

## **Instructions For Filing a Claim with the Metex Asbestos PI Trust**

The Metex Asbestos PI Trust (the “**Trust**”) was established pursuant to the Plan of Reorganization of Metex Mfg. Corporation Under Chapter 11 of the Bankruptcy Code dated December 23, 2013 (the “**Plan**”). The Trust was created to process, liquidate and pay valid Asbestos PI Claims in accordance with the Plan and the Metex Asbestos PI Trust Distribution Procedures (the “**TDP**”). Capitalized terms used herein but not otherwise defined shall have the meanings assigned to them in the TDP. A copy of the TDP and Plan are available on the Trust’s website at [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com). As used herein, “**Debtor**” shall mean Metex Mfg. Corporation (f/k/a Kentile Floors, Inc.).

These instructions are intended to assist claimants in filing a complete and valid Asbestos PI Claim (hereinafter referred to as a “**Claim**”) with the Trust. All legal requirements for a valid Claim, however, are set forth in full in the TDP. In the event of an inconsistency between these instructions and the TDP, the TDP shall govern. All claimants are encouraged to thoroughly read and understand the TDP before filing a Claim.

To file a Claim, a claimant must submit a fully completed Claim Form and Certification for the Metex Asbestos PI Trust (“**Claim Form**”) and provide all supporting documentation referenced in the Claim Form. The supporting documentation is discussed below. Please type or print responses on the Claim Form. If you need additional space to provide all relevant information, please attach additional sheets.

### **Where to Submit Claim Forms:**

Claim submissions for the Metex Asbestos PI Trust should be submitted in the following manner:

#### **-Individual Claims**

- Electronic Filing Option (user ID and Password required)
  - [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com)
- [metex@mfrclaims.com](mailto:metex@mfrclaims.com) (PDF format)
- Mail to: MFR Claims Processing, Inc.  
115 Pheasant Run, Suite 112  
Newtown, PA 18940

#### **-Bulk Upload Claims**

- Electronic Filing (user ID and Password required)
  - [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com)

To submit Claims using the Electronic Filing Option, law firms must first execute the Electronic Filing Agreement. The Electronic Filing Agreement is available for download at [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com). The Trust strongly recommends that law firms make use of the Electronic Filing Option, as it significantly reduces the time and expense required for processing Claims.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be placed in the first-in-first-out processing queue (the “**FIFO Processing Queue**”) – and therefore will not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the claimant. For further information regarding the FIFO Processing Queue, see Section 5.1(a)(1) of the TDP. Questions regarding the Claim Form and claim processing may be directed to:

MFR Claims Processing, Inc.  
115 Pheasant Run, Suite 112  
Newtown, PA 18940  
Ph: 215-702-8033  
E-mail: [metex@mfrclaims.com](mailto:metex@mfrclaims.com)

### **Processing and Payment of Valid Claims by the Trust**

In general, Claims will be processed and a liquidated value will be assigned to valid Claims in the order in which the Claims are received by the Trust, on a first-in-first-out (“**FIFO**”) basis. The Trust assigns a FIFO processing number when the Claim is deemed sufficiently complete to be reviewed (discussed below).

Once a Claim is liquidated, it is placed in line for payment. Prior to payment the Trust will require that the Claimant execute a release. The order of payment is based on the date of the Trust’s receipt of the executed release. If the Claim is made by an official representative, the executed release must be accompanied by Letters of Administration or other proof of the official representative’s capacity (if applicable pursuant to state law) unless such documentation has previously been submitted to the Trust. Subject to the provisions of the TDP, the claimant will receive a payment equal to the Payment Percentage<sup>1</sup> multiplied by the liquidated value of the Claim. If the claimant is represented by an attorney, the payment will be made to the attorney on behalf of the claimant. If the claimant is not represented by an attorney, the payment will be made directly to the claimant.

### **Required Information and Supporting Documentation**

Claims will only be placed in the FIFO Processing Queue for further review by the Trust when they are determined to be “sufficiently complete to be reviewed” per Section 5.1(a)(1) of the TDP. In order to meet the “sufficiently complete to be reviewed” requirement, all of the following information and supporting documentation must be provided:

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<sup>1</sup> Claims involving Other Asbestos Disease (Disease Level I) are not subject to the Payment Percentage.

## ***Required Information***

<b>Claim Form Part</b>	<b>Label</b>
Part 1.1: Type of Review	Expedited Review or Individual Review
Part 2.2: Injured Party Information	Last Name
Part 2.2: Injured Party Information	First Name
Part 2.2: Injured Party Information	Date of Birth
Part 2.2: Injured Party Information	Gender
Part 2.2: Injured Party Information	Social Security Number
Part 2.3(a): Injured Party Information	Date of Death (if applicable)
Part 3.1: Disease Claimed	Scheduled Disease/Disease Level
Part 3.1: Disease Claimed	Date of First Diagnosis
Part 4.1: Claims History and Statutes of Limitations	Name of Court (if a lawsuit was filed)
Part 4.1: Claims History and Statutes of Limitations	State where lawsuit was filed (if a lawsuit was filed)
Part 4.1: Claims History and Statutes of Limitations	Date on which lawsuit was originally filed (if a lawsuit was filed)
Part 4.1: Claims History and Statutes of Limitations	Docket or Case Number (if a lawsuit was filed)
Part 4.4: Claims History and Statutes of Limitations	State elected as the Claimant's Jurisdiction (if no lawsuit was filed)
Part 5.1(a): Occupational Exposure to Asbestos Products	Date Exposure Began
Part 5.1(a): Occupational Exposure to Asbestos Products	Date Exposure Ended
Part 5.1(a): Occupational Exposure to Asbestos Products	Occupation/Job Title
Part 5.1(a): Occupational Exposure to Asbestos Products	Alleged Exposure Site
Part 5.1(a): Occupational Exposure to Asbestos Products	Site Location City
Part 5.1(a): Occupational Exposure to Asbestos Products	Site Location State
Part 5.1(a): Occupational Exposure to Asbestos Products	Site Location Country
Part 5.1(a): Occupational Exposure to Asbestos Products	Industry
Part 5.1(b): Occupational Exposure to Asbestos Products	Names of all asbestos-containing products or materials to which Injured Party was exposed and for which Injured Party alleges the Debtor is legally responsible
Part 5.2: Occupational Exposure to Asbestos Products	Significant Occupational Exposure (if required per the TDP)
Part 8: Medicare	Check Yes or No to question regarding exposure for Medicare reporting purposes

### ***Required Supporting Documentation***

*For all claimants:*

- Medical records supporting the diagnosis of the claimed Disease Level.
- Proof of Debtor Exposure, as required by the TDP.

*For claimants asserting claims for lost wages or Exigent Hardship Claims based upon lost wages:*

- Documentation supporting the claim that any and all wage loss incurred by the Injured Party was the result of the Injured Party's asbestos-related disease. This documentation could include, but is not limited to, medical records and/or reports, reports from governmental or insurance agencies and/or reports from the Injured Party's most recent employer.
- Tax returns and/or W-2 forms for the last three (3) full years of employment.

**The following instructions address the specific parts of the Claim Form to be completed:**

#### **Claim Form—Part 1: Information About the Claim**

**1.1:** Check the appropriate response to indicate the type of review requested and any applicable special features of the Claim. See Sections 5.3(a) and 5.3(b) of the TDP for descriptions of the types of review and TDP Sections 5.3-5.5 for descriptions of the listed Claim features.

#### **Claim Form—Part 2: Claimant and Injured Party Information**

**2.1** Provide the full name, contact information, and Social Security or tax identification number of the person submitting the Claim (hereinafter, the “**Claimant**”). The Claimant must provide an address and telephone number. Check the appropriate response(s) for the Claimant's capacity.

**2.2** Provide the full name, date of birth, gender, and Social Security Number of the injured party (hereinafter, “**Injured Party**”).

**2.3** Check the appropriate response to indicate whether the Injured Party is living or deceased at the time of submitting the Claim Form. If the Injured Party is deceased, provide the date of death, whether the death was asbestos related, and provide the death certificate.

**2.4:** If the Claimant is represented by an attorney, provide the Claimant's law firm contact information, including firm name, attorney name and phone number, the name and phone number of an additional contact person at the law firm, address, and email.

### **Claim Form—Part 3: Disease Diagnosis**

**3.1** Claims are categorized according to eight asbestos-related Disease Levels. Check *only* the line identifying the highest Disease Level that is supported by a diagnosis of the Injured Party and provide the date of first diagnosis for the Disease Level claimed.

Pursuant to Section 5.3 of the TDP, the Claimant is required to assert the highest Disease Level for which the Claim qualifies. However, regardless of which Disease Level is alleged on the Claim Form, the claim will be deemed a Claim for the highest Disease Level for which the Claim qualifies at the time of filing.

### **3.2 Medical Documentation**

A Claim must satisfy the applicable medical criteria and include the supporting medical documentation as required by the TDP. See TDP §§ 5.3(a)(3) and 5.7(a) for a detailed listing and description of the medical evidentiary requirements by Disease Level.

In general, all diagnoses of a Disease Level shall be accompanied by **either** (i) a statement by the physician providing the diagnosis that at least ten (10) years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, **or** (ii) a history of the Injured Party's exposure sufficient to establish a 10-year latency period. (TDP § 5.7(a)(1))

The Trust must have reasonable confidence that the medical evidence provided in support of the Claim is credible and consistent with recognized medical standards. (TDP § 5.7(a)(2)). Based on currently available information, medical reports or medical evidence from the doctors and medical facilities on the list of unacceptable doctors and medical facilities published on the Trust's website at [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com) will not be considered to satisfy the reliability standards of the TDP.

### **Claim Form—Part 4: Claims History and Statutes of Limitations**

All claims must be filed before the expiration of the relevant statutes of limitations and repose. See Section 5.1(a)(2) of the TDP for details on the application of the statutes of limitations and repose and tolling provisions.

**4.1:** Check the applicable response for whether an asbestos-related lawsuit has ever been filed on behalf of the Injured Party. If the response is yes, provide the requested information regarding the lawsuit.

**4.2** Check the applicable response regarding any prior payment from Debtor or an insurer of Debtor making a payment on Debtor's behalf for any asbestos-related injury or claim. If the response is yes, provide the amount of the prior payment(s).

**4.3** Check the applicable response for whether the Injured Party has previously entered a release of Debtor for any asbestos-related injury or claim. If the response is yes, provide a copy of the release, if available.

**4.4** List the state elected as the Claimant's Jurisdiction if no lawsuit has ever been filed against Debtor. See Section 5.3(b)(2) of the TDP for information regarding the Claimant's Jurisdiction.

**4.5** Check the applicable response for whether a claim on behalf of the Injured Party has ever been submitted to the Debtor pursuant to an administrative settlement agreement. If the response is yes, provide the date of such submission.

**4.6** Check the applicable response for whether a tolling agreement applies. If the response is yes, provide the requested dates and a copy of the tolling agreement.

### **Claim Form—Part 5: Occupational Exposure to Asbestos Products**

If the Claimant alleges that the Injured Party's asbestos-related disease is a direct result of the Injured Party's occupational asbestos exposure, the Claimant must complete Part 5.

#### **Exposure Evidence**

In general, to meet the presumptive exposure requirements for Expedited Review, the Claimant must show:

- For all Disease Levels, Debtor Exposure (as described below and as set forth in the TDP) prior to December 31, 1982.
- For Disease Level II, six months of Debtor Exposure (as described below and as set forth in the TDP) prior to December 31, 1982, plus five years of cumulative occupational exposure to asbestos.
- For Disease Levels III, IV, V or VII, six months of Debtor Exposure (as described below and as set forth in the TDP) prior to December 31, 1982, plus Significant Occupational Exposure (as described below and as set forth in the TDP) to asbestos.

If the Claimant cannot meet the presumptive exposure requirements for a Disease Level for Expedited Review, the Claimant may seek Individual Review. For further details regarding exposure evidence required for a valid claim, see Sections 5.3(a)(3) and 5.7(b) of the TDP.

#### **5.1: Debtor Exposure**

**“Debtor Exposure”** is defined in Section 5.7(b)(3) of the TDP as meaningful and credible exposure, which occurred prior to December 31, 1982, to asbestos or asbestos-containing products supplied, specified, manufactured, installed, distributed, sold, maintained, or repaired by the Debtor and/or any entity, including any Debtor contracting unit, for which the Debtor has legal responsibility in circumstances under which the asbestos contained in the

products was disturbed (e.g., as a result of breaking, cutting or sanding the asbestos-containing products).

Provide information for each location at which the Injured Party alleges Debtor Exposure. If the duration of the Injured Party's Debtor Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure or cumulative occupational exposure as required for the Disease Level in question), provide the information requested in Part 5.1(a) and (c) of the Claim Form regarding other asbestos exposure to satisfy the applicable exposure criteria. List each site, industry and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of the relevant page(s) if more space is required.

(a) Provide the site where the alleged exposure occurred, the dates exposure began and ended, the Injured Party's occupation or job title, and the industry in which the alleged exposure occurred.

(b) Identify the names of all asbestos-containing products or materials to which the Injured Party was exposed and for which the Injured Party alleges the Debtor is legally responsible. If the Injured Party's occupation/job title does not appear on the Presumptive Occupation/Job Title list available at [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com), describe with reasonable specificity the activity the Injured Party was engaged in when he or she allegedly came into contact with an asbestos-containing product for which the Debtor has legal responsibility and how the asbestos contained in the product was disturbed.

(c) Attach documentation (i.e., an affidavit, a sworn statement, an invoice, employment, construction or similar records or other credible evidence) to establish meaningful and credible Debtor Exposure prior to December 31, 1982, and, as applicable, Significant Occupational Exposure or five years cumulative occupational exposure to asbestos. See TDP Sections 5.7(b)(3) and 5.7(b)(2), respectively, for the criteria to establish Debtor Exposure and Significant Occupational Exposure.

## **5.2: Significant Occupational Exposure**

Check the appropriate response(s) to indicate the basis of the Injured Party's Significant Occupational Exposure, as applicable for the Disease Level claimed. See Section 5.7(b)(2) of the TDP for the criteria to establish Significant Occupational Exposure.

**5.3:** Complete Part 5.3 if the Injured Party is filing an Extraordinary Claim.

**5.4:** Check the appropriate response to indicate whether the Injured Party was exposed to an asbestos-containing product or conduct for which the Debtor has legal responsibility which occurred outside of the United States and its Territories and Possessions and outside the Provinces and Territories of Canada. If the response is yes, provide the requested information about the foreign jurisdiction and alleged exposure.

## **Claim Form—Part 6: Secondary Exposure Claims**

Part 6 must be completed if the Claimant alleges that the Injured Party's asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person. See Section 5.5 of the TDP for the criteria to establish a Secondary Exposure Claim.

### **6.1 Injured Party's Exposure Through the Occupationally Exposed Person**

(a) Provide the dates during which the Injured Party was allegedly exposed to asbestos through the Occupationally Exposed Person identified in Part 6.2.

(b) Describe the relationship the Injured Party has to the Occupationally Exposed Person identified in Part 6.2.

(c) Describe how the Injured Party was allegedly exposed to asbestos through the Occupationally Exposed Person identified in Part 6.2.

### **6.2 The Occupationally Exposed Person's Exposure**

Provide the full name of the Occupationally Exposed Person.

Provide information for each location at which the Occupationally Exposed Person alleges Debtor Exposure. If the duration of the Occupationally Exposed Person's Debtor Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure or cumulative occupational exposure as required for the Disease Level in question), provide the information requested in Part 6.2(a) of the Claim Form regarding other asbestos exposure to satisfy the applicable exposure criteria. List each site, industry and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of the relevant page(s) if more space is required.

(a) Provide the site of alleged exposure, the dates exposure began and ended, the Occupationally Exposed Person's occupation or job title, and the industry in which the alleged exposure occurred.

(b) Identify the names of all asbestos-containing products or materials to which the Occupationally Exposed Person was exposed and for which the Claimant alleges the Debtor is legally responsible. If the Occupationally Exposed Person's occupation/job title does not appear on the Presumptive Occupation/Job Title listed available at [www.metexasbestospitrust.com](http://www.metexasbestospitrust.com), describe with reasonable specificity the activity the Occupationally Exposed Person was engaged in when he or she allegedly came into contact with an asbestos-containing product for which the Debtor has legal responsibility and how the asbestos contained in the product was disturbed.

### **6.3 Significant Occupational Exposure**

Check the appropriate response(s) to indicate the basis of the Occupationally Exposed Person's Significant Occupational Exposure, as applicable for the Disease Level



claimed. See Section 5.7(b)(2) of the TDP for the criteria to establish Significant Occupational Exposure.

#### **6.4 Documentation of the Occupationally Exposed Person's Exposure**

Attach documentation (i.e., an affidavit, a sworn statement, an invoice, employment, construction or similar records or other credible evidence) for the Occupationally Exposed Person to establish meaningful and credible Debtor Exposure prior to December 31, 1982, and, as applicable, Significant Occupational Exposure or five years cumulative occupational exposure to asbestos. See TDP Sections 5.7(b)(3) and 5.7(b)(2), respectively, for the criteria to establish Debtor Exposure and Significant Occupational Exposure.

#### **Claim Form – Part 7: Individual Review Information**

Part 7 must be completed only if the Claimant is seeking Individual Review of the Claim, except that Exigent Hardship Claims electing to be processed under Expedited Review must complete Part 7.2. Please refer to Section 5.3(b)(2) of the TDP for the valuation factors considered in the Individual Review process.

**7.1:** If the Claim is based on Disease Level VI or VII, provide the requested information regarding the Injured Party's smoking history. If the Claim is based on a different Disease Level, this information does not need to be provided.

**7.2:** Provide the requested information regarding economic loss for claims for lost wages or Exigent Hardship Claims based on lost wages.

**7.3:** Provide the requested information regarding the Injured Party's dependents.

#### **Claim Form—Part 8: Medicare**

Check the applicable response indicating whether the Injured Party/Occupationally Exposed Person was exposed on or after December 5, 1980 to asbestos-containing products and/or conduct for which the Claimant alleges the Debtor has legal responsibility.

#### **Claim Form—Part 9: Certification and Signature**

The claim form must be signed by the Injured Party's attorney or, if the Injured Party is not represented by an attorney, the Injured Party or the Injured Party's official representative. Provide the required signature and date signed, including the printed name of the signatory and the signatory's relationship to the Injured Party.

## **Claim Form—Part 10: Checklist of Supporting Documentation**

**Please attach the following supporting documentation to the completed Claim Form.**

*For all claimants:*

- Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).
- Proof of Debtor Exposure, as set forth in the filing instructions and required by the TDP.

*For deceased Injured Parties:*

- Death certificate.
- Letters of Administration or other proof of the official representative's capacity, if applicable pursuant to state law.

*For claims for lost wages or Exigent Hardship Claims based upon lost wages:*

- Documentation supporting the claim that any and all wage loss incurred by the Injured Party was the result of the Injured Party's asbestos-related disease. This documentation could include, but is not limited to, medical records and/or reports, reports from governmental or insurance agencies and/or reports from the Injured Party's most recent employer.
- Tax returns and/or W-2 forms for the last three (3) full years of employment.

*Other supporting documentation, as applicable:*

- Copy of release, if available (if applicable under Part 4.3).
- Copy of tolling agreement (if applicable under Part 4.6).
- For Claims filed under Individual Review, any additional information and/or documents (see TDP section 5.3(b)(2)) you would like the Trust to consider in evaluating your Claim.