

Claim Form and Certification for the Metex Asbestos PI Trust

For information on how to submit a complete claim form, please refer to the Instructions for Filing a Claim with the Metex Asbestos PI Trust and the Metex Asbestos PI Trust Distribution Procedures (as may be amended from time to time, the “**TDP**”). The TDP is published on the website of the Metex Asbestos PI Trust (hereinafter, the “**Trust**”) at www.metexasbestospitrust.com. Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP. As used herein, “**Debtor**” shall mean Metex Mfg. Corporation (f/k/a Kentile Floors, Inc.) and “**Claim**” shall mean Asbestos PI Claim.

Part 1. Information About the Claim

1.1 Check the type of review the Claimant requests and any of the listed features that apply to the Claim:

Type of Review:

Expedited Review

Individual Review

Special Claim Features:

No Special Claim Features

(complete Parts 2-5 and 8-10)

Exigent Hardship Claim

(complete Parts 2-5, 7.2 and 8-10)

No Special Claim Features

(complete Parts 2-5 and 7-10)

Exigent Hardship Claim

(complete Parts 2-5 and 7-10)

Extraordinary Claim

(complete Parts 2-5 and 7-10)

Foreign Claim

(complete Parts 2-5 and 7-10)

Secondary Exposure Claim

(complete Parts 2-4 and 6-10)

Part 2. Claimant and Injured Party Information

2.1 Claimant Information:

Full Name: _____
 [First Name] [Middle Name] [Last Name]

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Social Security or Tax Identification Number: _____ - _____ - _____

The Claimant submits this Claim in his/her capacity as:

- (a) the Injured Party
- (b) an official representative for
 - (i) the Injured Party’s estate
 - (ii) the Injured Party’s spouse, child or other heir
- (c) a capacity other than (a) or (b) that is: _____

2.2 Injured Party Information:

Full Name: _____
 [First Name] [Middle Name] [Last Name]

Date of Birth: ____/____/____ Gender: Male Female

Social Security Number: _____ - _____ - _____

2.3 The Injured Party is:

- Living [Proceed to Part 2.4]
- Deceased [Complete Part 2.3(a)-(c) below]
 - (a) Date of Death: ____/____/____
 - (b) Was the death asbestos related? Yes No
 - (c) Provide the Injured Party’s death certificate

2.4 Claimant’s Attorney Information (if Claimant is Represented by an Attorney):

Law Firm: _____

Attorney Name: _____ Phone Number: _____

Additional Contact: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Part 3. Disease Diagnosis

3.1 Disease Claimed:

Check the box indicating the highest Disease Level upon which the Claim is based and provide the date of first diagnosis for the disease claimed.

Scheduled Disease:

Date of First Diagnosis:

Disease Level I

Other Asbestos Disease _____/_____/_____

Disease Level II

Asbestosis/Pleural Disease _____/_____/_____

Disease Level III

Asbestosis/Pleural Disease _____/_____/_____

Disease Level IV

Severe Asbestosis _____/_____/_____

Disease Level V Other Cancer

Colorectal Cancer _____/_____/_____

Laryngeal Cancer _____/_____/_____

Esophageal Cancer _____/_____/_____

Pharyngeal Cancer _____/_____/_____

Stomach Cancer _____/_____/_____

Disease Level VI

Lung Cancer 2 _____/_____/_____

Disease Level VII

Lung Cancer 1 _____/_____/_____

Disease Level VIII

Mesothelioma _____/_____/_____

3.2 Medical Documentation

Attach medical records or other documentation to support the Disease Level claimed in Part 3.1 and the date listed. See the Instructions for Filing a Claim with the Metex Asbestos PI Trust and Sections 5.3(a)(3) and 5.7(a) of the TDP for a detailed listing of the medical evidence and supporting documentation that must be provided for each Disease Level.

Part 4. Claims History and Statutes of Limitations

- 4.1** Has an asbestos-related lawsuit ever been filed on behalf of the Injured Party?
 Yes No

If the answer to the previous question was yes, provide the following information:

Name of Court: _____

City: _____ County: _____ State: _____

Date on which the lawsuit was originally filed: ____/____/____

Docket or Case Number of the lawsuit: _____

Was Debtor named as a defendant?

Yes No

- 4.2** Did the Injured Party ever receive money for an asbestos-related injury or claim from Debtor or an insurer of Debtor making a payment on Debtor's behalf?
 Yes No

If Yes, provide the amount: \$_____

- 4.3** Did the Injured Party ever enter into a release of Debtor for an asbestos-related injury or claim?
 Yes No

If Yes, provide a copy of the release, if available.

- 4.4** If no lawsuit has ever been filed against Debtor on behalf of the Injured Party, indicate the state elected as the Claimant's Jurisdiction: _____

Jurisdiction selected is (please check one of the following):

The state in which the Injured Party resided at the time of diagnosis.

The state in which the Injured Party resides when this claim is filed with the Trust.

A state in which the Injured Party experienced exposure to an asbestos-containing product or to conduct for which the Debtor has legal responsibility.

4.5 Has a claim on behalf of the Injured Party ever been submitted to the Debtor pursuant to an administrative settlement agreement?

Yes No

If Yes, provide the date of such submission (mm/dd/yyyy): _____

4.6 Was the Injured Party or Claimant a party to a tolling agreement with the Debtor?

Yes No

If Yes, provide the beginning and ending dates, if any, of the tolling and attach a copy of the tolling agreement.

Beginning date (mm/dd/yyyy): _____

Ending date (mm/dd/yyyy): _____

Part 5. Occupational Exposure to Asbestos Products

5.1 Debtor Exposure

[Complete Part 5.1 if the Injured Party’s Asbestos-Related Disease is Alleged to be a Direct Result of the Injured Party’s Occupational Asbestos Exposure]

Provide information below for each location at which the Injured Party alleges exposure 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). 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), please provide the information requested in (a) and (c) below 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 this page if more space is required.

(a) Exposure

Alleged Exposure Site: _____

City: _____ State: _____ Country: _____

Date Exposure Began: ____/____/____

Date Exposure Ended: ____/____/____

Occupation/Job Title: _____

Industry in which exposure occurred: _____

(b) Product Exposure

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:

If the Injured Party’s occupation/job title does not appear on the Presumptive Occupation/Job Title list available at www.metexasbestospitrust.com, describe with reasonable specificity the activity the Injured Party was engaged in when he/she 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) Exposure Documentation

The Claimant must 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 Significant Occupational Exposure or five years cumulative occupational exposure to asbestos, as applicable.

**5.2 Significant Occupational Exposure
[Complete Part 5.2 if Applicable for the Disease Level Claimed]**

The Injured Party was employed for a cumulative period of at least five years, with a minimum of two years, prior to December 31, 1982, in an industry and an occupation in which the Injured Party [check all statements that apply]:

- (a) handled raw asbestos fibers on a regular basis
- (b) fabricated asbestos-containing products such that the Injured Party in the fabrication process was exposed on a regular basis to raw asbestos fibers
- (c) altered, repaired, or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers
- (d) was employed in an industry and occupation such that the Injured Party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities

5.3 If the Injured Party is filing an Extraordinary Claim, provide a clear and concise declaration as to how the claim satisfies Section 5.4(a) of the TDP. _____

5.4 Foreign Claim

Does the Claimant allege that the Injured Party's exposure to an asbestos-containing product or conduct for which the Debtor has legal responsibility occurred outside of the United States and its Territories and Possessions and outside the Provinces and Territories of Canada?

__ Yes __ No

If the response to the previous question was yes, provide the following information about the foreign jurisdiction(s) in which the exposure allegedly occurred (attach additional copies as necessary):

Name of the Country: _____

Name of the County, Province, and/or City: _____

Describe how the Alleged Exposure Occurred Within the Foreign Jurisdiction:

The Trust may require additional information regarding your Foreign Claim and shall take into account all relevant procedural and substantive legal rules to which the claim would be subject in the Claimant's Jurisdiction, as defined in Section 5.3(b)(2) of the TDP.

Part 6. Secondary Exposure Claims

This section should be completed only if the Injured Party's asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person.

If the Claimant alleges the Injured Party's asbestos-related disease was caused by direct occupational exposure to asbestos as well as secondary exposure through an Occupationally Exposed Person, the Claimant should complete Parts 5 and 6 of this form. If exposure through more than one Occupationally Exposed Person or site is claimed, the Claimant may submit multiple copies of the pages containing this section.

6.1 Injured Party's Exposure Through the Occupationally Exposed Person

- (a) The Injured Party was exposed to asbestos on a regular basis through the Occupationally Exposed Person identified in Part 6.2 during the following time period:

From: ____/____/____ To: ____/____/____

- (b) The Injured Party has the following relationship to the Occupationally Exposed Person identified in Part 6.2: _____

- (c) The Claimant alleges that the Injured Party's asbestos-related disease was caused by exposure to asbestos through the Occupationally Exposed Person in the following manner:

6.2 The Occupationally Exposed Person's Exposure

Complete the following information for each location at which the Occupationally Exposed Person is alleged to have been exposed 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). 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), please provide the information requested in (a) below 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 this page if more space is required.

Name of Occupationally Exposed Person: _____

(a) Exposure

Site of Alleged Exposure: _____

City: _____ State: _____ Country: _____

Date Exposure Began: ____/____/____

Date Exposure Ended: ____/____/____

Occupation/Job Title: _____

Industry in which exposure occurred: _____

(b) Product Exposure

Names of all asbestos-containing products or materials to which Occupationally Exposed Person was exposed and for which 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 list available at www.metexasbestospitrust.com, describe with reasonable specificity the activity the Occupationally Exposed Person was engaged in when he/she 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
[Complete Part 6.3 if Applicable for the Disease Level Claimed]

The Occupationally Exposed Person was employed for a cumulative period of at least five years, with a minimum of two years, prior to December 31, 1982, in an industry and an occupation in which the Occupationally Exposed Person [check all statements that apply]:

- (a) handled raw asbestos fibers on a regular basis
- (b) fabricated asbestos-containing products such that the Occupationally Exposed Person was exposed on a regular basis to raw asbestos fibers in the fabrication process
- (c) altered, repaired, or otherwise worked with an asbestos-containing product such that the Occupationally Exposed Person was exposed on a regular basis to asbestos fibers
- (d) was employed in an industry and occupation such that the Occupationally Exposed Person worked on a regular basis in close proximity to workers engaged in one or more of the above three activities

6.4 Documentation of the Occupationally Exposed Person's Exposure

The Claimant must 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:

- (a) meaningful and credible Debtor Exposure prior to December 31, 1982,
AND, as applicable,
- (b) Significant Occupational Exposure or five years cumulative occupational exposure to asbestos.

Part 7. Individual Review Information

This part should be completed only if the Claimant has elected Individual Review, except that Exigent Hardship Claims electing to be processed under Expedited Review must complete Part 7.2 below.

7.1 Smoking History [If the Claim is based on Disease Level VI or VII, this information must be provided.]

___ the Injured Party had no smoking history			
___ Cigarettes ___ Cigars ___ Pipes ___ Other: _____	Start Date: ____/____/____	End Date: ____/____/____	# of packs, cigars, pipes, etc. per day:
___ Cigarettes ___ Cigars ___ Pipes ___ Other: _____	Start Date: ____/____/____	End Date: ____/____/____	# of packs, cigars, pipes, etc. per day:
___ Cigarettes ___ Cigars ___ Pipes ___ Other: _____	Start Date: ____/____/____	End Date: ____/____/____	# of packs, cigars, pipes, etc. per day:

7.2 Economic Loss (required only for claims for lost wages or Exigent Hardship Claims based on lost wages)

If economic losses are being claimed, please enclose an economic loss report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.

(a) Identify the Injured Party’s Employment Status:

- ___ Employed Full-Time
- ___ Employed Part-Time
- ___ Retired
- ___ Partially Disabled
- ___ Fully Disabled
- ___ Deceased

(b) If the Injured Party is retired, disabled, or deceased, provide the annual wage and date when the employment ceased:

Date: ____/____/____ Wage: \$ _____

- (c) Identify Other Sources of Income:
 Pension
 Social Security
 Other: _____
- (d) Identify Living Expenses and Other Loss(es):
 Household Services
 Medical Expenses
 Funeral Expenses
 Other: _____

7.3 Dependents

Provide the following information for the Injured Party's dependents:

Full Name:	Date of Birth:	Relation to Injured Party:	Financially Dependent?
	___/___/___		<input type="checkbox"/> Yes <input type="checkbox"/> No
	___/___/___		<input type="checkbox"/> Yes <input type="checkbox"/> No
	___/___/___		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 8. Medicare

For Medicare reporting purposes, was the Injured Party/Occupationally Exposed Person exposed on or after December 5, 1980 to asbestos-containing products and/or conduct for which the Claimant alleges the Debtor has legal responsibility? Yes No

Part 9. Certification and Signature

This 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.

If signed by an attorney, by signing below, the attorney certifies that the attorney is authorized to file this claim and that the information and materials with respect to this claim, submitted now or in the future, including any supplemental documentation or information, changes and corrections, are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, by signing below, the attorney certifies and warrants that if this claim is filed on behalf of the Injured Party and/or the Injured Party’s estate, the person filing the claim is authorized by law to file this claim on behalf of the Injured Party, the Injured Party’s heirs, representatives, successors, assigns and estate.

If signed by the Injured Party or official representative, I (the Injured Party or official representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. I hereby certify, under penalty of perjury, that to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the information submitted is accurate.

Signature of Injured Party, Official Representative, or Attorney	Date Signed (mm/dd/yyyy)
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Print Name Here

Signatory’s Relationship to Injured Party

To file by mail, send this completed Claim Form and all supporting documentation to:

Metex Asbestos PI Trust
c/o MFR Claims Processing, Inc.
115 Pheasant Run, Suite 112
Newtown, PA 18940

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.