same attestations of truth and penalties of perjury as the Claim Form itself.

**A. Qualifying Surgery**

Primary Plaintiff underwent one (or more) of the following Qualifying Surgeries:

**Laryngectomy** to address Laryngeal Cancer (“I1”).

**Lobectomy** to address Lung Cancer (“I1”).

**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).

**Pneumonectomy** to address Lung Cancer (“I1”).

**Sinus surgery** to address Chronic Rhinosinusitis or Chronic Sinusitis (“E”); *if seeking higher payment*, attach documentation to 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 Primary Plaintiff’s Qualifying Surgery(-ies) is/are supported by attached QMR No(s). [fill in record range], which show(s) that the surgery occurred after the Primary Plaintiff’s first date of work at the WTC Site and attributes it to the corresponding Qualifying Injury, which must be established on the Plaintiff’s Claim Form. For sinus surgeries, this may include:

**B. Orthopedic Injury** (includes burns, lacerations, cuts, or other similar bodily injuries)

Primary Plaintiff is entitled to recover for an orthopedic injury, burn, laceration, cuts or similar bodily injury sustained while working or volunteering at the WTC Site.

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

**NON-QUALIFYING INJURIES**

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

Primary Plaintiff was present at the WTC Site when the injury occurred, as demonstrated by attached Record No. [fill in];

Conditions at the WTC Site caused Primary Plaintiff's injury, as demonstrated by attached Record No. [fill in]; and

Primary Plaintiff filed suit against one or more Insureds, or served notice of claim to the City of New York, 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].

Please Note: Primary Plaintiff may include additional records attached as QMR No. [fill in] for the Allocation Neutral to consider in assessing the severity of the injury.