

United Gilsonite Deficiency Code Descriptions

Deficiency Code	Description	Resolution Description
501	Death Certificate	Please submit a copy of the injured person's death certificate.
502	Personal Representative	Please submit the name of Personal Representative, SSN, and Certificate of Official Capacity. This information should pertain to the guardian or representative of the estate, not the injured party. Requisite documentation consists of one of the following: Executor of the Estate, Letter of Administration, and Letter of Official Capacity. In the alternative, where there has been no administration of a decedent's estate, please complete one of the personal representative affidavits to be used to establish an individual's authority to act for, bind, and accept payment on behalf of a decedent/injured party and his/her estate and heirs. The affidavit forms are available at www.UGLTrust.com
503	Injured party's SSN	Please submit the injured person's social security number or foreign identification number.
504	Date of Birth	Please submit the injured party's date of birth.
505	Date of Diagnosis	Please submit the date of diagnosis based on the disease that you expect will be confirmed by the medical documentation.
506	Lawsuit State	Please provide the state in which the lawsuit was originally filed.
507	Lawsuit Date	Please provide the date on which suit was originally filed.
508	Signature of Claimant /Representative	Please provide signature of Claimant/Representative
509	Unacceptable Physician/Laboratory	The non-malignant or underlying non-malignant asbestos-related diagnosis is based upon the medical report of one of the unacceptable physicians or laboratories.
510	Beginning and ending exposure dates	Please provide the time period at each specific job site.
511	Medical Documentation	Please provide medical records as required by the Trust Distribution Procedures for the injury categorization.
512	Exposure Documentation	Please provide proof of Debtor Exposure, and if applicable, Significant Occupational Exposure as required in the Trust Distribution Procedures.
513	Plant/Site of Exposure	Please provide the plant/site of exposure.
514	Occupation	Please provide the occupation and description of job duties that led to the injured party's exposure.
515	Industry	Please provide the industry and the description of the industry where the injured party was exposed.

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516	Bystander	Please provide beginning and ending dates of Injured Party's secondary exposure.
517	Wage Information	Please provide the claimant's most recent W-2 and the first page of IRS form 1040.
518	Injured party's name - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the spelling of the injured party's name.
519	Date of Birth - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Date of Birth.
520	Social Security Number - Discrepancy	Due to conflicting information provided in the claim submissions, please provide clarification of the injured party's Social Security Number.
521	Date of Death - Discrepancy	Due to conflicting information in the claim submissions, please provide clarification of the injured party's Date of Death.
522	Latency	Please provide either a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis or a history of the claimant's exposure sufficient to establish a 10-year latency period.
523	Diagnosis of Mesothelioma	Please provide a diagnosis of Mesothelioma as described in Section 5.5 of the TDP.
524	Diagnosis of Lung Cancer	Please provide a diagnosis of Lung Cancer as described in Section 5.5 of the TDP.
525	Diagnosis of Severe Asbestosis	Please provide a diagnosis of Severe Asbestosis Disease as described in Section 5.5 of the TDP.
526	Diagnosis of Other Cancer	Please provide a diagnosis of Other Cancer as described in Section 5.5 of the TDP.
527	Non-malignant Underlying Asbestos Disease	Please provide a medical report from a qualified physician demonstrating evidence of an underlying Bilateral Asbestos-Related Non-malignant Disease as defined in footnote 5 of the TDP.
528	Causation Lung Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged lung cancer.
529	Causation Other Cancer	Please provide medical documentation establishing asbestos exposure as a contributing factor in causing the alleged other cancer type.
530	Medical report failed to comply with section 5.5 of the TDP	Medical report submitted fails to comply with Section 5.5 of the TDP.

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531	Alleged injury not compensable	The alleged injury is not compensable by the Trust under the TDP.
532	Medical documentation not for claimant	The medical documentation provided is not related to the named claimant.
533	Physical examination report	Please submit a physical examination of the claimant by the Qualified Physician providing the diagnosis. A physical examination includes a basic inspection of the patient by a physician for physical signs and symptoms of a disease or abnormality. The practical application of this definition includes a meeting between a physician and patient in an examination area where the physician proceeds to inspect the patient with the standard of care appropriate for examinations related to suspected asbestos-related diseases. The examining physician should also indicate that he or she performed or reviewed reports of B-Reading, pulmonary function testing, or pathology tests on which his or her opinion of the patient's condition is based.
534	X-Ray reading	Please submit a chest x-ray reading by a certified B-reader.
535	Pulmonary Function Test	Please submit a pulmonary function test report.
536	SOE	Please provide evidence of Significant Occupational Exposure as described in Section 5.5(b)(1)(A) of the TDP.
537	Occupation	Please provide the occupation that led to claimant's exposure to asbestos products.
538	Employer, Plant/Site of Exposure	Please submit the employer(s) or site(s) where claimant's exposure occurred.
539	Time Period	Please submit the time period worked at each specific job site.
540	Bystander (source of exposure)	Please submit exposure information pertaining to the person who was the source of exposure for the Injured Party alleging secondary exposure. Please complete and submit Section 7, Part 1 and/or Part 2, as applicable, of the claim form with the information for the occupationally exposed person or the do-it-yourself exposed person.
541	Bystander (relationship)	Please submit the relationship to the occupationally exposed person or the do-it-yourself person.
542	Bystander (injured party)	Please describe how Injured Party was exposed to UGL products through the occupationally exposed person or the do-it-yourself person. Please complete and submit Section 8 of the claim form.
543	Contradicting Exposure Allegations	Exposure information contained in the documents submitted with the claim filing contradicts exposure allegations provided for on the claim form. Please provide clarification of the contradicting exposure allegations.

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544	Occupational Asbestos Exposure	Please provide five years cumulative occupational exposure to asbestos as described in Section 5.5 of the TDP.
545	Individualized job description	Please provide a job description that is specific to the Injured Party's actual employment experience. This cannot be a generic generalized statement.
546	Exposure documentation is not for the claimant	The exposure documentation provided is not for the above-named Injured Party. Please submit exposure documentation pertaining to the Injured Party.
547	The alleged disease category requires evidence of occupational exposure.	The alleged disease category requires evidence of occupational exposure.
548	Exposure occurring after May 22, 1980 is not compensable.	Exposure occurring after May 22, 1980 is not compensable.
549	UGL Company Exposure	With rare exceptions a UGL Company Employee is barred from pursuing a Trust Claim against the UGL Trust and is limited to workers' compensation remedies. If one of these exceptions is applicable, please provide evidence.
550	Debtor Exposure (6 months)	Please provide 6 months of meaningful and credible exposure, which occurred prior to May 22, 1980, (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by United Gilsonite Laboratories or for which it otherwise has legal responsibility or (b) to conduct for which United Gilsonite Laboratories has legal responsibility that exposed the claimant to an asbestos-containing product. This may be established by an affidavit or sworn statement of the claimant (based on personal knowledge); an affidavit or sworn statement of a family member (based on personal knowledge); an affidavit or sworn statement of a co-worker (based on personal knowledge); by invoices, employment, construction or similar records; or by other credible evidence.
551	Debtor Exposure	Please provide meaningful and credible exposure, which occurred prior to May 22, 1980, (a) to an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by United Gilsonite Laboratories or for which it otherwise has legal responsibility or (b) to conduct for which United Gilsonite Laboratories has legal responsibility that exposed the claimant to an asbestos-containing product. This may be established by an affidavit or sworn statement of the claimant (based on personal knowledge); an affidavit or sworn statement of a family member (based on personal knowledge); an affidavit or sworn statement of a co-worker (based on personal knowledge); by invoices, employment, construction or similar records; or by other credible evidence.

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552	Product Identification	Please provide meaningful and credible evidence that demonstrates the presence of an asbestos-containing product sold, distributed, marketed, handled, processed, or manufactured by United Gilsonite Laboratories or for which it otherwise has legal responsibility at the identified worksite. This may be established by an affidavit or sworn statement of the claimant (based on personal knowledge); an affidavit or sworn statement of a family member (based on personal knowledge); an affidavit or sworn statement of a co-worker (based on personal knowledge); by invoices, employment, construction or similar records; or by other credible evidence.
553	Atypical Exposure	The product that the Injured Party was alleged to have been exposed is one not typically associated with Injured Party's occupation, description of duties, or do-it-yourself project. Please provide a detailed explanation as to how the claimant was exposed to the alleged asbestos-containing UGL product.
554	Quality 3 X-ray	The chest x-ray/B-reader report provided has a film quality rating of a 3 and therefore the claim cannot be validated.
559	Court	Please provide the name of the Court in which the lawsuit was filed.
560	Docket Number	Please provide the Docket Number of the lawsuit filed.
561	Jurisdiction	Please provide the state/jurisdiction which the claimant would qualify to be evaluated pursuant to TDP Section 5.2(b)(2) and fully complete Part 2 of the claim form indicating the basis for the state/jurisdiction selected.
562	City and State	Please provide the city and state of the alleged site of exposure.
563	Tolling Agreement	Please provide a copy of the Tolling Agreement referenced in Section 6, Part 2 of the claim form.
564	Filer ID	Please provide the law firm Filer ID Number.
565	Exposure Disallowance – Further Evidence re Purchase of Product	Claimant's alleged exposure is with an employer or industry that is not typically associated with UGL asbestos-containing product(s). Large commercial or industrial operations typically did not purchase UGL products directly. UGL products were more commonly consumer based products. Therefore, please provide further evidence or information on the purchase and use of UGL products at the injured party's employer.
566	Product Outside Known Geographic Region	Please submit further proof of UGL product at the identified worksite. The Trust records do not show distribution of product in the geographic location of the alleged exposure. This must be established with adequate detail necessary to meet the requirement set forth in Section 5.5 (b)(1)(B) as amended by the Third Amendment to the First Amended United Gilsonite Laboratories Asbestos Personal Injury TDP.

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569	Claim Time Barred	This claim is time barred according to Section 5.1(a)(2) of the First Amended United Gilsonite Laboratories Asbestos Personal Injury Trust Distribution Procedures.
570	Affidavit and/or Testimonial Insufficient	The affidavits and/or testimonials submitted purporting to identify the presence of UGL asbestos-containing products at the site(s) are insufficient. The testimony fails to definitively identify a UGL asbestos product at the alleged location(s) of exposure.
575	Completion of all exposure sections of the claim form are mandatory	Completion of all exposure sections of the claim form are mandatory.
576	UGL asbestos-containing products or materials is required.	Please provide names of all UGL asbestos-containing products or materials to which injured party was exposed.
577	Please provide a properly executed and notarized exposure affidavit.	Please provide a properly executed and notarized exposure affidavit.
580	Medical Reports missing physician signature	The diagnosing medical report(s) submitted are missing a physician's signature or the physician on the diagnosing medical report(s) cannot be determined.
581	Complete Section 7, Part 1 of the claim form	Please provide the Do-it-Yourself Exposure details on Section 7, Part 1 of the claim form.
582	Complete Section 7, Part 2 of the claim form	Please provide the Occupational Exposure details on Section 7, Part 2 of the claim form.
583	Complete Section 8, Secondary Exposure	Please provide the Secondary Exposure (Exposure to an Occupationally Exposed person) details on Section 8 of the claim form.
584	Frequency and Duration	In order to establish meaningful and credible exposure to UGL product it must be established that there was direct exposure to the UGL product for no less than six months, or, as otherwise required in the TDP for the applicable Disease Level. This must be established with adequate detail necessary to meet the requirement set forth in Section 5.5 (b)(1)(B) of the TDP . It is not sufficient to merely state that exposure occurred over a six-month period during a longer renovation project, it must be established how the exposure occurred, where it occurred and WHAT PORTION (measured in days) of the project entailed the application or removal of the UGL asbestos containing product.

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585	Ohio Claims	Because claims with Ohio exposure may be subject to statutory subrogation right of recovery by the state of Ohio, claims reflecting a lawsuit filing in the state of Ohio, Claimant’s Jurisdiction of Ohio, or residence in the state of Ohio will have an administrative hold placed on them until the Trust can be satisfied that the state does not have a lien on them. To cure the deficiency, the claimant must provide documentation confirming that the state of Ohio does not have a subrogation interest in the claim. The claimant may obtain that documentation by contacting the Subrogation Unit at the Ohio Bureau of Workers’ Compensation (“Bureau”) and asking the Bureau to provide confirmation by letter on Bureau letterhead signed by a Bureau representative that the claimant is not subject to Ohio R.C. Section 4123.931. The letter must state one of the following: (i) that no claims were ever filed by or on the behalf of the claimant; (ii) that no claims for an asbestos-related injury were ever filed on behalf of the claimant; (iii) that no claims were found for the claimant that fall under the current subrogation statute (O.R.C. 4123.93 and 4123.931); or (iv) that the claimant has already satisfied any liens owed to the Ohio BWC. The Bureau letter should then be uploaded to the claim for review. If the letter from the Ohio Bureau of Workers’ Compensation states the claimant was self-insured, a letter from the claimant’s employer stating it will not assert a lien will be required to resolve the deficiency.
586	The Injured Party’s date of birth cannot be confirmed.	The Injured Party’s date of birth cannot be confirmed by our independent third party verification service. Please provide independent proof of the Date of Birth. This proof may be established by a Birth Certificate or Government issued ID that includes the Date of Birth.
587	The Injured Party’s social security number cannot be confirmed.	The Injured Party’s Social Security Number cannot be confirmed by our independent third party verification service. Please provide independent proof of the Social Security Number. This proof may be established by a copy of a Social Security Card, Social Security Records, Military Records, Driver’s license or other Government issued ID.
588	The Injured Party’s name cannot be confirmed.	The Injured Party’s name cannot be confirmed by our independent third party verification service. Please provide some form of ID that correctly spells the Injured Party’s legal name.
589	Address(es) of residential exposure	Please provide the address(es) of the alleged residential exposure.