

**KAISER GYPSUM ASBESTOS PERSONAL INJURY TRUST
PROOF OF UNINSURED ASBESTOS CLAIM FORM
Instructions for Filing this Claim Form**

This form may be used to file a claim to seek payment for Uninsured Asbestos Claims from the Kaiser Gypsum Asbestos Personal Injury Trust (the "Trust") under the Kaiser Gypsum Asbestos Personal Injury Trust Distribution Procedures (the "TDP"). An Uninsured Asbestos Claim is an Asbestos Personal Injury Claim for which there is no coverage provided by any Asbestos Insurance Policy identified in the Third Amended Joint Plan of Reorganization of Kaiser Gypsum Company, Inc. and Hanson Permanente Cement, Inc., dated as of May 30, 2019 (the "Plan"). Generally, those claims in which the claimant has a date of first exposure to a Kaiser Gypsum Company, Inc. ("Kaiser Gypsum") or Hanson Permanente Cement, Inc. ("HPCI" and together with Kaiser Gypsum, the "Debtors") product after April 1, 1985 will be Uninsured Asbestos Claims. Any Asbestos Personal Injury Claim in which the claimant has a date of first exposure to a Kaiser Gypsum or HPCI product prior to April 1, 1985 will generally be an Insured Asbestos Claim; however, coverage gaps may arise from time to time during the pre-1985 coverage periods. Any claimant with a date of first exposure prior to April 1, 1985 who believes that he or she has an Uninsured Asbestos Claim must submit evidence to the Trust of an adverse coverage determination.

Pursuant to Section 5.5 of the TDP, claimants holding Uninsured Asbestos Claims must submit their claims directly to the Trust. The Trust provides tools for filing claims electronically, and use of these tools is strongly encouraged. Please visit www.Verusllc.com for instructions on how to submit claims and supporting documents electronically.

This claim form must be completed as thoroughly as possible to ensure prompt resolution of all claims; *submitting an incomplete form may result in delays in processing of the claim and/or disallowance of the claim.* Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form. **Please note that this claim form contains important instructions regarding documentation that must be provided in support of a claim, and the Trust reserves its rights under the TDP to require a claimant to provide additional documentation and information that may not be requested on this form.** Capitalized terms used but not defined in this form shall have the meaning ascribed to them in the Plan.

Section 1: Extraordinary Claims

Section 5.5(b)(1) of the TDP defines an "Extraordinary Claim" as an Uninsured Asbestos Claim that otherwise satisfies the requirements for payment by the Asbestos Trust and that is held by a claimant whose exposure to asbestos (i) occurred predominantly as a result of working in a manufacturing facility of Kaiser Gypsum or HPCI during a period in which Kaiser Gypsum or HPCI was manufacturing asbestos-containing products at that facility or (ii) was at least 75% the result of exposure to an asbestos-containing product or to conduct for which Kaiser Gypsum or HPCI has legal responsibility, and in either case there is little likelihood of a substantial recovery elsewhere.

Claimants asserting an Extraordinary Claim must submit the additional documentation and information required under Section 5.5(b)(2) of the TDP.

Do you contend that this claim is an Extraordinary Claim as defined in Section 5.5(b)(1) of the TDP?

Yes No

If yes, then please identify the applicable bases (check all that apply):

- Claimant's exposure to asbestos occurred predominantly as a result of working in a manufacturing facility of Kaiser Gypsum or HPCI during a period in which Kaiser Gypsum or HPCI was manufacturing asbestos-containing products at that facility.
- Claimant's exposure to asbestos was as at least 75% the result of exposure to an asbestos-containing product or to conduct for which Kaiser Gypsum or HPCI has legal responsibility.

Section 2: Injured Party Information				
Last Name		First Name	MI	Suffix
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number or Tax ID	Date of Birth (mm/dd/yyyy)	Is the Injured Party living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the Injured Party is not living, was death asbestos-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Death (if applicable) (mm/dd/yyyy)		

Mailing Address (if not represented by counsel)

Address		
City	State	ZIP
Country	Phone () _____	Email

Section 3: Law Firm Representation			
<i>Please provide the following information if the claimant is represented by counsel.</i>			
Law Firm Name	Electronic Filer ID	Firm Matter Number (if applicable)	
Mailing Address			
City	State	ZIP	
Attorney Last Name	Attorney First Name	Attorney MI	Attorney Suffix
Phone () _____	Fax () _____	Email	

Section 4: Asbestos-Related Injury Information

Please indicate the **highest disease level** for which you believe this claim qualifies. The claim must be supported by appropriate medical documentation providing proof of an asbestos related disease.

<input type="checkbox"/> Mesothelioma <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Asbestos related other cancer please specify: _____ <input type="checkbox"/> Asbestos related non-malignancy	Date of Diagnosis ____/____/____ (Month) (Day) (Year)
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Section 5: Personal Representative (if applicable)

If this claim is being asserted on behalf of the estate of an injured party, please provide the following information for the representative of that estate. (Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)

Last Name	First Name	MI	Suffix
Mailing Address			
City	State	ZIP	Country
Phone () _____ - _____	Social Security Number or Tax ID (Optional)	Email	

Section 6: Asbestos Litigation/Claim History

If an asbestos-related lawsuit or claim has ever been filed on behalf of the injured party, please provide the following information.

Filing Date (mm/dd/yyyy)	State	Court	Docket Number
Was Kaiser Gypsum or HPCI named as a defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies from the Debtors and/or any Asbestos Insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", amount: \$ _____
Has the claimant received written notice from Kaiser Gypsum, HPCI or any Asbestos Insurer that his or her claim is not covered by an Asbestos Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy of all such written notices.			

Jurisdiction Selection

If no lawsuit has ever been filed against Debtors on behalf of the injured party, indicate the state elected as the claimant's jurisdiction: _____

Jurisdiction elected 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 resided when this claim was filed with the Trust.
- A state in which the injured party was allegedly exposed to an asbestos-containing product manufactured, used or distributed by the Debtors.

Section 7: Injured Party's Exposure to Debtors' Products

Provide information below for each location at which the injured party alleges exposure to any asbestos-containing product designed, marketed, manufactured, fabricated, constructed, sold, supplied, produced, installed, maintained, serviced, specified, selected, repaired, removed, replaced, released, distributed, or in any other way made available by Kaiser Gypsum or HPCI or any other Entity for whose products, acts, omissions, business, or operations either Kaiser Gypsum or HPCI has liability ("Debtor Exposure" as defined in the TDP). 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. All information provided must be supported with meaningful and credible evidence in accordance with Section 5.5(a) of the TDP.

Exposure 1

Was the injured party's asbestos exposure due to exposure to an occupationally exposed person ("OEP") such as a family member?

- Yes No

If yes, please complete both the **Occupationally Exposed Person ("OEP")** and **Exposure Site** sections below. Please also provide evidence establishing how the injured party was exposed through the OEP to an asbestos-containing product for which Kaiser Gypsum or HPCI has legal responsibility.

If no, please complete the **Exposure Site** section.

Occupationally Exposed Person ("OEP")			
Date Exposure to OEP Began (mm/dd/yyyy)		Date Exposure to OEP Ended (mm/dd/yyyy)	
OEP Last Name	OEP First Name	OEP MI	OEP Suffix
Injured Party Relationship to OEP			

Exposure Site		
First Date of exposure to Debtors' products at exposure site (mm/dd/yyyy)	Last Date of exposure to Debtors' products at exposure site (mm/dd/yyyy)	Occupation
Site of exposure to Debtors' products	City	State
Industry in which exposure to Debtor's products occurred	Country	
Names of all asbestos-containing products to which the injured party (or OEP) was exposed and for which the claimant alleges Kaiser Gypsum and/or HPCI is legally responsible.		
<p>Description of exposure to Debtors' products at this exposure site (check all that apply)</p> <p><input type="checkbox"/> Injured party (or OEP) handled raw asbestos fibers on a regular basis.</p> <p><input type="checkbox"/> Injured party (or OEP) fabricated asbestos-containing products so that the injured party (or OEP) was exposed on a regular basis to raw asbestos fibers in the fabrication process.</p> <p><input type="checkbox"/> Injured party (or OEP) altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party (or OEP) was exposed on a regular basis to asbestos fibers.</p> <p><input type="checkbox"/> Injured party (or OEP) was employed in industries and occupations such that the injured party (or OEP) worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.</p> <p><input type="checkbox"/> Other (If this box is checked, please describe the circumstances and duration of the injured party's (or OEP's) exposure to Debtors' products below.)</p>		

Exposure 2

(Attach additional copies if there are more than two sites at which the claimant claims exposure).

<p>Was the injured party's asbestos exposure due to exposure to an occupationally exposed person ("OEP") such as a family member?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete both the Occupationally Exposed Person ("OEP") and Exposure Site sections below. Please also provide evidence establishing how the injured party was exposed through the OEP to an asbestos-containing product for which Kaiser Gypsum or HPCI has legal responsibility.</p> <p>If no, please complete the Exposure Site section.</p>
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Occupationally Exposed Person ("OEP")			
Date Exposure to OEP Began (mm/dd/yyyy)		Date Exposure to OEP Ended (mm/dd/yyyy)	
OEP Last Name	OEP First Name	OEP MI	OEP Suffix
Injured Party Relationship to OEP			

Exposure Site		
First Date of exposure to Debtors' products at exposure site (mm/dd/yyyy)	Last Date of exposure to Debtors' products at exposure site (mm/dd/yyyy)	Occupation
Site of exposure to Debtors' products	City	State
Industry in which exposure to Debtor's products occurred	Country	
Names of all asbestos-containing products to which the injured party (or OEP) was exposed and for which the claimant alleges Kaiser Gypsum and/or HPCI is legally responsible.		
<p>Description of exposure to Debtors' products at this exposure site (check all that apply)</p> <p><input type="checkbox"/> Injured party (or OEP) handled raw asbestos fibers on a regular basis.</p> <p><input type="checkbox"/> Injured party (or OEP) fabricated asbestos-containing products so that the injured party (or OEP) was exposed on a regular basis to raw asbestos fibers in the fabrication process.</p> <p><input type="checkbox"/> Injured party (or OEP) altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party (or OEP) was exposed on a regular basis to asbestos fibers.</p> <p><input type="checkbox"/> Injured party (or OEP) was employed in industries and occupations such that the injured party (or OEP) worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.</p> <p><input type="checkbox"/> Other (If this box is checked, please describe the circumstances and duration of the injured party's (or OEP's) exposure to Debtors' products below.)</p>		

Section 8: Smoking History (required only for Lung Cancer claims)

In the chart below, indicate each period during which the injured party smoked tobacco products and the average number of said products smoked per day.

Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day

Section 9: Employment / Earnings Information

If economic losses are being claimed, please enclose an economic loss report, IRS Form W-2 or IRS Form 1040 for the last three (3) full years of employment, or other relevant supporting documentation.

Current Employment Status (check all that apply)

- Full-time Part-time Retired
 Partially Disabled Fully Disabled N/A (deceased)

Amount of last annual wages

Date of last wages received (mm/dd/yyyy)

Section 10: Damages

Claimants must submit meaningful and credible evidence of all damages claimed.

Indicate every category of damages for which the claimant is asserting a claim (check all that apply):

- Medical Expenses Mental and Emotional Distress
 Lost Wages Loss of Consortium
 Pain and Suffering Other: _____
 Wrongful Death

For each category of damages checked above, please describe the nature of such damage and the amount sought, and provide supporting evidence (e.g., medical bills, affidavit testimony, etc.).

Section 11: Dependent Information

List the injured party's spouse (if applicable) and/or any other dependents.

Dependent 1

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 2

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 3

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 4

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 12: Declaration and Signature

This claim form must be signed by an attorney or, if the injured party is not represented by an attorney, the injured party or the injured party's personal representative.

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of Claimant, Claimant's Representative or Claimant's Counsel	Date (mm/dd/yyyy)
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Print Name Here	Relationship to Injured Party
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To file by mail, send this completed form and all supporting documentation to:

Kaiser Gypsum Asbestos Personal Injury Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, NJ 08540

Section 13: Checklist of Supporting Documents

Please review your submission to ensure it is complete and includes the following documents as applicable.

For all claimants:

- Medical records supporting the diagnosis of the claimed asbestos related disease and any additional required medical evidence (see Section 5.5(a) of the TDP for requirements).
- Meaningful and credible evidence of Kaiser Gypsum and/or HPCI exposure as required by Section 5.5(a) of the TDP.
- Evidence supporting the injured party's and/or the claimant's alleged damages.
- Evidence demonstrating that the Uninsured Asbestos Claim would be cognizable and valid in the applicable tort system and would have been compensable by Kaiser Gypsum and/or HPCI Pre-Petition as required under Section 5.5(a) of the TDP.

For deceased injured parties:

- Death certificate.

For claims for 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 would include, but not be 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.

For Extraordinary Claims:

- Information required under Section 5.5(b)(2)(ii) of the TDP regarding all other claims related in any way to the Injured Party's injuries.
- An executed authorization for release of information regarding other claims as required under Section 5.5(b)(2)(iii) of the TDP.
- The certification required under Section 5.5(b)(2)(iv) of the TDP.

Other supporting documentation, as applicable:

- Letters of Administration or other proof of the personal representative's official capacity (if applicable).
- Insurance coverage denial notice received from Kaiser Gypsum, HPCI, or any Asbestos Insurers (if applicable).

If you have additional information you want the Trust to consider in evaluating the claim, please include these documents with this claim form.