

**OWENS-ILLINOIS  
ASBESTOS PERSONAL INJURY TRUST  
PROOF OF CLAIM FORM**

Submit completed claims to:  
**Owens-Illinois Asbestos Personal Injury Trust  
P.O. Box 1189  
Wilmington, Delaware 19899**

**Instructions for the Claim Form**

**To file your claim more efficiently, submit and manage your claim electronically through the Owens-Illinois (“OI”) Asbestos Personal Injury Trust’s (the “Trust”) website. Visit [www.oiasbestospersonalinjurytrust.com](http://www.oiasbestospersonalinjurytrust.com) for more information.**

**Note: It is possible that claim data previously submitted to the Delaware Claims Processing Facility for another trust can be used to expedite the preparation and review of claims for the Trust. Doing so will reduce the work necessary to file a claim and minimize the time it takes to review the claim. Please visit the Trust’s website [www.oiasbestospersonalinjurytrust.com](http://www.oiasbestospersonalinjurytrust.com) for information on the use of this data.**

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Medical records as required by the Owens-Illinois Asbestos Personal Injury Trust Distribution Procedures (the “TDP”) and as requested in instructions
- Proof of OI Exposure, as applicable (i.e., qualifying OI Exposure, as defined below and as set out in the instructions and TDP)
- Documentation of Economic Loss (if applicable – see Part 8 below)
- If you are filing an IR claim and have additional information (see TDP Section 5.3(b)(2)) you want the Trust to consider in evaluating your claim, please include these documents with the claim form.

**Choice of Claim Process**

Please choose the applicable claim process (**check only one**):

- Expedited Review (“ER”) (not available for Lung Cancer 2 (Level VI), or Foreign Claims)
- Individual Review (“IR”) (not available for Level I, II or III)

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**Representation**

If counsel represents the Injured Party, please print or type the following information:

1. Attorney Name: \_\_\_\_\_  
(Last) (First) (MI)
2. Name of Law Firm: \_\_\_\_\_
3. Firm Address: \_\_\_\_\_  
\_\_\_\_\_
4. Attorney Phone: ( ) \_\_\_\_\_  
Attorney Fax: ( ) \_\_\_\_\_  
Attorney Email: \_\_\_\_\_
5. Contact Name: \_\_\_\_\_  
(Last) (First) (MI)
6. Contact Phone: ( ) \_\_\_\_\_  
Contact Fax: ( ) \_\_\_\_\_  
Contact Email: \_\_\_\_\_

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Part 1: Injured Party Information

1. Name: _____		
(Last)	(First)	(MI)
2. Social Security Number: _____ - _____ - _____		
3. Gender: Male _____ Female _____	4. Date of Birth: _____ / _____ / _____	
	(month)	(day) (year)

5. Is Injured Party living? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If Injured Party is deceased, please complete the following: **(Death Certificate must be enclosed)**

6a. Date of death: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

6b. Was death asbestos-related? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If Injured Party is living and not represented by counsel, please complete the following:

7a. Mailing address: \_\_\_\_\_  
(street/PO Box)  
\_\_\_\_\_  
(city/state/zip)

7b. Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

7c. Email Address: \_\_\_\_\_

8. If Injured Party is deceased or has a personal representative or heir other than, or in addition to, his/her attorney, please indicate the following for the representative. **(Certificate of Official Capacity or other estate documentation must be enclosed if applicable per state law.)**

8a. Name: \_\_\_\_\_  
(Last) (First) (MI)

8b. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Tax ID Number: \_\_\_\_\_

8c. Mailing Address: \_\_\_\_\_  
(street/PO Box)  
\_\_\_\_\_  
(city/state/zip)

8d. Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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8e. Email Address: \_\_\_\_\_

8f. Relationship to Injured Party: \_\_\_\_\_  
(spouse, child, etc.)

9. Please provide the following information for Medicare Reporting purposes:

- Check this box if the Injured Party's OI Exposure ended before December 5, 1980.

Please note that if the Injured Party is unable or chooses not to answer question 9, the Trust will presume exposure on or after December 5, 1980 for Medicare Reporting purposes only. This presumption will not affect the calculation of an Injured Party's exposure for purposes of meeting the TDP's exposure requirements.

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**Part 2: Diagnosed Asbestos-related Injuries**

1. Place an X next to the highest level (most serious) asbestos-related Disease Level that has been diagnosed for the Injured Party and for which medical documentation is attached to this claim form. See instructions for a list of specific medical criteria and records that must be enclosed for each Disease Level. **(Check only one disease)**

<u>Level</u>	<u>Scheduled Disease</u>
<input type="checkbox"/>	<b>VIII      Mesothelioma</b>
<input type="checkbox"/>	<b>VII      Lung Cancer I</b>
<input type="checkbox"/>	<b>VI      Lung Cancer 2 (Individual Review Only)</b>
<input type="checkbox"/>	<b>V      Other Cancer (Please specify: _____)</b>
<input type="checkbox"/>	<b>IV      Severe Asbestosis</b> (Either (1) a diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestosis, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) an "Asbestosis Death," which is defined to mean a death where (a) asbestosis is listed as the cause or a significant contributing cause of death on the death certificate or (b) a report from a Qualified Physician who is a pathologist, a pulmonologist or an occupational medicine physician states that asbestosis was a significant or contributing cause of death, or (3) a diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestosis, plus (a) a Qualified Physician who is a pulmonologist or an occupational medicine physician prescribes oxygen to the Injured Party, (b) the treating Qualified Physician states that the predominant cause of the need for oxygen is asbestosis, and (c) the oxygen is needed by the Injured Party to perform activities of daily life (e.g., not oxygen that is prescribed only for comfort care, at night, for surgery, or on occasion).
<input type="checkbox"/>	<b>III      Asbestosis/Pleural Disease</b> (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
<input type="checkbox"/>	<b>II      Asbestosis/Pleural Disease</b> (Bilateral Asbestos-Related Non-Malignant Disease)
<input type="checkbox"/>	<b>I      Other Asbestos Disease</b> (Cash Payment Discount, not subject to the Payment Percentage)

2. Date of Diagnosis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month)      (day)      (year)

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**The claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The presumptive medical criteria for the Disease Levels set forth above are included in the instructions.**

- For claims filed against OI or any other asbestos defendant in the tort system prior to the Petition Date (January 6, 2020), please check this box if you have a report of a diagnosing physician who conducted the physical exam of the Injured Party, or you have filed such a report with OI or another defendant in the tort system or another asbestos-related personal injury settlement trust. (see Sections 5.7(a)(1)(A) and 5.7(a)(1)(C) of the TDP).

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**Part 3: Exposure to Asbestos Operations, Activities or Products**

Proof of Significant Occupational Exposure (“SOE”) to asbestos-related products as well as proof of OI Exposure (*as defined below and as set out in the instructions and the TDP*) must be enclosed as required by TDP Sections 5.3 and 5.7(b). (See instructions) ***Please photocopy this section and list separately each company site, industry, and occupation combination upon which you rely to meet the exposure requirements of the TDP.***

“OI Products” means asbestos-containing products, equipment, components, parts, improvements to real property, or materials engineered, designed, marketed, manufactured, constructed, sold, supplied, produced, installed, maintained, serviced, specified, selected, repaired, removed, replaced, released or distributed by, or in any other way made available, or present at any premises owned, leased, occupied or operated by the Debtor (including, without limitation, any of the Debtor’s direct or indirect predecessors), including, without limitation, any of those products manufactured, sold, or distributed by, or in any other way made available, or present at any premises owned, leased, occupied or operated by, Debtor’s predecessor, Owens-Illinois, Inc.

***OI Exposure means meaningful and credible exposure, which occurred on or prior to December 31, 1958, to asbestos or OI Products for which the Debtor has legal responsibility.***

**Please include detail concerning all asbestos exposure (not just OI Exposure) that you think is sufficient to meet the criteria for approval of the claim at the claimed Disease Level. List each site, industry and occupation combination separately.**

*For OI Exposure, a list of approved OI sites is available on the Trust website ([www.oiasbestospersonalinjurytrust.com](http://www.oiasbestospersonalinjurytrust.com)). Please reference this list and enter the Approved OI Site Code in item #1 below.*

*If the site where you are alleging OI Exposure is not on the approved OI site list, provide independent documentation of OI Exposure. This may be established by documentation including, but not limited to, the following:*

- *An affidavit of the Injured Party*
- *An affidavit of a co-worker*
- *Invoices*
- *Construction or similar records*
- *Sworn statement, interrogatory answers, sworn work history, or deposition*

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**1. Site/Plant where exposure occurred:**

Name of Site/Plant of Asbestos Exposure: \_\_\_\_\_

Or, if this site is on the approved OI site list, enter the Site Code from Exhibit A (available on the Trust website)

Site Code: \_\_\_\_\_

If a Site Code is entered, please skip to question 2, otherwise provide:

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

If this exposure involved products manufactured, produced, distributed, sold, fabricated, installed, released, maintained, repaired, replaced, removed, and/or handled by OI or any entity, including an OI contracting entity, for which OI is responsible, identify the products and provide the evidentiary basis for the claim that these products were at that site.

\_\_\_\_\_

\_\_\_\_\_

2. Date exposure began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date exposure ended: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (year) (month) (year)

3. Occupation at time of exposure (*e.g.*, Boilermaker, Laborer, etc.): \_\_\_\_\_

4. Industry in which exposure occurred: \_\_\_\_\_ (Industry codes listed below)

If Code 37 - Other, please describe: \_\_\_\_\_

**Industry Codes**

- |   |                                    |
|---|------------------------------------|
| 10. Asbestos mining                     | 24. Petrochemical                  |
| 11. Aerospace/aviation                  | 25. Insulation                     |
| 12. Asbestos abatement                  | 27. Railroad                       |
| 13. Automobile/mechanical friction      | 30. Shipyard-construction/repair   |
| 16. Chemical                            | 31. Textile                        |
| 17. Construction trades                 | 32. Tire/rubber                    |
| 18. Iron/steel                          | 33. Utilities                      |
| 19. Longshore                           | 34. Asbestos products manufacturer |
| 20. Maritime                            | 36. Building occupant              |
| 21. Military                            | 37. Other                          |
| 23. Non-asbestos products manufacturing |                                    |





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**Part 4: Exposure from an Occupationally Exposed Person**

1. Is the Injured Party alleging an asbestos-related disease resulting in whole or in part from another person's occupational exposure, such as a family member (spouse, parent, sibling, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Part 3 must also be completed for each occupationally exposed person.

2. Date exposure to occupationally exposed person began: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

3. Date exposure to occupationally exposed person ended: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

4. Relationship to occupationally exposed individual:

\_\_\_\_\_  
(sibling, child, spouse, etc.)

5. Social Security Number of occupationally exposed individual: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Describe how the Injured Party was exposed through the occupationally exposed individual to the OI Products or conduct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder: Part 3 must be completed for the occupationally exposed person. If the Injured Party also had direct, occupational exposure to asbestos, Part 3 must also be completed for that exposure.**

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**Part 5: Litigation/Claims History**

1. Has an asbestos-related lawsuit ever been filed on behalf of the Injured Party? Yes\_\_\_\_ No\_\_\_\_
  - a. Was OI named as a defendant? Yes\_\_\_\_ No\_\_\_\_
  - b. State in which the suit was originally filed: \_\_\_\_\_
  - c. Name of court in which the suit was originally filed: \_\_\_\_\_
  - d. Case number: \_\_\_\_\_
  - e. Date the suit was originally filed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)
  - f. Has the Injured Party received money from OI regarding this suit? Yes\_\_\_\_ No\_\_\_\_
  - g. Did the Injured Party sign a release releasing OI regarding this suit? Yes\_\_\_\_ No\_\_\_\_
  
2. If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered? Yes \_\_\_\_\_ No \_\_\_\_\_
  - 2a. If the answer to question 2 above is Yes, provide a copy of the judgment.
  - 2b. If the answer to question 2 above is No, was an appeal filed by OI or the plaintiff in connection with the suit? Yes\_\_\_\_ No\_\_\_\_
  - 2c. If the answer to question 2b above is Yes, please provide the case number of the appeal and indicate whether a letter of credit, appeal bond, supersedeas bond or other security or surety was issued in connection with the appeal, verdict, or judgment.  
\_\_\_\_\_
  
3. If the answer to question 1(a) above is No, in which state/jurisdiction would the Injured Party qualify to be evaluated pursuant to TDP Section 5.3(b)(2)?  
\_\_\_\_\_

  - 3a. Is this the state/jurisdiction where the Injured Party resided at the time of diagnosis? Yes\_\_\_\_ No\_\_\_\_
  - 3b. Is this the state/jurisdiction where the Injured Party was exposed to an asbestos-containing product or to conduct for which OI has legal responsibility? Yes\_\_\_\_ No\_\_\_\_
  - 3c. Is this the state/jurisdiction where the Injured Party resided at the time of the filing of this claim? Yes\_\_\_\_ No\_\_\_\_

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4. Was a tolling agreement for the Injured Party ever in effect with respect to the claim(s) against OI? Yes\_\_\_\_ No\_\_\_\_

a. Date the tolling agreement began: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (day) (year)

b. Date the tolling agreement ended: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (day) (year)

**If your answer to Question 4 is “Yes”, please enclose a copy of the tolling agreement with this Claim Form.**

5. Has a claim on behalf of the Injured Party ever been submitted to OI pursuant to an administrative settlement agreement? Yes\_\_\_ No \_\_\_

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**Part 6: Financial Dependents**

List any other persons who may have rights associated with this claim. Be sure to include the Injured Party's spouse and/or any other financial dependents who derive (or who derived at the time of diagnosis of the asbestos-related disease claimed) at least one-half of their financial support from the Injured Party. ***This must be completed for IR claims only.***

If additional space is required, please photocopy this page and insert after current page.

1. Name: _____	2. Date of Birth: ____/____/____
(Last)            (First)            (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____	2. Date of Birth: ____/____/____
(Last)            (First)            (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____	2. Date of Birth: ____/____/____
(Last)            (First)            (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name: _____	2. Date of Birth: ____/____/____
(Last)            (First)            (MI)	(month) (day) (year)
3. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____	4. Financially Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Part 7: Smoking History**

For each section below, indicate whether the Injured Party has smoked. Please indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate, *e.g.*, three and one-half packs would be entered as 3.5. ***This must only be completed for IR claims alleging Disease Level VII.***

<b>1. Has the Injured Party ever Smoked Cigarettes?</b>	Yes_____	No_____
1a. From: _____/_____ (month) (year)	To: _____/_____ (month) (year)	
1b. Packs per day:_____ (use decimal)		

<b>1. Has the Injured Party ever Smoked Cigars?</b>	Yes_____	No_____
1a. From: _____/_____ (month) (year)	To: _____/_____ (month) (year)	
1b. Cigars per day:_____ (use decimal)		

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**Part 8: Employment Information for Economic Loss**

*This must be completed for IR claims only.*

1. Current Employment Status of the Injured Party:

- Full-time, outside the home
- Full-time, within the home
- Part-time, outside the home
- Part-time, within the home
- Retired
- Disabled
- Deceased

2. Amount of last annual wages: \$ \_\_\_\_\_

3. Date of last wage received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (year)

(Enter current date if currently earning work-related compensation.)

**If you are claiming Economic Loss, you must enclose an economic report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.**

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**Part 9: Signature Page**

**All claims must be signed by the Injured Party, or the person filing on his/her behalf (such as the personal representative or attorney).**

If signed by the Injured Party or the personal representative, I (the Injured Party or personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, the information submitted is accurate.

If signed by the Injured Party's counsel, upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of Injured Party, personal representative, or Injured Party's counsel.

Please print the name and relationship to the Injured Party of the signatory above.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

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

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law.
- Medical Records as required by the TDP and as requested in the instructions
- Proof of OI Exposure and Significant Occupational Exposure as required in the TDP and requested in the instructions, including affidavits from the Injured Party or others.
- Copy of the tolling agreement (if applicable in Part 5)
- Documentation of Economic Loss (if Part 8 is applicable)