

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

This form may be used to file a claim to seek payment for Insured 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 Insured Asbestos Claim is an Asbestos Personal Injury Claim that is covered 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"). Most claims with the Trust will be Insured Asbestos Claims. Pursuant to Section 5.3 of the TDP, claimants holding Insured Asbestos Claims who wish to recover on such claims must sue Kaiser Gypsum Company, Inc. and/or Hanson Permanente Cement, Inc. (the "Debtors") in the relevant tort system and obtain payment from the Debtor(s)' insurer(s)' under the Asbestos Insurance Policies ***before*** the claimant may seek payment from the Trust of the deductible portion of the Insured Asbestos Claim.

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, including, but not limited to, Section 5.4(b) thereof, 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: 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 2: Law Firm Representation

Please provide the following information if the claimant is represented by counsel.

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 3: Asbestos-Related Injury Information

Please indicate the **highest disease level** of which the injured party has been diagnosed and for which you believe this claim has been fully resolved and settled by the applicable Asbestos Insurer(s). The claim must be supported by appropriate medical documentation providing proof of diagnosis 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 4: 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 5: Asbestos Insurance and Litigation History

Claimants must submit proof to the Asbestos Trust that their Insured Asbestos Claim has been fully and finally resolved (e.g., a settlement agreement or a final judgment) and, if the settlement or judgment amount exceeded the amount of the applicable deductible, paid by the applicable Asbestos Insurer(s), exclusive of the deductible (e.g., a copy of the check or wire transfer confirmation in payment of the settlement or judgment). If an Insured Asbestos Claim is resolved in the tort system for less than the applicable deductible amount, claimant does not need to submit to the Asbestos Trust evidence of payment.

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

Filing Date (mm/dd/yyyy)	State	Court	Docket Number
<p>Named as defendant?</p> <p>Kaiser Gypsum Company, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hanson Permanente Cement, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was there a judgment entered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please specify the judgment amount: \$ _____</p> <p>Was a verdict rendered in the lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide a copy of the verdict.</p>	<p>Has the claimant (1) received payment from Asbestos Insurers in full and final resolution of all claims against Kaiser Gypsum Company, Inc. and/or Hanson Permanente Cement, Inc. or (2) obtained a judgment against or entered into a settlement agreement with Kaiser Gypsum Company, Inc. and/or Hanson Permanente Cement, Inc. for an amount that did not require payment from an Asbestos Insurer because it was not in excess of the applicable deductible amount? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, provide the following information to the best of your knowledge (if the claimant received payment from more than one Asbestos Insurer, provide information for all payments):</p> <p>Name of the Asbestos Insurer: _____</p> <p>Amount of Payment/Settlement: \$ _____ Date of Payment/Settlement: _____</p> <p>Was there a deductible applied to the payment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, deductible amount \$ _____</p> <p>Name of additional Asbestos Insurer: _____</p> <p>Amount of Payment/Settlement: \$ _____ Date of Payment/Settlement: _____</p> <p>Was there a deductible applied to the payment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES Deductible amount \$ _____</p>		

"Amount of Payment" is the amount actually received from the Insurer after subtraction of the deductible. For example, if a lawsuit is settled for \$100,000 and there is an applicable \$5,000 deductible that is not paid by the Insurer, then the Amount of Payment would be \$95,000. The claimant would check "Yes" to the question "was there a deductible applied to the payment?" and fill in \$5,000 for the deductible amount".

Section 6: Injured Party's Exposure to Debtors' Products

Provide information below for each location at which the injured party alleges exposure to asbestos or asbestos-containing products 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 Company, Inc. or Hanson Permanente Cement, Inc. or any other Entity for whose products, acts, omissions, business, or operations either Kaiser Gypsum Company, Inc. or Hanson Permanente Cement, Inc. 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.

Exposure 1

Was the claimant's asbestos exposure due 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; please also explain in the affidavit how the asbestos exposure occurred to claimant.

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 was exposed and for which the injured party alleges Kaiser Gypsum Company, Inc. and/or Hanson Permanente Cement, Inc. is legally responsible.		

Description of exposure to Debtors' products at this exposure site (check all that apply)

- Injured party handled raw asbestos fibers on a regular basis.
- Injured party fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.
- Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.
- Injured party was employed in industries and occupations 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.
- Other (If this box is checked, please describe the circumstances and duration of the injured party's exposure to Debtors' products below.)

Exposure 2

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

Was the claimant's asbestos exposure due 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; please also explain in the affidavit how the asbestos exposure occurred to claimant.

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 was exposed and for which the injured party alleges Kaiser Gypsum Company, Inc. and/or Hanson Permanente Cement, Inc. is legally responsible.

Description of exposure to Debtors' products at this exposure site (check all that apply)

- Injured party handled raw asbestos fibers on a regular basis.
- Injured party fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.
- Injured party altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.
- Injured party was employed in industries and occupations 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.
- Other (If this box is checked, please describe the circumstances and duration of the injured party's exposure to Debtors' products below.)

Section 7: 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 8: 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 an asbestos related disease.
- Proof of the injured party's exposure to Debtors' products (e.g., an affidavit or declaration).
- Proof that claimant's Insured Asbestos Claim has been fully and finally resolved (e.g., a settlement agreement or a final judgment) and, if the settlement or judgment amount exceeded the amount of the applicable deductible, paid by the applicable Asbestos Insurer(s), exclusive of the deductible (e.g., a copy of the check or wire transfer confirmation in payment of the settlement or judgment).
- Evidence of the date of the injured party's first and last exposure to an asbestos containing product for which Kaiser Gypsum Company, Inc. and/or Hanson Permanente Cement, Inc. has liability (e.g., an affidavit or declaration).

For deceased injured parties:

- Death certificate.

Other supporting documentation, as applicable:

- Letters of Administration or other proof of the personal representative's official capacity (if applicable under state law).