

## **Claim Package Checklist – Other Cancer**

*All fields on claim form must be completed within the required Sections unless specifically marked as optional on the claim form.*

### **Claim Form Review**

- Section 1: Representation [Optional unless represented by counsel]
  - Firm name and address must be consistent for same firm for all claims submitted
  - Attorney name must remain consistent
  - Firm Contact is optional
  
- Section 2: Injured Party/Decedent Information
  - Full legal name should be used, no nicknames
  - SSN may also be foreign ID
  - Place of birth should include City and State, or equivalent
  - If living and not represented by counsel, Item 8 must be completed
  - If deceased, Item 9 must be completed
  - If injured party has Personal Rep, Item 10 must be completed
  - If Married, Items 11a-d must be completed
  
- Section 3: Injuries
  - Select non-respiratory cancer under “Other Cancer” category
  - Diagnosis date must be completed
  
- Section 4: Diagnosis
  - Physician’s name and board certification must be completed
  - Date of Report
  - Check non-respiratory malignancy that applies
  
- Section 5: Chest X-Ray [Required if no pathology report is provided, or pathology report provided does not show pathological diagnosis of asbestosis, or a CT scan does not show evidence of interstitial disease attributed to prior asbestos exposure]
  
- Section 6: CT Scan [Required if no pathology report is provided, or pathology report provided does not show pathological diagnosis of asbestosis, or an X-Ray does not show evidence of asbestos related anatomical changes]
  
- Section 7: Pulmonary Function Test [Not required unless depending upon a clinical diagnosis of Asbestosis]
  
- Section 8: Pathology Report
  - All fields are required
  - Must show non-respiratory malignancy as result

- Section 9: Dependent/Beneficiary [Required if Injured Party is deceased]
  - One copy of Section 9 should be included for each Dependent or Beneficiary
  - Items 1, 2, & 6 are required
  - Item 3, 4, & 5 are optional
  - Item 7 is only required if Dependent/Beneficiary is not a spouse or minor child
  
- Section 10: Land Exposure
  - One copy of Section 10 for each land exposure
  - Job Title/Occupations(s)
  - Site(s) must match site list (located at [www.JTTSTrust.com](http://www.JTTSTrust.com))
  - First and Last Dates on site must be completed
  - Item 6 required only if qualifying under the 10% minimum exposure requirement
  
- Section 11: Shipboard Exposure
  - One copy of Section 11 for each ship/shipyard exposure
  - Name of Ship must match ship list (located at [www.JTTSTrust.com](http://www.JTTSTrust.com))
  - First and Last Dates on board must be completed
  - Item 7 required only if qualifying under the 10% minimum exposure requirement
  
- Section 12: Secondary Exposure [Not required for direct exposure claim]
  - Name and SSN of occupationally exposed party required
  - Dates of exposure must be complete
  - Item 4 required only if injured person did not live with occupationally exposed person
  
- Section 13: Smoking History
  - Items 2-4 required for smokers only
  
- Section 14: Economic Loss/Medical Expense
  - Not required if losses do not exceed \$200,000.00
  - Complete both fields
  
- Section 15: Asbestos Litigation
  - Complete Jurisdictional information
  - Complete items 2-9
  
- Section 16: Signature
  - Name and relationship must be filled in and form dated

## Supporting Document/Bookmark Review – Other Cancer

*All claim forms must be accompanied by supporting documentation with relevant portions bookmarked or highlighted.*

\*Document/Bookmark Requirement: AR – Always Required, SR – Sometimes Required, NR – Never Required

<b>Claim Form Section</b>	<b>Highlight/Bookmark</b>	<b>Bookmark Description</b>	<b>Requirement*</b>
1: Representation		Firm name and address must be consistent with firm for all claims submitted; Attorney name must remain consistent; Firm Contact is optional	AR
2: Injured Party Information	Name	Name of Injured Party/deceased	AR
	SSN	Social Security Number of Injured Party/deceased	AR
	DOB	Date of Birth of Injured Party/deceased	AR
	DOD	Date of death. Must show date on death certificate	SR
	AsbRel	Asbestos-Related Death. Proof that death was asbestos-related	SR
	PRName	Name of Personal Representative	SR
	PRCap	Personal Representative capacity. Should point to appropriate document showing personal representation capacity such as Power of Attorney or Letter of Attestation.	SR
	MarStat	Current marital status or status at time of death.	SR
3: Injury	Inj	Must be marked with a non-respiratory cancer	AR
4: Diagnosis	Diag	Diagnosis. Should point to the pathology report, physical exam or death certificate showing a certified physician provided a diagnosis of the alleged disease. Death certificate is not sufficient without accompanying pathology or autopsy findings.	AR

<b>Claim Form Section</b>	<b>Highlight/Bookmark</b>	<b>Bookmark Description</b>	<b>Requirement*</b>
5: Chest X-Ray	XRay	XRay. Must reference all XRay information, including physician name, report date and results. (If multiple, entitle bookmarks as XRay1, XRay2, etc.)	SR
6: CT Scan	CTScan	CT Scan. Must reference all Scan information, including physician name, report date and results. (If multiple, entitle bookmarks as CTScan1, CTScan2, etc.)	SR
7: Pulmonary Function Test	PFT	PFT Results. Must reference all PFT information, including physician name, report date and results. (If multiple, entitle bookmarks as PFT1, PFT2, etc.)	SR
8: Pathology Report	Path	Pathology Results. Must diagnose a non-respiratory malignancy, including physician name, report date and results. (If multiple, entitle bookmarks as Path1, Path2, etc.)	SR
9: Dependent/ Beneficiary	Dep	Must reference all Dependent information, including name, social security number, relationship and date of birth. (If multiple, entitle bookmarks as Dep1, Dep2, etc.)	SR
	DepNat	For dependents who are not a spouse or child of the Injured Party, show proof of the nature of their dependence on the Injured Party	SR
10: Land Exposure	LExp	Must reference all Land Exposure information, including employer, job title/occupation, site name and dates. (If multiple, entitle bookmarks as LExp1, LExp2, etc.)	AR
11: Shipboard Exposure	SExp	Must reference all Shipboard Exposure information, including employer, job title/occupation, ship name, site name and dates. (If multiple, entitle bookmarks as SExp1, SExp2, etc.)	AR

<b>Claim Form Section</b>	<b>Highlight/Bookmark</b>	<b>Bookmark Description</b>	<b>Requirement*</b>
12: Secondary Exposure	SEOEP	Must reference all Occupationally Exposed Person information including name, social security number and relationship to the Injured Party.	SR
	SEDates	Must reference the dates the Injured Party was exposed to asbestos through the Occupationally Exposed Person.	SR
	SEReason	If the reason for asbestos exposure was other than "living with the Occupationally Exposed Person, show how the exposure occurred.	SR
13: Smoking History	Smoking	This bookmark should point information re: Injured Person's smoking history, including years smoked, average pack(s) smoked per day, and year quit, if applicable.	AR
14: Economic Loss/Medical Expense	Econ	This bookmark should point to the conclusions section of the economic report. (Not required if claimed economic losses do not exceed \$200,000.00.)	SR
	MedExp	This bookmark should point to the conclusions section of the medical expense affidavit. (Not required if medical expenses do not exceed \$200,000.00.)	SR
15: Asbestos Litigation	Lit	This bookmark should point to the cover page of the suit or claim filed. If no suit has been filed, it should point to the declaration that a suit could have been filed. (If multiple, entitle bookmarks as Lit1, Lit2, etc.)	AR
16: Signature	Sig	This bookmark should point to the signature page of the claim form.	AR

**Note:** Supporting documents must be compiled with specific Exhibits or Tabs identifying the related material:

- Exhibit 1: Completed/signed Claim Form
- Exhibit 2: Verified Answers to Interrogatories (San Francisco General Order 129 Responses to Interrogatories, Set 1 and Set 2, or the attested to Claim Form Interrogatory responses).
- Exhibit 3: Medical Records
- Exhibit 4: Official Death Certificate, if appropriate
- Exhibit 5: Economic Report evidence wage/pension/home service losses
- Exhibit 6: Affidavit and/or medical invoices evidencing medical expenses
- Exhibit 7: Litigation documentation (Endorsed/filed copy of the face page of the Complaint or equivalent proof of commencement of litigation; declaration of personam jurisdiction as of February 12, 2002 if no lawsuit has been filed; statement electing the governing jurisdiction if more than one lawsuit has been filed).
- Exhibit 8: Social Security Records in support of stated work history
- Exhibit 9: Other information

Exhibits may be a sheet of paper inserted at the beginning of the document, identifying the subsequent document. If a document is not submitted, an Exhibit sheet with an explanatory note is still required (i.e., “Medical expenses do not exceed \$200,000.00.”)

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