

Instructions for Filing APG Unliquidated Asbestos Trust Claims

The APG Asbestos Trust (the “Trust”) was established pursuant to the Third Amended Plan of Reorganization of Global Industrial Technologies, Inc. (as modified) (the “Plan”) confirmed in Jointly Administered Case No. 02-21626 by the United States Bankruptcy Court for the Western District of Pennsylvania on February 15, 2013. The Trust was established to process, liquidate and pay valid asbestos personal injury claims in accordance with the APG Asbestos Trust Distribution Procedures (the “TDP”) – a copy of which is attached. Unless otherwise defined herein, capitalized terms shall have the meaning ascribed to them in the TDP.

This document has been designed to assist with the completion and submission of the Unliquidated APG Asbestos Trust Claim Form (the “Claim Form”). These instructions apply only to holders of Unliquidated APG Asbestos Trust Claims seeking to liquidate their claim under Section 5.3 of the TDP.

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants (i.e. the injured party or his or her personal representative) in filing a complete and valid claim. Nothing in these instructions replaces or modifies the requirements of the TDP, and in the event of a conflict between these instructions and the TDP, the provisions of the TDP shall prevail. All claimants should thoroughly read and understand the TDP before filing a claim with the Trust.

MFR Claims Processing, Inc. (“MFR”), the Trust’s claims processing facility, has the capability to accept the Claim Form in electronic format. If you wish to file claims electronically, please contact MFR at 215-702-8033 or apginquiries@mfrclaims.com for further information and instructions. If you are a first-time filer, you must contact MFR to register your law firm prior to submitting a claim.

If submitting a paper-based Claim Form, please send it to the following address:

**MFR Claims Processing, Inc.
115 Pheasant Run
Suite 112
Newtown, PA 18940
(215) 702-8033**

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CLAIM REVIEW ELECTION

Section One of the Claim Form asks the claimant to elect one of the following types of review for his or her claim: Expedited Review (“ER”) or Individual Review (“IR”). These review elections are described in detail in Section 5.3 of the TDP. A claimant may also elect to file the claim as a Paid USG/A.P. Green Claim if the claimant is eligible for Expedited Review and is the holder of a Paid USG/A.P. Green Claim.

Expedited Review (“ER”)

The ER process is designed primarily to provide an expeditious, efficient and inexpensive method for liquidating all claims to the Trust, other than Disease Level V (Lung Cancer 2) Claims, Foreign Claims, Extraordinary Claims, and Exigent Hardship Claims. It is intended for claims that can easily be verified by the Trust as meeting the presumptive Medical/Exposure Criteria for the relevant Disease Level. Accordingly, the ER process provides claimants with a substantially less burdensome process for pursuing Trust Claims than does the IR Process described below. Claims that undergo the ER process and meet the presumptive Medical/Exposure Criteria for the relevant Disease Level will be approved for payment based on the Scheduled Value for such Disease Level set forth below, subject to the Payment Percentage in effect at the time the payment is made, the Maximum Available Payment, and the Claims Payment Ratio limitations set forth in the TDP.

Individual Review (“IR”)

Alternatively, a claimant may elect to undergo the IR process if the claim does not meet presumptive Medical/Exposure criteria for any of the Disease Levels in TDP Section 5.3. The IR Process provides the claimant with an opportunity for individual consideration and evaluation of the Medical/Exposure information submitted. Because the detailed examination and valuation process related to IR requires additional time and effort, claimants electing to undergo the IR process may have a longer waiting period for payment than would have been the case had the claimants elected the ER process. If the APG Asbestos Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the applicable tort system under the law and procedure of the Claimant’s Jurisdiction, the Trust can offer the claimant a liquidated value amount up to the Scheduled Value for that Disease Level. The value of claims that undergo the IR process may, however, be less than the Scheduled Value. If a claimant rejects the liquidated value offered by the Trust after IR, the claimant may challenge the resolution of the claim under the Trust’s ADR procedures, as described in Section 5.10 of the TDP.

Paid USG/A.P. Green Claims

As set forth in Section 5.3 of the Trust Distribution Procedures, the prior payment of a claim by the United States Gypsum Asbestos Personal Injury Settlement Trust (the “USG Trust”) caused by exposure to products and/or conduct for which A.P. Green Industries, Inc., A.P. Green Refractories Co., or any of their affiliates or predecessors have legal responsibility to the extent such conduct occurred prior to January 2, 1968 and/or the legal responsibility arose prior to such

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date does not bar a claim to the APG Asbestos Trust based upon the same exposure or conduct. Accordingly, claimants who have previously received payment for a claim from the USG Trust based solely on exposure at a site identified on the USG Trust's "A.P. Green Approved Site List" may elect to submit their claim as a Paid USG/A.P. Green Claim. The Paid USG/A.P. Green Claim must (1) have been approved and paid by the USG Trust based solely on exposure at a site identified on the USG Trust's "A.P. Green Approved Site List", (2) have been for a Level II – VIII claim as defined in the USG Trust's Trust Distribution Procedures, and (3) be eligible for ER under the APG Asbestos TDP. A Level I (Asbestos Disease – Cash Discount Payment) USG claim is not eligible to file as a Paid USG/A.P. Green Claim, nor are claims that alleged exposure to a USG product (in addition to exposure at a site identified on the USG Trust's "A.P. Green Approved Site List"). Claimants filing as Paid USG/A.P. Green Claims may submit a Claim Form without having to recount their injury and exposure history, meaning that the claimant is not required to complete Sections 8–12 of the Claim Form upon initial filing with the Trust. A Paid USG/A.P. Green Claim, however, may later be required to provide such information. Confirmation that the claimant is a holder of a Paid USG/A.P. Green Claim, the sufficiency of which shall be determined by the APG Trust in its sole discretion, must be submitted to the Trust in order to proceed as a Paid USG/A.P. Green Claim.

Please contact the APG Asbestos Trust's Help Line at (215) 702-8033 or APGinquiries@mfrclaims.com for additional information regarding the filing of a Paid USG/A.P. Green Claim.

In addition to making an election about how the claim will be submitted for review, claimants should also indicate in Section One of the Claim Form whether their claim is based on secondary exposure (see TDP § 5.5), whether it is based on foreign exposure (see TDP § 5.3(b)(1)), and whether the claimant wishes to submit his or her claim as an Exigent Hardship Claim or as an Extraordinary Claim (see TDP § 5.4).

Secondary Exposure Claims

Secondary Exposure Claims, as set forth in Section 5.5 of the TDP, are claims based on an asbestos-related disease that result solely from exposure to an occupationally exposed person. A Secondary Exposure claimant must establish that the occupationally exposed person would have met the exposure requirements under the TDP that would have been applicable had that person filed a direct claim against the Trust. A Secondary Exposure Claim may be processed through ER or IR.

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Foreign Claims

A Foreign Claim, as set forth in Section 5.3(b)(1) of the TDP, is a claim with respect to which the claimant's exposure to an asbestos-containing product for which an APG Entity has legal responsibility occurred outside of the United States and its Territories and Possessions, and outside of the Provinces and Territories of Canada. Foreign Claims must be processed through the IR process.

Exigent Hardship Claims

A claim may qualify as an Exigent Hardship Claim, pursuant to Section 5.4(b) of the TDP, if the claim meets the Medical/Exposure Criteria for Severe Asbestosis (Disease Level III) claim or an asbestos-related malignancy (Disease Levels IV–VII) claim, and the Trust, in its sole discretion, determines (i) that the claimant needs financial assistance on an immediate basis based on the claimant's expenses and all sources of available income, and (ii) that there is a causal connection between the claimant's dire financial condition and the claimant's asbestos-related disease. An Exigent Hardship Claim, following its liquidation, shall be placed first in the FIFO Payment Queue ahead of all other liquidated APG Asbestos Trust Claims except Pre-Petition Liquidated APG Asbestos Trust Claims. Exigent Hardship Claims must be processed through the IR process.

Extraordinary Claims

An Extraordinary Claim under Section 5.4(a) of the TDP is a claim in which the claimant's exposure to asbestos (i) occurred predominately as the result of working in a manufacturing facility of an APG Entity during a period in which an APG Entity was manufacturing asbestos-containing products at that facility, or (ii) was at least 75% the result of exposure to asbestos-containing product or to conduct for which an APG Entity has legal responsibility, and in either case there is little likelihood of a substantial recovery elsewhere. If a claim qualifies as Extraordinary, the claimant is entitled to an award of up to a maximum extraordinary value of five times the Scheduled Value multiplied by the Payment Percentage in effect at the time of payment (Disease Level V claims may receive up to five times the liquidated value of the claim multiplied by the Payment Percentage). Extraordinary Claims must be processed through the IR process.

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REQUIREMENTS FOR A VALID CLAIM UNDER THE TDP

Statute of Limitations

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

Respective Disease Levels and Their Scheduled Values

Claims are categorized according to seven asbestos-related Disease Levels. Each Disease Level is assigned a Scheduled Value. Valid ER claims will be paid the following Scheduled Values, multiplied by the Payment Percentage that is effective at the time the claim is liquidated. The Initial Payment Percentage for the Trust has been set at 4.5%.

<u>Disease Level</u>	<u>Scheduled Disease</u>	<u>Scheduled Value</u>
VII	Mesothelioma	\$130,000
VI	Lung Cancer 1	\$47,000
V	Lung Cancer 2	None
IV	Other Cancer	\$22,000
III	Severe Asbestosis	\$22,000
II	Asbestosis/Pleural Disease Level II	\$8,300
I	Asbestosis/Pleural Disease Level I	\$2,750

Medical and Exposure Criteria to Qualify for Payment

The following summarizes the medical and exposure criteria for the various Disease Levels. This is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP sets forth in detail the requirements that a claim must meet to receive an offer for the Scheduled Value.

Level VII – Mesothelioma

1. Diagnosis of mesothelioma; and
2. Credible evidence of APG Exposure as defined in Section 5.7(b)(3) of the TDP.

Level VI – Lung Cancer 1

1. Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease as defined in footnote 5 of the TDP;
2. Six months of APG Exposure prior to December 31, 1982;
3. Significant Occupational Exposure to asbestos as defined in Section 5.7(b)(2) of the TDP; and

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4. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Level V – Lung Cancer 2

1. Diagnosis of a primary lung cancer;
2. APG Exposure prior to December 31, 1982; and
3. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Lung Cancer 2 (Level V) claims are claims that do not meet the more stringent medical and/or exposure requirements of Lung Cancer 1 (Level VI) claims. All claims in this Disease Level must proceed through the IR process. Individual Review awards for this category will be capped at a maximum value of \$15,000, unless the claim qualifies for Extraordinary Claim treatment.

Level V Claims that show no evidence of either an underlying Bilateral Asbestos-Related Nonmalignant Disease or Significant Occupational Exposure may be individually evaluated, although it is not expected that such claims shall be treated as having any significant value, especially if the claimant is also a Smoker. In any event, no presumption of validity shall be available for any claims in this category.

Level IV – Other Cancer

1. Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease;
2. Six months of APG Exposure prior to December 31, 1982;
3. Significant Occupational Exposure to asbestos; and
4. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the Other Cancer in question.

Level III – Severe Asbestosis

1. Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%;
2. Six months APG Exposure prior to December 31, 1982;
3. Significant Occupational Exposure to asbestos; and
4. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

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Level II – Asbestosis/Pleural Disease Level II

1. Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%;
2. Six months APG Exposure prior to December 31, 1982;
3. Significant Occupational Exposure to asbestos; and
4. Supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Level I – Asbestosis/Pleural Disease Level I

1. Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease;
2. Six months APG Exposure prior to December 31, 1982; and
3. Five years cumulative occupational exposure to asbestos.

Medical Evidence Required to Establish an Asbestos-Related Disease

All diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least ten years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the claimant's exposure sufficient to establish a 10-year latency period. A finding by a physician after the Petition Date that a claimant's disease is "consistent with" or "compatible with" asbestosis shall not alone be treated as a diagnosis.

All diagnoses must be based upon a physical examination of the claimant by the physician providing the diagnosis of the asbestos-related disease, except that for Disease Levels IV–VII, the diagnosis may alternatively be based upon a diagnosis by a board-certified pathologist or by a pathology report prepared at or on behalf of a hospital accredited by the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO). For a claimant who was deceased at the time of claim filing, a diagnosis for Disease Levels I–III may alternatively be based upon (i) pathological evidence of the non-malignant asbestos-related disease; or (ii) in the case of Disease Levels I-II, evidence of Bilateral Asbestos-Related Nonmalignant Disease (as defined in Footnote 5 of the TDP), and for Disease Level III, either an ILO reading of 2/1 or greater or pathological evidence of asbestosis; and (iii) for either Disease Level II or III, pulmonary function testing.

For a detailed description of the medical evidence requirements by Disease Level see TDP Section 5.7(a). Claimants are advised to review that section of the TDP before filing a claim.

The Trust must have reasonable confidence that the medical evidence provided in support of the claim is credible and consistent with recognized medical standards. The Trust has determined, based on currently available information, that medical reports (or medical evidence) from certain doctors and medical facilities may not meet the reliability standards of this section. Accordingly, until further notice, the Trust will not accept medical reports (and/or medical evidence) from the following doctors and medical facilities: Dr. James Ballard, Dr. Kevin Cooper (of Pascagoula,

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Mississippi), Dr. Todd Coulter, Dr. Andrew Harron, Dr. Ray Harron, Dr. Glynn Hilbun, Dr. Barry Levy, Dr. George Martindale, Dr. Gregory Nayden, Dr. W. Allen Oaks, Netherland & Mason, Inc., Respiratory Testing Services, Inc., and Occupational Diagnostics; provided, however, in the event that a claimant's representative or counsel certifies that a deceased injured party has no medical evidence related to or concerning the effects of asbestos exposure on his or her health, whether supporting a positive diagnosis or not, other than from one of the foregoing persons or facilities, the claim may be submitted for Individual Review, and the Trust may consider such medical evidence from the foregoing and give it whatever weight the Trust, in its sole discretion, deems appropriate.

Exposure Evidence

In general, to meet the presumptive exposure requirements of Expedited Review, the claimant must show:

- For all Disease Levels, APG Exposure prior to December 31, 1982.
- For Asbestos/Pleural Disease Level I, six months APG Exposure prior to December 31, 1982, plus five years cumulative occupational asbestos exposure.
- For Asbestosis/Pleural Disease (Disease Level II), Severe Asbestosis (Disease Level III), Other Cancer (Disease Level IV) or Lung Cancer 1 (Disease Level VI), six months APG Exposure prior to December 31, 1982, plus Significant Occupational Exposure to asbestos.

If the claimant cannot meet the relevant presumptive exposure requirements for a Disease Level eligible for Expedited Review, the claimant may seek Individual Review.

The claimant must also indicate if the injured party was exposed to asbestos-containing products and/or conduct for which the injured party alleges an APG Entity has legal responsibility after December 5, 1980. Pursuant to the APG Trust Agreement, the Trust is required to act as reporting agent under the Medicare Secondary Payor Act ("MSP") for the Reorganized Debtors and Funding Insurers. The end date of the injured party's exposure to an APG product and/or conduct is necessary for the Trust to determine if a claim meets a CMS policy exception to reporting under MSP, and the Trust will rely on the claimant's representation regarding the exposure period to APG products and/or conduct in determining if a claim meets this exception.

Significant Occupational Exposure

"Significant Occupational Exposure" means employment 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 claimant (i) handled raw asbestos fibers on a regular basis; (ii) fabricated asbestos-containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers; (iii) altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers; or (iv) was employed in an industry and occupation such that the claimant worked on a

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regular basis in close proximity to workers engaged in the activities described in (i), (ii) and/or (iii).

Exposure evidence may be established by an affidavit or sworn statement of the injured party, co-worker or family member in the case of a claim submitted on behalf of a deceased injured person (providing the Trust finds such evidence reasonably reliable), by invoices, employment, construction or similar records, interrogatory answers, sworn work history, deposition testimony or by other credible evidence.

SUMMARY OF SUPPORTING DOCUMENTATION NEEDED FOR A CLAIM

If a claimant is qualified and elects to file a claim, he or she must file a complete Claim Form and submit all supporting documentation indicated:

For all claimants except Paid USG/A.P. Green Claims:

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

For deceased injured parties:

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

For claims for lost wages or Exigent Hardship Claims:

- 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 full years of employment.

Other supporting documentation, as applicable:

- Copy of tolling agreement (if applicable).
- For claims filed under Individual Review, any additional information and/or documents (see TDP Section 5.3(b)(3)) the injured party or claimant would like the Trust to consider in evaluating the claim.
- For claims filed as a Paid USG/A.P. Green Claim, confirmation that the claimant is a holder of a Paid USG/A.P. Green Claim.

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PROCESSING OF CLAIMS

In general, claims that have been deemed “sufficiently complete” per Section 5.1(a)(1) of the TDP will be processed and a liquidated value will be assigned to claims in the order in which the claims are received by the Trust, on a first-in-first-out basis. See Section 5.1(a)(1) of the TDP for details of the FIFO processing order.

PAYMENT OF CLAIMS

Once a claim is liquidated, it is placed in the FIFO Payment Queue 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 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

If the claim is made by a personal representative, the executed release must be accompanied by Certificate of Capacity or other proof of the personal representative’s capacity unless such documentation has previously been submitted to the Trust.

Subject to the Maximum Annual Payment and the Claims Payment Ratio, the claimant will receive a payment equal to the Payment Percentage multiplied by the liquidated value of the claim. The Payment Percentage is the percentage of the full liquidated value of a claim that claimants will receive from the Trust. The Payment Percentage is calculated based on the Trust’s estimate of the number, types and values of present and future claims and the value and liquidity of the Trust’s assets after considering the Trust’s operating expenses. The Trustee, with the consent of the Trust Advisory Committee and Future Claims Representative, may adjust the Payment Percentage to reflect updated estimates of the Trust’s liabilities. The Initial Payment Percentage for the Trust has been set at 4.5%.

QUESTIONS AND ASSISTANCE

If you have questions concerning these filing procedures or forms, you may reach the Trust in a variety of ways. The Trust has established a Help Line and website to report on the status of Trust operations and respond to questions. You can reach the Help Line at (215) 702-8033 or at APGinquiries@mfrclaims.com. The Trust’s website address is www.mfrclaims.com. A variety of training tools are also available at this website.