

HONX ASBESTOS TRUST
-Claim Form for Unliquidated Asbestos Claims-

Submit completed claims to:
Claims Processing Facility, Inc.
East-West Corporate Center
1771 W. Diehl Rd., Suite 220
Naperville, IL 60563

General Instructions for filing this Claim Form:

This Claim Form should be completed only by holders of unliquidated Asbestos Claims seeking to liquidate their Asbestos Claim under the HONX Asbestos Trust's (the "Trust") Expedited Review or Individual Review processes as set forth in Section III of the HONX Asbestos Trust Distribution Procedures (as may be amended from time to time, the "TDP"). Capitalized terms used but not defined herein or in Appendix A hereto shall have the meaning ascribed to them in the TDP.

You must complete this Claim Form if your Asbestos Claim against HONX is related to the St. Croix Refinery in the U.S. Virgin Islands previously owned and operated by Hess Oil Virgin Islands Corporation ("HOVIC") now called HONX (the "Refinery").

This claim form must be completed as thoroughly as possible to ensure prompt resolution of Asbestos Claims; submitting an incomplete form may result in delay in processing and/or the Trust not being able to assign the claim a position in the first-in-first-out (FIFO) processing queue. Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

To be eligible for a payment from the Trust, Future Claimants and Post-Petition Claimants must file Claims with the Trust within the latter of (i) the statute of limitations applicable under non-bankruptcy law of the jurisdiction where a claim against the Debtor could have been timely and properly filed or (ii) two years after the date of diagnosis. (See Section II(B)(1) of the TDP).

This Claim Form is confidential, and the information provided will be made available only to (i) the Asbestos Trustee and his representatives, attorneys, and/or other professionals, and (ii) the Future Claimants' Representative and her representatives, attorneys, and/or other professionals.

Should you have any questions with respect to the Trust, the TDP, or this Claim Form, please contact counsel to the trustee:

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Choice of Claim Process

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

- ☐ **Expedited Review (“ER”).** Expedited Review is available for all Claimants. Under Expedited Review, the Trust decides if the Claimant is eligible for payment and the amount of payment based on a set of medical and exposure criteria. Expedited Review is typically a faster review of your claim than Individual Review.
- ☐ **Individual Review (“IR”).** Individual Review is only available for Claimants seeking recovery for mesothelioma and asbestos-related cancers (primary lung, colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer). Individual Review is a more time-consuming process, requires additional documentation to support the Claimant’s medical and exposure history, and considers the claim independently of the Expedited Review criteria. Under Individual Review, the value of the claim can be less than the value under Expedited Review and is limited to no more than 120% of the value under Expedited Review.

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PART 1: IDENTIFYING INFORMATION

Please refer to Appendix A for definitions and examples of Claimant and Injured Person relationships.

Law Firm's Matter Number for this Claim: _____

An Injured Person is the person who says they were hurt by exposure to asbestos at the Refinery.

Injured Person's Name: _____
(Last) (First) (MI)

Social Security Number: _____ - _____ - _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ / _____ / _____ Date of Death: _____ / _____ / _____
(month) (day) (year) (month) (day) (year)

Was Death Asbestos Related? ☐ Yes ☐ No

Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address: _____

A Claimant is the person who is filing the proof of claim against HONX. If Claimant is incapacitated, if a minor, or is deceased, please provide the contact information of the legal representative submitting the claim.

Claimant's Name: _____
(Last) (First) (MI)

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____
(month) (day) (year)

Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.)

Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

E-Mail Address: _____

Law Firm/Attorney Information (if applicable)

If represented by counsel, please provide the following information:

Law Firm Name: _____ Filer ID: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Attorney Last Name: _____ First Name: _____

Direct Telephone: _____ Facsimile: _____

E-Mail Address: _____

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Medicare Reporting Information

Medicare Health Insurance Claim Number (HICN) (if applicable and known): _____

☐ Check this box if the Injured Person's HONX Exposure ended before December 5, 1980.

Please note that if a Claimant is unable or chooses not to answer, 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 Person's exposure for purposes of meeting the TDP exposure requirements.

Failure to fill in this section will result in no compensation from the Trust.

Did the Injured Person have Direct Exposure at the Refinery between January 1, 1965 and December 31, 1993, or did the Injured Person have Secondhand Exposure through contact with a Refinery Worker between January 1, 1965 and December 31, 1993?

- ☐ Injured Person had Direct Exposure at the Refinery between January 1, 1965 and December 31, 1993. Complete Part 2 below
- ☐ Injured Person had Secondhand Exposure through contact with a Refinery Worker between January 1, 1965 and December 31, 1993. Complete Part 2 and 3 below
- ☐ Both of the above. Complete Part 2 and 3 below

If the Injured Person worked at the Refinery, was he or she employed directly by the Refinery or by a contractor?

- ☐ Injured Person was employed directly.
- ☐ Injured Person was employed by a contractor.
- ☐ Both of the above.

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PART 2: REFINERY WORKER DETAILED LIFETIME OCCUPATION HISTORY

If the Injured Person was a Refinery Worker and had Direct Exposure at the Refinery, then provide the following information with respect to the Injured Person. If the Injured Person had Secondhand Exposure or both Direct Exposure and Secondhand Exposure, then provide the following information with respect to the Refinery Worker through whom the Injured Person was exposed to asbestos. In all cases, please provide occupation history for entire lifetime, not only occupation history related to the Refinery. Please add additional pages on any additional occupations as needed.

The period of exposure to asbestos-containing materials at the Refinery through December 31, 1993 accounts for 75% or more of the total duration of exposure to asbestos-containing materials for the Injured Person:

☐ Yes ☐ No

Occupation 1: _____

Description of Job Duties: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 2: _____

Description of Job Duties: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

Occupation 3: _____

Description of Job Duties: _____

Start date: _____ End date: _____

Did the Refinery Worker ever work at the Refinery as this occupation?:

☐ Yes (if yes, answer the questions below as well) ☐ No

Start date at the Refinery: _____ End date at the Refinery: _____

Total duration in years and months working at the Refinery as this occupation through December 31, 1993: _____

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PART 3: INJURED PERSON SECONDHAND EXPOSURE AND OCCUPATION HISTORY

If the Injured Person had Secondhand Exposure or both Direct Exposure and Secondhand Exposure, then provide the following information with respect to the Injured Person. Please add additional pages on any additional occupations as needed.

Secondhand Exposure

What is the name of the person who worked at the refinery? This person's exposure should be described in the Refinery Worker Detailed Lifetime Occupation History Part 2.

(Last) (First)

Social Security Number: _____ - _____ - _____

Injured Person's relationship to the directly exposed person during his/her exposure period:

(brother, son, spouse)

Date Exposure began: _____ / _____ Date Exposure Ended: _____ / _____
(month) (year) (month) (year)

Describe how Injured Person was exposed to the Refinery Worker, e.g., by laundering work clothes:

Occupation History for the Injured Party

Please provide occupation history for entire lifetime.

Occupation 1: _____

Description of Job Duties: _____

Start date: _____ End date: _____

Occupation 2: _____

Description of Job Duties: _____

Start date: _____ End date: _____

Occupation 3: _____

Start date: _____ End date: _____

Description of Job Duties: _____

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PART 4: DIAGNOSIS

Alleged Asbestos Injury (provide information on the most severe injury only)

- ☐ Mesothelioma
- ☐ Asbestos-related Lung Cancer
- ☐ Asbestos-related Other Cancer (describe): _____
- ☐ Asbestosis, Silicosis, Mixed Dust Pneumoconiosis
- ☐ Other (describe): _____

Date of Diagnosis (MM/DD/YYYY): _____

Diagnosing Physician: _____

Please include documentation indicating the following diagnostic values.

Diagnostic Values (for Lung Cancer, Other Cancer, or Asbestosis, Silicosis, Mixed Dust Pneumoconiosis claims only)

ILO Profusion score¹: _____

Pleural plaques: ☐ Yes ☐ No

FVC % of Predicted Value: _____

FEV1 % of Predicted Value: _____

FEV1 / FVC %: _____

TLC % of Predicted Value: _____

DLCO % of Predicted Value: _____

PFT date (MM/DD/YYYY): _____

PFT standard(s) used (*i.e.*, Crapo, NHANES, Morris, etc.): _____

B-Read Film date (MM/DD/YYYY): _____

B-Read Interpretation date (MM/DD/YYYY): _____

CT Scan indications:

Bilateral interstitial fibrosis: ☐ Yes ☐ No ☐ N/A (no CT Scan)

Bilateral pleural plaques: ☐ Yes ☐ No ☐ N/A (no CT Scan)

Bilateral pleural thickening: ☐ Yes ☐ No ☐ N/A (no CT Scan)

Bilateral pleural calcification: ☐ Yes ☐ No ☐ N/A (no CT Scan)

CT Scan date (MM/DD/YYYY): _____

¹ "ILO Profusion" score refers to the classification scheme established by the International Labour Organization, which categorizes the profusion (frequency) of small opacities detected by chest radiographs "on a 4-point major category scale (0 – 3), with each major category divided into three, giving a 12-point scale between 0/- and 3/+." *Chest Radiography: ILO Classification*, CDC (May 24, 2011), <https://www.cdc.gov/niosh/topics/chestradiography/ilo.html>.

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Smoking History (for Lung Cancer claims only)

At any time in their life, has the Injured Person ever smoked? ☐ Yes ☐ No

If yes:

First year of smoking (or smoking exposure) for the Injured Person: _____

Last year of smoking (or smoking exposure) for the Injured Person: _____

On average or generally, number of cigarette packs smoked (or exposed to) per day by the Injured Person: _____

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PART 5: ASBESTOS LITIGATION INFORMATION

Please provide a signed authorization for release of any trust claim filing records related to your claim, substantially in the form found in **Appendix B**. **You only need to provide the release if you are seeking Individual Review.** You should fill out the following questions in Part IV even if you are seeking Expedited Review.

Have you, the Injured Person, or someone else on behalf of the Injured Person, ever sued Hess, HONX, HOVIC, or HOVENSA in the past for an asbestos-related injury:

☐ Yes ☐ No

If yes:

What was the filing date of the lawsuit? _____

What was the alleged asbestos-related injury? _____

What is the number of other co-defendants (excluding Hess and/or HONX) named in your lawsuit? _____

What is the status of the lawsuit? ☐ Pending ☐ Settled/Verdict ☐ Dismissed

What is the total number non-trust defendants from whom the Claimant or the Injured Person has received payments related to the asbestos-related injuries? _____

What is the amount of total payment from all non-trust defendants to both the Claimant and/or the Injured Person for the asbestos-related injuries? _____

Have you ever been a party to a settlement with Hess, HONX, HOVIC, or HOVENSA whereby you agreed to a release of asbestos-related claims? If available, a copy of the release should be provided.

☐ Yes ☐ No

If yes:

What was the injury alleged in the asbestos-related settled claim: _____

Did you release all injuries caused by asbestos? _____

How much compensation did you receive for the settled claim? _____

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PART 6: SUPPORTING DOCUMENTS FOR CLAIM

Please ensure the following are enclosed, if applicable. A failure to provide supporting documentation, may lead to reduced or no payment from the Asbestos Trust even if it does not render this Claim Form invalid or incomplete. Please select all that apply:

- ☐ Death Certificate (if applicable)
- ☐ Certificate of Official Capacity (if personal representative is filing the Claim Form)

All relevant medical or diagnostic reports related to your claim

- ☐ Pulmonary function test
- ☐ B-Reads/X-Rays
- ☐ CT Scans
- ☐ Interpretation reports
- ☐ Other records constituting diagnosis of Mesothelioma, Lung Cancer, or Other Cancer as applicable. If so, please specify: _____
- ☐ Other(s): _____

- ☐ Authorization for assignment of benefits (if applicable)
- ☐ Copy of cover sheet of lawsuit Complaint (if applicable)
- ☐ Copy of depositions, court transcripts, and other documents related to the lawsuit (if applicable)
- ☐ Copy of W-2 and first page of IRS Form 1040 for each year of alleged exposure at the Refinery (if applicable)
- ☐ All asbestos trust claim form submissions (if applicable)

Any of the following to demonstrate Refinery-related exposure:

- ☐ Social Security Records of employment history
- ☐ Employment records
- ☐ Tax records
- ☐ Affidavit or sworn statement of the Claimant (based on personal knowledge)
- ☐ Affidavit or sworn statement of a family member (based on personal knowledge)
- ☐ Affidavit or sworn statement of a co-worker (based on personal knowledge)
- ☐ Invoices showing purchase of or identification of asbestos-containing materials
- ☐ Other(s): _____
- ☐ Diagnosis statement to establish that at least 10 years have elapsed since between the date of first exposure to asbestos or asbestos-containing products and the diagnosis.

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PART 7: CERTIFICATION

Under penalty of perjury, I declare the foregoing statements to be true and correct to the best of my knowledge. Under penalty of perjury, I have a reasonable basis to believe the claimed injury was caused, in whole or part, by exposure to asbestos-containing products at the Refinery while it was owned or operated by HONX (f/k/a HOVIC).

Print Name: _____

Sign Name: _____

Date: _____

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Appendix A

Examples of Claimant and Injured Person Relationships

Definitions:

- A “Claimant” is a person who is asserting an Asbestos Claim for payment from the Trust.
- An “Injured Person” is a person who allegedly suffered an injury due to either Direct Exposure or Secondhand Exposure to asbestos from the Refinery between January 1, 1965 and December 31, 1993.
- A “Refinery Worker” is a person that had Occupational Exposure while working at the Refinery between January 1, 1965 and December 31, 1993.

Relationships:

- Example 1: John Doe worked at the Refinery and thinks he has an asbestos-related disease from exposure to asbestos while working at the Refinery. He filed an Asbestos Claim with the Trust. John Doe is the Claimant, the Injured Person, and the Refinery Worker in Example 1.
- Example 2: John Doe worked at the Refinery, and he thought he had an asbestos-related disease from exposure to asbestos while working at the Refinery before he died. His wife, Jane Doe, filed an Asbestos Claim with the Trust. Jane Doe is the Claimant in Example 2, and John Doe is the Injured Person and the Refinery Worker in Example 2.
- Example 3: John Doe worked at the Refinery, and he would come home after work to his daughter Janie Doe. Janie Doe thinks she was exposed to asbestos on her father’s clothes while he was working at the Refinery. Janie Doe thinks that she has an asbestos-related disease from this exposure. Janie Doe filed an Asbestos Claim with the Trust. Janie Doe is both the Claimant and the Injured Person in Example 3. John Doe is the Refinery Worker in Example 3.

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Appendix B

TO WHOM IT MAY CONCERN:

The Claimant named below hereby authorizes each trust listed in the attachment hereto to provide a copy of any claim form submitted to such trust as well as all documents attached to the form by or on behalf of such Claimant (or the equivalent information as to trust claims filed with trusts electronically) to Claims Processing Facility, Inc. in its capacity as the claims processor for the HONX Asbestos Trust.

The Claimant has elected to provide this Authorization pursuant to the HONX Asbestos Trust Distribution Procedures (the “TDP”) and the *Revised Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Asbestos Claimants and Governing the Confidentiality of Responses* [Docket No. 843] (the “PIQ Order”), entered on June 20, 2023. The Claimant expressly reserves his or her right to all of the protections of the TDP and the PIQ Order. Except for the limited disclosure permitted by this Authorization, the Claimant does not waive, but expressly asserts, his or her rights under any confidentiality provisions applicable under the bankruptcy plan of reorganization, trust agreement, or trust distribution procedures under which any given trust was created or operates.

This Authorization does not permit any trust to release any information whatsoever, other than a copy of any claim form submitted to any of the listed trusts by or on behalf of the Claimant (or the equivalent information as to trust claims filed with trusts electronically), as well as any attached documents such as deposition transcripts, affidavits, invoices, etc. Without limiting the generality of the foregoing two sentences, the Authorization does not permit any trust to release information concerning the status of any claim, settlement of any claim, or payment of any claim.

Name of Claimant: _____

Claimant Social Security No.: ____ - ____ - _____

Name of Injured Person: _____

Injured Person’s Social Security No.: ____ - ____ - _____

Signature of Claimant or attorney authorized to execute this document for Claimant:

Name of signing attorney, if applicable: _____

Date:

Attachment: List of Asbestos Settlement Trusts

List of Trusts Referenced in Claimants' Optional Authorization for HONX's Counsel to Obtain Trust Records

Trusts	
A&I Corporation Asbestos Bodily Injury Trust	Lykes Tort Claims Trust
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	M. H. Detrick Company Asbestos Trust
A-Best Asbestos Settlement Trust	Manville Personal Injury Settlement Trust
AC&S Asbestos Settlement Trust	Maremont Asbestos Personal Injury Trust
Amatex Asbestos Disease Trust Fund	Metex Asbestos PI Trust
APG Asbestos Trust	Motors Liquidation Company Asbestos Personal Injury Trust
API, Inc. Asbestos Settlement Trust	NGC Bodily Injury Trust
Armstrong World Industries Asbestos Personal Injury Settlement Trust	North American Refractories Company Asbestos Personal Injury Settlement Trust
ARTRA 524(g) Asbestos Trust	Oakfabco Liquidating Trust
ASARCO LLC Asbestos Personal Injury Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)
Bartells Asbestos Settlement Trust	Pittsburgh Coming Corporation Asbestos Personal Injury Settlement Trust
Brauer 524(g) Asbestos Trust	Plant Insulation Company Asbestos Settlement Trust
Burns and Roe Asbestos Personal Injury Settlement Trust	PLI Disbursement Trust
C. E. Thurston & Sons Asbestos Trust	Plibrico Asbestos Trust
Celotex Asbestos Settlement Trust	Porter Hayden Bodily Injury Trust
Combustion Engineering 524(g) Asbestos PI Trust	Quigley Company, Inc. Asbestos Personal Injury Trust
Christy Refractories Asbestos Personal Injury Trust	Raytech Corporation Asbestos Personal Injury Settlement Trust
Congoleum Plan Trust	Rock Wool Mfg Company Asbestos Trust
DII Industries, LLC Asbestos PI Trust	Rutland Fire Clay Company Asbestos Trust
Durabla Manufacturing Company Asbestos Trust	Sepco Asbestos Personal Injury Trust

Duro Dyne Asbestos Personal Injury Trust	Shook & Fletcher Asbestos Settlement Trust
Eagle-Picher Industries Personal Injury Settlement Trust	Skinner Engine Co. Asbestos Trust
Fairbanks Asbestos Personal Injury Trust	SPHC Asbestos Personal Injury Trust
Federal Mogul U.S. Asbestos Personal Injury Trust	State Insulation Corporation Asbestos PI Trust
Flintkote Asbestos Trust	Stone and Webster Asbestos Trust
Forty-Eight Insulations Qualified Settlement Trust	Swan Asbestos and Silica Settlement Trust
Fuller-Austin Asbestos Settlement Trust	T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust
G-1 Asbestos Settlement Trust	Thorpe Insulation Company Asbestos Personal Injury Settlement Trust
Geo. V. Hamilton Asbestos Trust	United Gilsonite Laboratories Asbestos Personal Injury Trust
GST Settlement Facility	United States Gypsum Asbestos Personal Injury Settlement Trust
H. K. Porter Asbestos Trust	United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust
Hercules Chemical Company, Inc. Asbestos Trust	United States Mineral Products Company Asbestos Personal Injury Settlement Trust
J.T. Thorpe Settlement Trust	UNR Asbestos-Disease Claims Trust
JT Thorpe Company Successor Trust	Utex Industries, Inc. Successor Trust
Kaiser Asbestos Personal Injury Trust	Wallace & Gale Company Asbestos Settlement Trust
Keene Creditors Trust	Western MacArthur-Western Asbestos Trust
Leslie Controls, Inc. Asbestos Personal Injury Trust	WRG Asbestos PI Trust
Muralo Trust	Yarway Asbestos Personal Injury Trust