

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 1-17 of this Claim Form electronically, it must be printed and signed 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.

PART 1: PRIMARY PLAINTIFF PERSONAL INFORMATION			
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 Parts 5 and 6
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: 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.

City State Zip Code

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

Required Affirmations from all Derivative Plaintiffs (must check all boxes, if applicable):

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 (Skip if Primary Plaintiff is 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 other official document establishing Personal Representation.		

PART 6: BENEFICIARY OF DECEASED PLAINTIFF (Skip if Primary Plaintiff is alive)			
A. Current Legal Name:	BeneficiaryLN	BeneficiaryFN	
	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 other official document identifying beneficiary.		

PART 7: COMPLAINT CHARACTERIZATION INFORMATION	
Type of Complaint:	
<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: ADJUSTMENT FACTORS FOR TIER 4 PLAINTIFFS IN DOCKETS 21 MC 102 AND 21 MC 103	
Locations of Alleged Exposure:	
<u>00%</u> – Is the percentage of Primary Plaintiff’s rescue, recovery and debris removal work or volunteer activities performed at the WTC Site and/or at other locations at which Primary Plaintiff alleges exposure for which he or she has sued the Insureds, or any of them, from September 11, 2001 to the present.	
<u>00%</u> – 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 9: MARINE EXPOSURE CLAIMS
Allegations of Marine Exposure:
<input type="checkbox"/> Primary Plaintiff does not allege 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 alleges 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 (<i>complete for 1 or 2</i>):
<input type="checkbox"/> 1. Primary Plaintiff has not received any government healthcare benefits since his or her first date of alleged exposure (<i>skip to Part 10.B</i>); OR
<input type="checkbox"/> 2. Primary Plaintiff has received government healthcare benefits since his or her first date of alleged exposure, specifically (<i>check all that apply</i>):
<input type="checkbox"/> Medicare – HICN or Medicare ID No. <u>[insert number]</u>
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Department of Veterans Affairs (VA)
<input type="checkbox"/> TRICARE
<input type="checkbox"/> Other government healthcare program: <u>[insert name of program]</u>
B. Benefits from Non-Governmental Healthcare Providers or Insurers (<i>complete for 1 or 2</i>):
<input type="checkbox"/> 1. 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 (<i>check all that apply</i>):
<input type="checkbox"/> Private Health Insurance Policy No. <u>[insert number]</u> , through <u>[insert name of Insurance Company(-ies)]</u>
<input type="checkbox"/> Employer Health Plan through <u>[insert name of Employer(s)]</u>
<input type="checkbox"/> Workers’ Compensation benefit(s) through <u>[insert name of Employer(s)]</u>

PART 10: LIEN DISCLOSURES

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 relevant box):

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.

PART 11: PRELIMINARY CRITERIA FOR ELIGIBILITY TO RECOVER UNDER TIER 4

A. Work Verification (check relevant 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 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. Release and Covenant Not to Sue and Second Injury Letter (check all 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 relevant 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 12: ADJUSTMENT FACTORS FOR TIER 4 PRIMARY PLAINTIFFS

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 which forms the basis for his or her 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 which forms the basis for his or her 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 which forms the basis for his or her 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.

PART 13: SEPARATE RECOVERY COMPONENTS (SEPARATE SCHEDULES REQUIRED)

A. Permanent Disability Fund (complete attached Schedule A, if applicable):

Primary Plaintiff *seeks* recovery for a Permanent Disability and attaches supporting documentation to establish the basis for recovery.

Primary Plaintiff *does not seek* to recover for a Permanent Disability.

B. Qualifying Surgeries (complete attached Schedule B, if applicable):

Primary Plaintiff *seeks* recovery for a Qualifying Surgery and attaches supporting documentation to establish the basis for recovery.

Primary Plaintiff *does not seek* to recover for a Qualifying Surgery.

C. Mixed Orthopedic Injuries (complete attached Schedule B, if applicable):

Primary Plaintiff *seeks* recovery for a Mixed Orthopedic Injury and attaches supporting documentation to establish the basis for recovery.

Primary Plaintiff *does not seek* to recover for a Mixed Orthopedic Injury.

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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 both a Primary and Secondary Qualifying Injury, you may submit documentation for more than two injuries and leave to the Allocation Neutral to determine which of those injuries 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 shall 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 therefore cannot provide a second test, this requirement will be waived and Impairment will be graded by the most recent test.]

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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 Jan. 1, 2001, **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [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 Jan. 1, 2001, 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 and 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 \leq 79% predicted; **and** FVC \leq 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):

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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 therefore cannot provide a second test, 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 Jan. 1, 2001, **AND** (check one of the following):

The condition has *worsened* since initial WTC work. [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 Jan. 1, 2001, 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, and Hyperreactive Airway(s).

1. Qualifying Injury

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

[Please Note: Hyperresponsiveness, Bronchospasm, and WTC Syndrome are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.]

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]

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

b. A Methacholine Challenge Test with $\geq 20\%$ decrease in FEV₁ at or below 8 mg/ml, is attached as QMR No. [fill in]

3. Impairment Records (a, b, c, or d 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 $\leq 80\%$ 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 $\geq 20\%$ 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]

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 Jan. 1, 2001, **AND (check one of the following):**

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

The condition has *worsened* since his or her first date of alleged exposure. [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 Jan. 1, 2001, 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].

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 Jan. 1, 2001, **AND** (*check one of the following*):

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

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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 Jan. 1, 2001, 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**

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 Jan. 1, 2001, **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [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.

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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 Jan. 1, 2001, 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**

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 Jan. 1, 2001, **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [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 Jan. 1, 2001, 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

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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].

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 or need to have CPAP 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 Jan. 1, 2001, **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [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 Jan. 1, 2001, as established by QMR No. [fill in].

H. Death – Primary Plaintiff claims death subsequent to work at the WTC Site.

1. Qualifying Criterion

Proof of the Primary Plaintiff’s death on or after the last date of work at the WTC Site, 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 (required only for H1-H2):

Primary Plaintiff has provided documentation sufficient to establish Qualifying Injuries B2, B3, B4, C2, C3, C4 or I2 as set forth in Part 13.B, 13.C, or 13.I of this Tier 4 Claim Form.

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

Primary Plaintiff has provided documentation sufficient for the Allocation Neutral to establish that the predicate Settlement Grid injury referenced in the proceeding sentence did not pre-exist Plaintiff’s first date of work at the WTC Site, and additional documentation, if necessary, is attached as QMR No(s). [fill in numbers for all documents]

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 Nos. [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), Solid Tumor Cancer, or Blood Cancer.

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

a. Primary Plaintiff has a physician diagnosis or a histopathology 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 physician documentation of diagnosis of or treatment for a Solid Tumor Cancer, specifically [insert type of solid tumor cancer], attached as QMR No. [fill in].

c. 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 Jan. 1, 2001, **AND** (check one of the following):

The condition has *worsened* since his or her first date of alleged exposure. [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 Cancer Qualifying Injury on [insert date] **after his or her first alleged exposure**, which occurred on Jan. 1, 2001, as established by QMR No. [fill in].

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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].

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 Jan. 1, 2001, **AND** (*check one of the following*):

The condition has *worsened* since his or her first date of alleged exposure. [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 Jan. 1, 2001, as established by QMR No. [fill in].

K. Restrictive Lung Disease – Primary Plaintiff claims recovery for 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):

PART 14: QUALIFYING INJURIES AND PROOF OF IMPAIRMENT

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 Jan. 1, 2001, *AND (check one of the following):*

The condition has *worsened* since his or her first date of alleged exposure. [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 Jan. 1, 2001, as established by 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 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.

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

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

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.