

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF STATE**

John Smith and Mary North, on behalf of themselves  
and all others with similar claims,  
Plaintiffs

v.

Civil Action No. 00-1234

XYZ Corporation,  
Defendant

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**NOTICE OF PROPOSED CLASS ACTION SETTLEMENT,  
RIGHT TO EXCLUSION, AND HEARING**

To: All persons who have been exposed to asbestos fibers in Xbestos, XYZinsulation, and any other products of XYZ Corporation at any time.

**Read this notice carefully. You may be entitled to share in the settlement proceeds of a class action lawsuit. Your rights to money and other benefits may be affected.**

**This is not a lawsuit against you. You are not being sued. This is a notice of proposed class action settlement. In the following notice, you are being asked to decide whether you would like to participate in this class action.**

### Why did you receive this notice?

This notice has been sent to you because you may be a member of a group of individuals (a class ) for whom a proposed settlement with XYZ Corporation has been reached. If the proposed settlement is approved by the court, you may be eligible for money and other benefits, unless you decide to exclude yourself from the class. This notice will help you answer the following questions:

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**1. What is a class action?**

A class action is a lawsuit in which one or more persons sue on behalf of other persons who have similar claims. The members of this group are called the class. The settlement of a class action lawsuit determines the rights of the entire class except for those who choose to exclude themselves from the class (see section 6c below). For this reason, the settlement of a class action must be approved by the judge. Those class members who do not exclude themselves from the class may submit a claim (see section 6a below) and receive payment of money and other benefits. They may also object to the terms of the settlement and still remain in the class (see section 6b below).

**WARNING:** If you are a member of the class and you do not exclude yourself or file a claim, you will not share in the settlement proceeds and be prohibited from pursuing your own case against XYZ Corporation for the claims that are the subject of this lawsuit.

**2. Who are the parties in this class action?**

The plaintiffs are John Smith and Mary North. John Smith was employed as a construction worker and contends that he used products of the defendant ( XYZ Corporation ) that contained asbestos fibers during the course of his employment from 1972 to 1998. Mr. Smith contends that he has developed lung cancer and asbestosis as a result of his exposure to XYZ Corporation’s products and he seeks damages for loss of earnings, medical expenses, pain and suffering, and punitive damages. Ms. North is a homeowner whose home was insulated with products manufactured by XYZ Corporation. She contends that her exposure to these products has increased her risk of developing cancer or other diseases and she seeks damages to pay for the medical costs of monitoring her health. On January 11, 1999, they filed this lawsuit as a class action against XYZ Corporation. Plaintiffs filed the lawsuit as a class action to assert their own individual claims and to represent a class of persons who have similar claims. The lawsuit is pending in the United States District Court for the Northern District of State before Judge Jane Jones.

**3. Are you a member of the class?**

By order of October 4, 2000, Judge Jane Jones decided that the lawsuit can proceed as a class action for settlement purposes only on behalf of a class consisting of anyone who:

- has been exposed to asbestos fibers in Xbestos, XYZinsulate, and any other products of XYZ Corporation at any time,
- is not an officer or director of XYZ Corporation or a member of the immediate family of an officer or director of XYZ Corporation, and does not exclude themselves from the class.
- You are a member of the class if you are in the group described in the first bullet (black dot) above and not in any of the groups identified in the second and third bullets above.

**4. What is this lawsuit about?**

Plaintiffs claim that XYZ Corporation produced building insulation materials and other products knowing that the asbestos fibers contained in those products posed a danger to the

health and safety of anyone exposed to them. Plaintiffs claim that XYZ Corporation is strictly liable for manufacturing and marketing these dangerous products and that XYZ Corporation willfully disregarded the health and safety of those exposed to its products. XYZ Corporation vigorously denies these claims.

Prior to the settlement XYZ Corporation sought to dismiss the case on the grounds that it was filed after the legal time limit (the statute of limitations) had expired and that the plaintiffs' initial complaint failed to present a legally sufficient claim. Judge Jones denied requests to dismiss the case and has allowed the parties to explore the factual basis for their claims and defenses by examining witnesses and documents that might be relevant to those claims and defenses. The parties developed a large amount of information about the claims and defenses, including information from other cases dating back to the 1980s. Plaintiffs asked the judge to decide that the case should proceed as a class action. Before the judge ruled on that request, the parties announced this settlement. Based on the facts discovered and the risks involved in a trial, attorneys for the class concluded that the proposed settlement is fair, reasonable, and adequate, and that it serves the best interests of class members.

## **5. What does the proposed settlement provide?**

On September 10, 2000, the parties in the lawsuit arrived at a proposed settlement of the lawsuit. The proposed settlement requires Judge Jones' approval. The terms of the proposed settlement are summarized below. The full settlement terms are contained in a settlement agreement dated October 4, 2000. You can obtain a copy of the settlement agreement and ask any questions you may have by calling **1-800-555-1234**, writing to Herman Green, Esq. at P.O. Box 6226, Any Town, US 12345, or visiting **www.xyzclassaction.com** on the Internet.

### **5a. What is the settlement fund?**

In the proposed settlement, XYZ Corporation has agreed to create a settlement fund in the amount of \$300,000,000.00 plus whatever interest accrues after the fund is created. Up to \$30,000,000.00 (10% of the settlement funds), will be used to pay attorney fees and expenses, the costs of administering the settlement, and special payments to the class representatives (see section 5b below). After expenses are deducted, the funds remaining in the settlement fund of \$270,000,000.00 will be distributed to class members who submit valid claims. Whatever interest that accrues on the settlement fund after it is created will be distributed in the same way as the fund.

The remaining settlement fund of \$270,000,000.00 will be divided into two smaller funds that will provide benefits to class members who submit valid claims (claimants). The Injury Compensation Fund will consist of \$200,000,000.00 (see section 5c(1) below), and will be used to create a trust to compensate claimants for personal injuries arising out of the use of XYZ Corporation's asbestos-containing products. In addition, the Medical Monitoring Fund will consist of \$70,000,000.00 (see section 5c(2) below) to compensate claimants, who have been exposed to an XYZ Corporation asbestos-containing product, for the costs of determining whether or not they have an asbestos-related disease.

### **5b. What fees and expenses will be deducted from the settlement fund?**

The attorneys for the class intend to ask the judge to award them fees for their services in

representing the class in this lawsuit, in an amount not to exceed \$21,490,000.00 (7.2% of settlement fund), plus accrued interest. This amount would be paid from the settlement fund.

The attorneys for the class also intend to ask the judge to award them no more than \$2,500,000.00 (0.8% of settlement fund) plus accrued interest to reimburse them for expenses they incurred in conducting this lawsuit. This amount would be paid from the settlement fund, based on proof of these expenses submitted by the attorneys for the class.

The settlement also calls for the two class representatives, John Smith and Mary North, to receive special payments of \$5,000.00 each, for a total of \$10,000.00. The settlement agreement also provides that the costs of administering the settlement, including the cost of this notice to class members and the general cost of administering the settlement fund, would be paid out of the settlement fund. The estimated cost of administering the settlement is \$6,000,000.00, which is 2% of the settlement fund.

An award of attorney fees of \$21,000,000.00, an award of expenses of \$2,500,000.00, costs of administration of \$6,000,000.00, and special payment to class representatives of \$10,000.00 would be, in total, \$30,000,000.00 which would be 10% of the settlement fund. The judge may award less than \$30,000,000.00.

The defendant has agreed not to oppose the above applications for fees and expenses.

**5c. What can you expect to receive under the proposed settlement?**

**5c(1). Benefits based on personal injuries.** Payments from the Injury Compensation Fund described in section 5a will be based on medical diagnosis of specific diseases that scientists have found to be associated with exposure to asbestos fibers.

To qualify for a payment, you need to complete Sections I through IV of the enclosed claim form (**BLUE FORM**) and file the form as explained in 6a below. Completing the claim form requires that you submit a statement from a physician with a description of your current medical condition, including a diagnosis of one of the types of diseases described in the box below. If you wish to accept the minimum payment specified in column 2 of the table below for your diagnosis, you need not submit the information on expenses or lost earnings specified in Section III.

<b>Type of Disease</b>	<b>Minimum Payment</b>	<b>Maximum Payment</b>	<b>Average Payment</b>
Mesothelioma	\$10,000	\$100,000	\$20,000-\$30,000
Lung Cancer	\$5,000	\$43,000	\$9,000-\$15,000
Other Cancer	\$2,500	\$16,000	\$4,000-\$6,000
Non-Malignant Disease	\$1,250	\$15,000	\$3,000-\$4,000

If, however, you wish to seek more than the minimum payment listed in the table, you must submit all copies of your medical records relating to the treatment of that injury, a signed release permitting the administrator of the fund to obtain copies of your medical records, and

records indicating any lost earnings resulting from the medical condition. The administrator will then decide how much should be paid based on the severity of the disease, medical expenses, and lost earnings.

If you accept the administrator's proposed award, it is then fixed at that amount. If you disagree with the proposed award, you may ask for arbitration, which will be conducted according to the rules of the American Arbitration Association. If you choose arbitration, you will then have two more choices. You may decide to accept the arbitrator's decision, in which case the amount that the arbitrator awarded will determine the amount that you will be paid. Alternatively, if you disagree with the arbitrator's proposed award, you may file an action in court seeking damages, but punitive damages (that is, damages designed to penalize a defendant for intentional misconduct) may not be sought.

We cannot know in advance exactly how many claims there will be for payment from the Injury Compensation Fund. To make sure that the fund does not get used up before some claims are filed, claims will initially be paid at one-half the value established by the administrator, arbitrator, or judge. If there are sufficient funds available after five years, the remaining payments will be made in whole or in part. For further information on payment of claims, you may request a copy of the settlement agreement, as indicated at the beginning of section 5 above.

**5c(2). Medical monitoring benefits.** If you want to be reimbursed for medical monitoring expenses, you need to complete Section I, Section II, and Section V of the enclosed Claim Form (**BLUE FORM**) and file the form as explained in 6a below. Payments for valid claims will be made from the Medical Monitoring Fund and will be based on proof of exposure to asbestos-containing products manufactured by XYZ Corporation. In lieu of reimbursement for your actual medical expenses, you may (by completing Section I, II, and V of the **Blue Form**) submit a claim with proof of exposure to an XYZ Corporation asbestos-containing product and receive payment of \$1,000.00 to cover expenses of testing for asbestos disease.

For future medical monitoring expenses, you should contact the Claims Administrator (see section 10 below) and request information about medical facilities in your area that will conduct tests and bill the Medical Monitoring Fund.

If in the future you develop symptoms of any of the diseases listed in the above table, you will be able to submit a claim form at that time as described in section 5c above.

## **6. What are your options?**

If you are a member of the class (see section 3 above), you have the following options. You may:

- file a claim (see section 6a below)
- object to or comment on the proposed settlement (see 6b below)
- file a claim and object to or comment on the proposed settlement
- exclude yourself from the class (see section 6c below)

For any of the above options, you may, but do not need to, hire an attorney to represent you.

The sections that follow explain the consequences of pursuing each option.

**WARNING:** Excluding yourself is not the same as doing nothing in response to this notice. For further explanation see 6c and 6d below.

**6a. What happens if you file a claim?**

If you are a class member and you complete and mail a valid claim form (**BLUE FORM**) by December 3, 2001, and if the judge approves the proposed settlement, you will receive the benefits of that settlement as described in this notice (see section 5 above). In exchange for receiving the benefits of the settlement, you will be prohibited from bringing a lawsuit against XYZ Corporation based on exposure to any of its asbestos-containing products.

**How do you file a claim?**

To be eligible to participate in the distribution of the settlement fund, you must complete, sign, and mail the enclosed **BLUE FORM** postmarked by December 3, 2001.

If you file a claim (**BLUE FORM**) attorneys for the class will act as your representatives. Attorney fees and expenses for those attorneys will be paid by XYZ Corporation as part of the settlement fund. You may, if you wish, remain a member of the class, and hire an attorney of your own choosing to represent you in this matter. If you hire your own attorney, you will be responsible for paying your own attorney's fees and expenses under whatever fee arrangement you make with your attorney. Your attorney does not have to be admitted to practice before the United States District Court for the Northern District of State.

**6b. What happens if you object to the proposed settlement?**

If you are a class member and do not exclude yourself by November 1, 2001 (see section 6c below), you may object to, or comment on, the proposed settlement, by mailing the enclosed Objection/Appearance Form (**GREEN FORM**) along with a written statement in the manner described below. The written statement should explain any reasons for your objections or comments. For example, you may wish to discuss any of the following subjects:

- whether the proposed settlement is fair, reasonable, and adequate
- whether the proposed settlement should receive court approval
- whether the class should be certified or redefined
- whether John Smith and Mary North and their attorneys adequately represent the class
- whether the applications for attorney fees and expenses are reasonable
- whether such applications should receive court approval
- any other aspect of the proposed settlement or the payment and distribution process for the proposed settlement.

Judge Jones will consider your objections or comments in deciding whether to approve

the proposed settlement. She may agree with you but, even if she does not, your claim will not be affected because you made an objection or comment.

**WARNING:** Even if you file a comment or objection, you still must file a Claim Form (**BLUE FORM**) if you want to share in any settlement the court may approve.

**How do you object to or comment on the proposed settlement?**

If you want to object to or comment on the proposed settlement, you must complete the enclosed **GREEN FORM** along with a written statement in the manner described in this box. If you mail a **GREEN FORM** and written statement postmarked by November 1, 2001, you may appear at the hearing described below and make a brief presentation of your comments and objections. You do not have to attend the hearing, however, even if you submit comments and objections. Your written statement (if filed on time) will be considered whether or not you appear at the hearing.

Attorneys for the class and attorneys for the defendants will have an opportunity to file a response to any objections or comments that are filed and to ask you questions if you decide to appear at the hearing.

**6c. What happens if you exclude yourself from the class?**

If you exclude yourself from the class by filing an Exclusion Form (**PURPLE FORM**), you will not share in the proposed settlement (see section 5 above).

If you exclude yourself from the class by filing a **PURPLE FORM**, you may pursue, on your own or as a member or representative of another class (if there is one), whatever claims you may have against XYZ Corporation. You may do this by hiring an attorney or by representing yourself. If you do this, you should not expect any financial benefit from the proposed settlement, the attorneys for the class, or the class representatives. If you do not file any forms, that is if you do nothing in response to this notice, you will not be able to pursue these claims in any way (see section 6d below).

**Note:** If you bring or participate in another lawsuit, you will have to prove your claim in that lawsuit.

**How do you exclude yourself from the class?**

To exclude yourself from the class, you must complete, sign, and mail the enclosed **PURPLE FORM** postmarked by November 1, 2001.

**6d. WARNING: What happens if you do not file any forms in response to this notice?**

If you do not file any of the attached forms, you will not receive the financial benefits of the proposed settlement. If you do not file any of the attached forms and the judge approves the proposed settlement, you will also be prohibited from bringing or joining any lawsuit against XYZ Corporation based on exposure to any of XYZ Corporation's asbestos products. If you may want to bring such a lawsuit, consider excluding yourself (see section 6c above). If you want to receive the benefits of the settlement, consider filing a claim (see section 6a above).

**7. Do you need to hire your own attorney?**

With respect to hiring an attorney, your options are:

- a. not hire your own attorney and the judge will consider you to be represented by the attorneys for the class;
- b. hire an attorney to represent you at your own expense; or
- c. represent yourself.

**How do you or your attorney enter an appearance in this lawsuit?**

If you hire your own attorney to appear at the hearing or if you plan to appear at the hearing and chose to represent yourself, you or your attorney must complete and mail the enclosed **GREEN FORM** postmarked by November 1, 2001.

**8. Will there be a hearing in court about this proposed settlement? Should you attend the hearing?**

On November 15, 2001 at 9 am, Judge Jones will hold a hearing on the proposed settlement in courtroom #5 in the Federal Courthouse located at 75 Spring Street, Any Town, US. The purpose of the hearing is to determine whether the proposed settlement is fair, reasonable, and adequate, and deserves court approval. Judge Jones will also consider the requests by attorneys for the class for attorney fees and expenses. You may attend the hearing but you are not required to attend. Instead of attending the hearing, you may send the court a written statement of objections or comments as described in section 6b above.

If you attend the hearing and if you have filed a written statement before November 1, 2001 as described above, you or your attorney will be entitled to briefly state your objections to, or comments on, the proposed settlement. Your written statement (if filed on time) will be considered whether or not you appear at the hearing. You may be asked questions at the hearing.

**9. How will the settlement fund be distributed?**

Judge Jones will appoint a claims administrator who will distribute the settlement fund. Each claim will be reviewed by the claims administrator under the supervision of attorneys for the class. Together, they will decide the extent to which your claim satisfies the terms for eligibility as described in the settlement agreement. You will be eligible to receive a part of the net settlement fund only if you are a class member (see section 3 above) and either (a) file a claim (**BLUE FORM**) and present proof that you have an asbestos-related disease resulting from exposure to an asbestos-containing product of XYZ Corporation and either accept the minimum payment or show the medical expenses and lost earnings you have incurred (see section 5(c)(1) above), or (b) file a claim (**BLUE FORM**) for medical monitoring benefits (see section 5(c)(2) above).

The claims administrator will notify you in writing if your claim has been rejected and will give you the reasons for any such rejection. You will have thirty days after that to correct any deficiencies in your claim.

As described above, the terms of the proposed settlement call for XYZ Corporation to

create two settlement funds, one for \$200,000,000.00 (Injury Compensation Fund) to compensate claimants for asbestos disease claims and one for \$70,000,000.00 (Medical Monitoring Fund) to support medical monitoring claims. The remaining \$30,000,000.00 will be allocated to attorney fees and expenses and the costs of administering the settlement.

If Judge Jones approves the proposed settlement, each eligible class member who submits a valid claim for the Injury Compensation Fund will receive a payment in the form of a check determined according to the process described in section 5c(1) above. The amount of each check will be based on the type of disease and the amount of medical expenses and lost earnings. The initial payment will consist of one-half of the amount determined by the claims administrator, arbitrator, or judge. The timing of the initial payment will depend on the time needed to obtain and process the information that describes the claim. If funds are available, all or part of the balance will be paid in five years.

Each eligible class member who submits a valid claim for the Medical Monitoring Fund will receive a payment in the form of a check determined according to the process described in section 5c(2) above. The claims administrator expects to distribute medical monitoring fund checks within one year of the judge's action on the proposed settlement.

**10. Where can you get additional information?**

This notice provides only a summary of matters regarding the lawsuit. The documents and orders in the lawsuit provide greater detail and may clarify matters that are described only in general or summary terms in this notice. The settlement agreement dated October 4, 2000 may be of special interest. If there is any difference between this notice and the settlement agreement, the language of the settlement agreement controls. Copies of the settlement agreement, other documents, court orders, and other information related to the lawsuit may be examined at **www.xyzclassaction.com** on the Internet. You may also obtain a copy of the settlement agreement and other information by calling **1-800-555-1234**.

You also may examine the settlement agreement, the court orders and the other papers filed in the lawsuit at the Office of the Clerk of the U.S. District Court at 75 Spring Street, Any Town, US 12345 during regular business hours. If you wish, you may seek the advice and guidance of your own attorney, at your own expense.

If you wish to communicate with or obtain information from attorneys for the class, you may do so by letter [or e-mail] at the address listed below. You should address any such inquiries concerning a claim or other matters described in this notice to either:

The Claims Administrator  
P.O. Box 32453  
Any Town, US 12345                      Email: admin@xyz.com

or

Attorneys for the class  
P.O. Box 1628  
Any Town, US 12345                      Email: classatt@xyz.net

The parties created the above sources specifically to provide information about this case. They welcome your calls, e-mails, or letters. Please do not call the judge or the clerk of the court.

Dated: October 4, 2000.

By order of the District Court

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Jane Jones  
United States District Judge

**Summary of Options, Forms, Deadlines, and Consequences**

<b>If you want to:</b>	<b>File this form:</b>	<b>Postmarked by this date:</b>	<b>Then:</b>	<b>You may also file:</b>
Object to or comment on the class action (see page 7) and/or enter an appearance for you or your attorney (see page 9)	<b>GREEN FORM</b> (Objection/Appearance Form)  <b>if you want to file a claim you must also file a BLUE FORM (see below)</b>	November 1, 2001	The Judge will: <ul style="list-style-type: none"> <li>• consider your objections and comments in deciding whether she will approve the settlement</li> <li>• You or your attorney may participate at the hearing</li> </ul>	<b>BLUE FORM</b> (Claim Form)
Exclude yourself from the class action (see page 8)	<b>PURPLE FORM</b> (Exclusion Form)	November 1, 2001	You will: <ul style="list-style-type: none"> <li>• not share in the benefits of the settlement;</li> <li>• be free to pursue by other legal action any claims you may have against XYZ Corporation.</li> </ul>	<b>Do not fill out any other forms</b>
File a claim (see page 7)	<b>BLUE FORM</b> (Claim Form)	December 3, 2001	You will: <ul style="list-style-type: none"> <li>• be bound by the proposed settlement if it the court approves it;</li> <li>• share in the settlement if your claim is valid;</li> <li>• be prohibited from suing defendant based on the alleged wrongdoing.</li> </ul>	<b>GREEN FORM</b> (Objection/Appearance Form)

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF STATE**

John Smith and Mary North, on behalf of themselves  
and all others with similar claims,  
Plaintiffs

v.

Civil Action No. 00-1234

XYZ Corporation,  
Defendant

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**CLAIM FORM**

(see page 7 of the notice)

**File this form if you are eligible to and want to participate in the class action. If you also want to object to or comment on the proposed settlement and/or enter an appearance for yourself or your attorney, you need to file a GREEN FORM. If you file this BLUE FORM, do not file an Exclusion Form (PURPLE FORM).**

If you want to be eligible to participate in the distribution of the settlement fund, you must complete this form and mail and postmark it by November 1, 2001 to:

Claims Administrator  
P.O. Box 32453  
Any Town, US 12345

**Section I. Identification** (Please type or print)

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

**(Additional information on the back of this form.)**

## **Section II. Exposure to asbestos-containing products of XYZ Corporation**

Please type or print your answers to the following questions. Use additional sheets if necessary.

1. List information you have regarding the dates of exposure to asbestos-containing products of XYZ Corporation. (e.g., employment dates, date of installation on home) (Attach records, if available)
2. Name the asbestos-containing product(s) of XYZ Corporation that you used or installed.
3. Name any co-worker(s) or installer(s) of asbestos-containing products of XYZ Corporation (include written statements signed by these coworker(s) or installer(s), if available).

## **Section III. Summary of medical claims relating to asbestos-containing products of XYZ Corporation** (For medical monitoring claims, go directly to Section V of this form.)

To support your claim, attach to this form a signed statement by a physician who has examined and treated you. The physician's statement should give or describe his or her diagnosis as specifically as possible, the likely cause or causes of the condition, the date of onset, and the physician's prognosis. If you wish to accept the minimum payment specified in column 2 of the table on page 5 of the accompanying Notice for the diagnosis of your condition, you need not submit the information on expense or lost requested below in this Section III. To claim future medical expenses, you must attach to this form a statement from a physician describing future treatment plans and estimating their cost. Claims for lost earnings must include proof of earnings prior to any disability related to the diagnosis. Claims for future earnings should include information about your age, occupation, and a summary of earnings prior to the onset of your inability to work.

Please type or print your answers to the following questions. Use additional sheets if necessary.

1. What is the diagnosis (attach physician's statement)?

2. What are your total medical expenses to date relating to asbestos-containing products of XYZ Corporation (attach billing statements)?
  
3. What are your anticipated future medical expenses relating to asbestos-containing products of XYZ Corporation (attach physician's statement)?
  
4. What are your lost earnings to date (attach W-2s, pay stubs, or other information about earnings one year before and at least one year after the onset of the medical condition relating to asbestos-containing products of XYZ Corporation)?
  
5. What are your anticipated future lost earnings (include below information about age, occupation and documentation of past earnings such as W-2's, pay stubs)?

**Section IV. Statement of additional claims, settlements, or payments.**

You must provide in this Section IV information about any claims relating to the diagnosis identified in Section III of this form that you have made to any other manufacturers, installers or asbestos-related companies whether in court cases, bankruptcy proceedings, or other proceedings or by direct claim.

Please type or print your answers to the following questions. Use additional sheets if necessary.

1. What is the title or caption of the proceedings (if any)?
  
2. What is the name(s) of the company(ies) involved in these proceedings or claims?
  
3. What is the type of proceeding (civil case, bankruptcy, direct claim)?

4. What is the amount to be paid to you as a result of the proceedings pursuant to settlement(s), judgment(s), or agreement(s) to pay?
  
5. List the name(s) of the company(ies) for which proceedings or claims have not yet determined the amounts to be paid to you?

**Section V. Statement of medical monitoring claims.**

To be eligible for payment of medical monitoring expenses, you must complete Sections II and V of this form and submit satisfactory evidence of exposure to XYZ Corporation's asbestos-containing products as required in Section II above.

Please place a check mark ( 3 ) after either Option 1 or Option 2 below:

Option 1

\_\_\_\_\_ I have incurred medical and other expenses of \$\_\_\_\_\_ in relation to determining whether or not I have an asbestos-related medical condition. I have attached documentation supporting this claim as required in Section II above.

Option 2

\_\_\_\_\_ I accept the XYZ Corporation's offer to pay \$1,000 for medical monitoring expenses.

I understand that by signing and mailing this Claim Form, I am, if the proposed settlement is approved, agreeing to follow the claims procedure specified in the class action settlement agreement. This means that I can only bring a lawsuit based on the alleged dangerousness or harmfulness of any asbestos-containing product manufactured by XYZ Corporation if I have first presented a claim to the claims administrator and proceeded to arbitration of any dispute about the administrator's award as described in the language of the Notice. In exchange, I will receive any share of the settlement to which I may be entitled.

Your signature \_\_\_\_\_

Date: \_\_\_\_\_

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF STATE**

John Smith and Mary North, on behalf of themselves  
and all others with similar claims,  
Plaintiffs

v.

Civil Action No. 00-1234

XYZ Corporation,  
Defendant

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**OBJECTION/APPEARANCE FORM**

(see pages 7-9 of notice)

**File this form if you plan to object to or comment on the proposed settlement. In order to file a claim, you must also submit a **BLUE FORM**. If you plan on hiring an attorney to appear at the hearing, you must fill out the attorney information in Section II below.**

By submitting this form, I am objecting to or commenting on the proposed class action settlement in this case. Please check the appropriate box or boxes below if you or your attorney will appear at the hearing scheduled in this case for November 15, 2001 at 9:00 A.M. in the courtroom of Judge Jones, located at 75 Main Street, Any Town, US:

I will appear at the hearing (fill out section I below)

\_\_\_\_\_ My attorney will appear at the hearing (fill out sections I and II below)

\_\_\_\_\_ I will not appear at the hearing (fill out section I below)

Your signature \_\_\_\_\_

Date: \_\_\_\_\_

**Section I (please print or type):**

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

**(Additional information on the back of this form.)**

**Section II (see section 7 of the Notice):**

**Please type or print the name and address of your attorney (if you have one):**

Attorney's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

**Remember to attach to this form your written statement detailing your reasons for objecting to or commenting on the proposed settlement.**

Please mail this form and your written statement postmarked by November 1, 2001 to:

Clerk of the United States District Court for the Northern District of State  
P.O. Box 6226  
Any Town, US 12345

You must at the same time send a copy of this objection form and your written statement to the lead attorney for the class:

Herman Green, Esq.  
P.O. Box 1628  
Any Town, US 12345

and to defendant's attorney:

John Simmons, Esq.  
835 Peach Street  
Suite 950  
Any Town, US 12345

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF STATE**

John Smith and Mary North, on behalf of themselves  
and all others with similar claims,  
Plaintiffs

v.

Civil Action No. 00-1234

XYZ Corporation,  
Defendant

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**EXCLUSION FORM**

(see page 8 of notice)

**File this form if you plan on excluding yourself from the lawsuit. If you file this form, do not file any other form.**

If you want to exclude yourself from the class, you must complete this form and mail and postmark it by November 1, 2001 to:

Claims Administrator  
P.O. Box 32453  
Any Town US 12345

I have received the Notice of Proposed Class Action Settlement, Right to Exclusion, and Hearing, dated October 4, 2000 and do **NOT** wish to remain a member of the plaintiff class certified in the case of Smith v. XYZ Corporation, Civil Action No. 00-1234, in the United States District Court for the Northern District of State.

I understand that by signing and mailing this form:

- I will not receive any of the monetary benefits of the proposed settlement as described in the Notice of Proposed Class Action Settlement, Right to Exclusion, and Hearing;
- I will not be represented in this action as a class member; and
- I may pursue, at my own expense, whatever claims I may have against the defendant. I understand that I would have to prove any claim I might file, and that any claim would be subject to any defenses defendant may have.

Your signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please type or print:**

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email address (if any) \_\_\_\_\_