

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

GENERAL INSTRUCTIONS

These Instructions apply to the election of Type 1 (Expedited Review), Type 2 (Individual Review), and Type 3 (Convenience Class) described in the Amended and Restated APG Silica Trust Distribution Procedures (the "TDP") governing the APG Entities (the "APG Silica Trust"). Election of Type 1 means that the claim is reviewed based upon the minimum required evidence and supporting documentation for a valid claim, while the Type 2 election is intended to enable enhanced values for more complex claims, based on occupation, medical expenses, and other factors related to injuries caused by exposure to silica-containing products produced by an APG Entity or by General Refractories Company. Election of Type 3 means that a claim is reviewed based upon satisfaction of the Medical Criteria for Disease Levels I, II, III, or IV as set forth in the TDP, without regard to Industry/Occupational Exposure.

In the APG Silica Trust Claim Form (the "Claim Form") and the Instructions for Filing a Claim with the APG Silica Trust (the "Instructions"), the silica-containing materials produced by APG are referred to as "APG silica-containing refractory products."

A Type 1 Claim that is allowed will receive a liquidated value that is not less than its Scheduled Value, but may receive a liquidated value that is greater than its Scheduled Value by demonstrating factors that are claimed to support a higher value.

A Type 2 Claim for a particular disease may be allowed at a value that may range from the Scheduled Value for such disease up to the Maximum Value. To determine the appropriate value for a particular Type 2 Claim, the APG Silica Trust will consider the information provided by the Claim Form and all supporting documentation.

A Type 3 Claim that is allowed will be entitled to a \$1,000 Allowed Liquidated Value ("ALV"). Payment of an allowed Type 3 Claim will not be made unless the applicable Payment Percentage for all other APG Silica Trust Claims is equal to or greater than 50%, and payment shall be in the same Payment Percentage as all other APG Silica Trust claims.

Licensed attorneys may submit Claim Forms on behalf of their clients either in paper format or in electronic format. Submission in electronic format is deemed to be submission of a Claim Form for all purposes. All references herein to Claim Forms shall mean and include both paper and electronic format submissions. To submit Claim Forms, attorneys must first complete the Law Firm Registration process. Attorneys may register online at www.apgsilicatruster.org or request and submit a written Law Firm Registration form to the APG Silica Trust claims professional named in the Contact Information section of these Instructions on page 11. After the Law Firm Registration has been completed by the attorney and verified by the APG Silica Trust, the firm may then file claims with the APG Silica Trust.

An Injured Party must submit the fully completed Claim Form, including all supporting information referenced in the form. Any Claim Form that is not complete when filed, or is missing any of the required supporting information, will be deficient and subject to disallowance by the APG Silica Trust.

NOTICE REGARDING REPORTING TO THE CENTERS FOR MEDICARE & MEDICAID SERVICES

THE APG SILICA TRUST IS REQUIRED TO, AND WILL, REPORT ALL PAYMENTS MADE TO OR FOR THE BENEFIT OF CLAIMANTS FOR WHICH REPORTING IS REQUIRED TO THE CENTERS FOR MEDICARE & MEDICAID SERVICES, WHICH MAY SEEK TO RECOVER A PORTION OF THOSE PAYMENTS FROM CLAIMANTS TO RECOVER MEDICARE OR MEDICAID BENEFITS PAID TO OR FOR THE INJURED PARTY ON ACCOUNT OF A SILICA-RELATED DISEASE.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

How to Qualify for a Settlement Offer:

To submit a valid personal injury claim, an Injured Party **must provide**:

- a completed Claim Form; accompanied by
- a medical diagnosis of a compensable disease; and
- evidence of exposure with the dates of first and last exposure.

The party submitting a Claim Form will be notified of any deficiency by the APG Silica Trust and will be given an opportunity to cure such deficiency.

If Assistance Is Needed:

For a complete list of contacts, with telephone numbers and e-mail addresses, see the Contact Information section of these Instructions on page 11.

DETAILED INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

Claim Form Part 1: Type of Claim

Check the box for the type of claim review that is elected, which may be Type 1, Type 2, or Type 3. Please note that, regardless of which box is checked, all claims will be considered for the type of claim category that is supported by the evidence submitted.

For a Type 1 claim, evidence of a minimum of six months of cumulative Industry Exposure must be provided.

For a Type 2 claim, evidence of a minimum of six months of cumulative Industry Exposure must be provided. In addition, proof of Occupational Exposure **must** be provided, along with information on any additional factors that may qualify the claim for enhanced value. Such additional factors include, but are not limited to, number of dependents, amount of lost wages, special damages related to the claimed silica-related disease, and extraordinary impairment. Additional information on these and other factors may be provided in Part 8 of the Claim Form. An Expense Worksheet is available upon request for use in submitting information on medical expenses and lost wages.

“Occupational Exposure” means credible evidence of employment with a minimum of six-months of cumulative Occupational Exposure in an occupation listed on Page 10 of the Claim Form or, alternatively, in another occupation in which the Injured Party would have had continuing exposure to respirable silica as a result of handling, installing, using, repairing, tearing out or cleaning out silica-containing refractory products manufactured or distributed by APG or working on a regular basis in close proximity to workers engaged in such activities, in either case, in an industry which qualifies for Industry Exposure.

Occupational Exposure is one of the factors that may support a higher value; however, if the Injured Party’s only Occupational Exposure is as a sandblaster or as a laborer, general maintenance or custodial staff working in proximity to sandblasting operations, the claim value, if allowed, will be Scheduled Value. If that Occupational Exposure is a significant portion of the Injured Party’s Occupational Exposure, but not the only exposure, it may reduce claim value (but not below Scheduled Value).

For a Type 3 claim, medical evidence that meets the criteria for Disease Levels I, II, III, or IV must be provided. In addition, the Claimant must provide dates of first and last exposure to respirable silica in Claim Form Part 6, Section B1 even if the Claimant is not providing Industry or Occupational Exposure information.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

Claim Form Part 2: Injured Party/Claimant Information

A. Provide the full name, street address, social security number, daytime phone number, and date of birth of the person with a diagnosis for a silica-related disease. If the Injured Party is deceased, a home address and telephone number is not required. If the Injured Party is deceased, please provide the date of death and a Death Certificate. Check the appropriate box for the gender of the Injured Party.

B1. If the Injured Party or the Injured Party's estate or heirs has/have a representative, other than the licensed attorney submitting this Claim Form, provide the full name, complete address, and daytime phone number of the Claimant Representative. This information must be provided even if the Claim Form is submitted by an attorney who has completed the Law Firm Registration.

B2. Provide the Claimant Representative's capacity (Executor, Attorney-in-Fact, Guardian, etc.). This information must be provided even if the Claim Form is submitted by an attorney who has completed the Law Firm Registration.

Claim Form Part 3: Diagnosed Silica-Related Injuries

Please check the box and provide the date of first diagnosis for the most serious silica-related disease for which the Injured Party has a diagnosis. The required supporting medical documentation for the diagnosed disease **must be provided**.

All claims will be considered for the highest disease category that is supported by the evidence submitted, regardless of which disease is checked.

The TDP requires the submission of the following information to establish a compensable disease:

Medical Criteria

To meet the Medical Criteria required for an allowed claim, an Injured Party **must**:

- Provide a diagnosis by one of the board-certified physicians identified for the specific Disease Level below, diagnosing a silica-related disease and the additional applicable matters described below for the disease; **AND**
- Provide a statement by the diagnosing physician that at least 10 years have elapsed between the date of first exposure to silica or silica-containing products and the diagnosis of a silica-related disease or provide an exposure history sufficient to establish the 10-year latency period; **AND**
- Depending upon the silica-related disease alleged, meet the requirements listed for that disease as stated below and in the TDP.

I. Simple Silicosis (Disease Level I)

If the Injured Party was living at the time the claim was filed, a diagnosis of bilateral silicosis which is based on:

- A. a medical history; **and**
- B. a physical examination of the Injured Party by a board-certified doctor of pulmonology, internal medicine, or occupational medicine providing the diagnosis of bilateral silicosis; **and**
- C. either an X-ray reading by a NIOSH certified B-reader or a board-certified doctor of radiology, or a CT scan read by a board-certified doctor of radiology, pulmonology or occupational medicine showing bilateral silicosis.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

If the Injured Party was deceased at the time the claim was filed, the diagnosis must be based on:

- A. medical records documenting a physical examination of the Injured Party; **and**
- B. either (1) pathological evidence provided by board-certified pathologist of silicosis or (2) an X-ray reading by a NIOSH certified B-reader or a board-certified doctor of radiology, pulmonology or occupational medicine or a CT scan read by a board-certified doctor of radiology, pulmonology or occupational medicine showing bilateral silicosis.

In addition, the Injured Party, living or deceased, must provide evidence of an ILO of 1/0 or greater and round opacities including, but not limited to, type p, q, or r, involving, but not limited to, the upper lung lobes.

II. Severe Silicosis (Disease Level II)

If the Injured Party was living at the time the claim was filed, a diagnosis of severe bilateral silicosis which is based on:

- A. a medical history; **and**
- B. a physical examination of the Injured Party by a board-certified doctor of pulmonology, internal medicine, or occupational medicine providing the diagnosis of bilateral silicosis; **and**
- C. either an X-ray reading by a NIOSH certified B-reader or a board-certified doctor of radiology, pulmonology, or occupational medicine, or a CT scan read by a board-certified doctor of radiology, pulmonology or occupational medicine showing bilateral silicosis.

If the Injured Party was deceased at the time the claim was filed, the diagnosis must be based on:

- A. medical records documenting a physical examination of the Injured Party; **and**
- B. **either** (1) pathological evidence of silicosis provided by board-certified pathologist, **or** (2) either (a) an X-ray reading by a NIOSH certified B-reader **or** a board-certified doctor of radiology, pulmonology, or occupational medicine, **or** (b) a CT scan read by a board-certified doctor of radiology, pulmonology or occupational medicine showing bilateral silicosis.

In addition, the Injured Party, living or deceased, must provide evidence of either (i), (ii), or (iii) below:

- i. an ILO of 2/1 or greater and round opacities including, but not limited to, type p, q, or r, involving, but not limited to, the upper lung lobes; **or**
- ii. an ILO of 1/0 or greater and round opacities including, but not limited to, type p, q, or r, involving, but not limited to, the upper lung lobes; **and**

pulmonary function testing which evidences impairment by FVC of 65% or less, or FEV1 of 65% or less, or TLC of 65% or less, or DLCOsb of 65% or less, all of which are applied to the predicted values; provided, however, if FEV1 of 65% or less is the only evidence of impairment, the ILO is 1/0 and the Injured Party has a smoking history, the diagnosis must include a finding that exposure to respirable silica was a significant contributing cause of the impairment; **or**

- iii. if deceased, a diagnosis of bilateral silicosis and evidence of death (other than death caused by Lung Cancer) caused by silicosis supported by a pathology report or a report by a board-certified doctor of pulmonology, internal medicine, or occupational medicine linking the death to silicosis.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

III. Lung Cancer (Disease Level III)

- A. A diagnosis of underlying bilateral silicosis that meets the requirements for Disease Level I; **and**
- B.
 - i. a diagnosis of primary lung cancer by a board-certified doctor of pulmonology, internal medicine, occupational medicine or oncology based upon a physical examination of the Injured Party, or if the Injured Party is deceased, a review of available medical records relating to the Injured Party's relevant medical condition; **and**
 - ii. a medical history, including history of smoking; **and**
 - iii. a pathology report by a board-certified pathologist indicating that the Injured Party had primary lung cancer; **and**
- C. Medical documentation linking the primary lung cancer to silica exposure.

IV. Complicated Silicosis (Disease Level IV)

A diagnosis of complicated silicosis which is based on:

- A. a diagnosis of underlying bilateral silicosis that meets the requirements for Disease Level I (not required for scleroderma, only); **and**
- B. a diagnosis of a complicating disease described below; **and**
- C. medical documentation stating that the Injured Party's complicating disease was caused by exposure to respirable silica and did not pre-exist the Injured Party's exposure to respirable silica.

The complicating diseases and the requirements for their respective diagnoses are as follows. Each diagnosis must be based on 1) a medical history (including history of smoking), a physical examination of the Injured Party, or if the Injured Party is deceased, a review of the available medical records relating to the Injured Party's relevant medical condition, and an X-ray; **or** 2) a pathology report by a board-certified pathologist indicating that the Injured Party had the complicating disease. Complicating diseases compensable by the APG Silica Trust are:

- i. tuberculosis or coalescence of silicotic opacities (Progressive Massive Fibrosis ("PMF") or Honeycombing) diagnosed by a board-certified doctor of pulmonology, internal medicine, or occupational medicine; **or**
- ii. scleroderma or lupus diagnosed by a board-certified doctor of rheumatology, **or**
- iii. glomerulonephritis diagnosed by a board-certified doctor of nephrology, **or**
- iv. rheumatoid arthritis or mixed connective tissue disorder diagnosed by a board-certified doctor of pulmonology, internal medicine, occupational medicine or rheumatology.

Silica MDL Physicians

In light of deposition testimony given in In re: Silica Products Liability Litigation, Case No. MDL 1553 in the United States District Court for the Southern District of Texas, Corpus Christi Division, and Order No. 29 entered in that case ("Order No. 29"), the APG Silica Trust may refuse to accept diagnoses or B-reader reports from any of the doctors whose diagnoses or reports were identified by Order No. 29 as having failed to meet recognized medical standards, notwithstanding the credentials or qualifications of such doctors.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

The APG Silica Trust does not accept diagnoses or B-read reports or other evidence from any of the following physicians: James W. Ballard, Kevin Cooper, Todd Coulter, Ray A. Harron, Andrew Harron, Glynn Hilbun, Barry S. Levy, George Martindale, or W. Allen Oaks, with one exception to the preceding statement: the Trust will accept B-read reports from James W. Ballard.

Claim Form Part 4: Injured Parties with Dual Claims

All claimants must answer “Yes” or “No” to questions 1, 2, and 3. If the answer to question 2 is “Yes,” put a checkmark beside the name of the asbestos-related disease that was the basis for a claim filed against an APG Entity or the APG Asbestos Trust. If the answer to question 3 is “Yes,” provide the Allowed Liquidated Value of the settlement for Lung Cancer.

Claim Form Part 5: Claimant’s Jurisdiction

5.1 and 5.2. Provide the Claimant’s Jurisdiction, and basis for the named jurisdiction. Note that more than one basis may apply.

Claim Form Part 6: Industry Exposure and Occupational Exposure

The Injured Party submitting either a Type 1 Claim or a Type 2 Claim must demonstrate a minimum of six months of cumulative Industry Exposure in any of the industries listed in the Industry Codes Table on Page 10 of the Claim Form or an alternative industry. This exposure could have occurred while the exposed person was engaged in carrying out job responsibilities or, in the case of a spouse or household member of a person having such exposure, as secondary exposure to such person. The exposure must have occurred in proximity to where the exposed person actually worked. An Injured Party claiming secondary exposure must demonstrate equivalent exposure to an occupationally exposed person.

Information on Industry Exposure must be completed for all claims. If the Injured Party’s silica-related disease is a result of direct job-related silica exposure, complete Part 6 by providing information on the Injured Party’s job-related silica exposure. However, if the Injured Party’s exposure to respirable silica is through another person, complete Part 6 by providing information on the Occupationally Exposed Person’s job-related silica exposure and also complete Part 7: Exposure to An Occupationally Exposed Person.

Documentation must be provided to support the Industry Exposure and Occupational Exposure claimed. Credible evidence may be established by an affidavit of the Injured Party, by an affidavit of a co-worker or the affidavit of a family member in the case of a deceased Injured Party (providing the APG Silica Trust finds such evidence reasonably reliable), by invoices, employment, construction or similar records, by annotated social security or union hall records, or by other credible evidence.

Convenience Class Claimants (Type 3 Claims) must provide dates of first and last exposure to respirable silica in Section B1 below, even if the Convenience Class Claimant is not providing Industry or Occupational Exposure information.

Check “Yes” or “No” to indicate whether the Injured Party was an employee of an APG Entity. For a list of APG Entities, see Exhibit A to the Trust Distribution Procedures.

- A. If “Yes” is checked, provide the beginning and ending employment dates.
- B. Industry and Occupational Exposure—complete one for each claimed exposure, numbered B1, B2, etc.

For each:

1. Provide the name of the plant or site where Industry Exposure to silica occurred. Also provide the city and state where the plant was located.
2. Provide the month and year of beginning and ending exposure dates.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

3. Provide the name(s) of the company(ies) where the Injured Party was employed at the time of exposure.
4. For all claims, provide the Industry Code (A, B, C, etc.) for the Industry in which the exposure occurred from the table below:

<u>Industry Codes Table</u>	
A.	Primary Steel and Iron Manufacturing
B.	Aluminum Manufacturing
C.	Cement Plants
D.	Ferrous and Non-Ferrous Foundries
E.	Furnace Manufacturers and Contractors
F.	Glass and Ceramics Plants
G.	Copper Smelting

If the Industry in which Exposure occurred is **not** listed in the above table, complete Part 6, Section C for each such claimed exposure. In Section C, enter the corresponding Exposure number from Part 6, Section B. For each exposure in Section C, provide the name of the job site, the city and state, the type of industry, and the name(s) of the APG silica-containing refractory product(s) to which exposure is claimed. If the evidence submitted to establish the Injured Party's exposure to a specific APG silica-containing refractory product(s) is an affidavit by the Injured Party, it must be accompanied by additional supporting documentation, which may include credible third-party affidavits, documents or other credible evidence.

5. For Type 2 Claims, the Occupation at the time of exposure must be provided. Enter the Occupation Code (1, 2, 3, etc.) from the table below.

<u>Occupation Codes Table</u>	
1. Brickmasons (including bricklayers and brickhackers)	9. Ladle liners
2. Refractory materials repairers and helpers (construction and maintenance of ladles, furnaces & kilns)	10. Pattern makers
3. Furnace tenders	11. Equipment operators (transport of refractory products)
4. Millwrights	12. Material handlers (refractory products)
5. Boiler room workers (operators and maintenance)	13. Laborers, general maintenance and custodial staff (working in proximity of refractory products)
6. Molders and Casters	14. Supervisors of any of the above
7. Coremakers	15. Sandblasters
8. Pourers	16. Laborers, general maintenance and custodial staff working in proximity to sandblasting operations

If the Injured Party's claimed exposure to APG silica-containing refractory products occurred in an Occupation that is not listed in the Occupation Codes Table, above, provide the information requested in Section D for each such exposure. In Section D, enter the corresponding Exposure number from Part 5, Section B. Also, in Section D, provide the name of the Occupation, describe the nature of the work and duties of the Occupation, and indicate in c.(i) or c.(ii), or describe in c.(iii) how the Injured Party was exposed to APG silica-containing refractory products.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

Claim Form - Part 7: Exposure To An Occupationally Exposed Person

This part must be completed **only if the Injured Party is claiming that his/her silica-related disease is a result of silica exposure through an Occupationally Exposed Person (“OEP”)**. If the Injured Party claims to have been exposed to APG silica-containing refractory products through more than one OEP, the Injured Party **must complete** a separate Part 7 for each OEP. Please copy the page if additional OEPs are claimed.

An Injured Party, claiming exposure through an OEP, must demonstrate at least six months of cumulative exposure to respirable silica through the OEP. The Injured Party must also establish that the OEP would satisfy the exposure requirements that would be applicable if the OEP filed a claim with the APG Silica Trust, including the requirement that the OEP has been exposed for at least six months to APG silica-containing refractory products. The OEP's exposure to APG silica-containing refractory products must have occurred within the same time frame that the Injured Party was exposed to the OEP. Provide the requested information in Part 6 to enable the APG Silica Trust to determine whether these requirements are satisfied.

If “Yes” is checked, complete all of Part 7. Provide all information requested in this section, including the OEP's full name, street address, city, state, country, zip and social security number. Provide the OEP's date of birth, and if deceased, the date of death. Provide the date range during which the Injured Party was exposed to the OEP. Provide the Injured Party's relationship to the OEP and a description of how the Injured Party was exposed to APG silica-containing refractory products by the OEP.

Important: Remember to complete Part 7 for each OEP.

Claim Form - Part 8: Smoking History

This part does not need to be completed if Type 1 (Expedited Review) was elected. If Type 2 (Individual Review) was elected, the smoking history will be part of the information used to determine whether the claim qualifies for enhanced value greater than the Scheduled Value. If Type 3 (Convenience Class) was elected the smoking history will be part of the information used to determine whether the medical requirements have been met for the claimed disease.

Check the appropriate box for “Yes” or “No,” to indicate whether or not the Injured Party has ever smoked cigarettes. If “Yes” is checked and the Injured Party stopped smoking prior to death, provide the last date (month and year) the Injured Party smoked cigarettes.

Check the appropriate box for “Yes” or “No,” to indicate whether or not the Injured Party has ever smoked cigars. If “Yes” is checked and the Injured Party stopped smoking prior to death, provide the last date (month and year) the Injured Party smoked cigars.

Claim Form Part 9: Individual Review Factors

Part 9 is optional. The information provided on this page will be used to consider a Type 2 claim for enhanced value.

In Section A provide information on any unusual or extraordinary financial losses. The Trust's valuation process automatically calculates and considers lost wages to age 65, but additional specific information may be submitted by completing an Expense Worksheet, which is available from the Trust, upon request. If a completed Expense Worksheet is submitted, supporting documentation must also be submitted.

In Section B provide the total number of dependents. Then, provide the information on each dependent as requested in this Section. Be sure to indicate if the dependent derives, or did derive at the time of the Injured Party's death, at least half of his/her financial support from the Injured Party.

Complete Section C and/or D, if applicable.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

Claim Form Part 10: Signature Page

The Claim Form must be signed for the Claim Form to be valid. The Claim Form may be signed by the Claimant, the Claimant Representative, or the attorney representing the Claimant or Claimant Representative.

Attorney Certification and Warranty of Claimant Representative's Authority

If the Injured Party or the Injured Party's estate or heirs has/have a representative, other than the licensed attorney submitting this Claim Form, and Power of Attorney or estate documentation pursuant to applicable law is not provided with the Claim Form, this section of the Claim Form must be signed by the Attorney.

Payments

The APG Silica Trust shall make payments to holders of allowed Silica Claims as funds become available and as Silica Claims are liquidated, while maintaining sufficient resources to pay future allowed Silica Claims on a substantially equivalent basis. Type 3 Claims will not be paid unless and until the Payment Percentage reaches 50%, and when they are paid, the \$1,000 ALV will be multiplied by the then current Payment Percentage to determine the payment amount.

The APG Silica Trust will be able to pay an Injured Party only a percentage (the "Payment Percentage") of the allowed value of the claim. The amounts shown for each disease category in the Scheduled Value table below establish the baseline values.

Valuation guidelines developed by the Trustee will be used by the APG Silica Trust to determine specific values for Claims demonstrating factors that qualify for enhanced value. While the APG Silica Trust will not have or follow a published claim matrix, the Injured Party characteristics that will be considered in determining the value of a Claim may include, but will not be limited to: occupation, age, seriousness of the disease within the disease category, definite, prolonged exposure to APG silica-containing refractory products, economic losses, unreimbursed medical expenses, number of dependents, X-ray and diagnostic test findings, and smoking history.

<i>Scheduled Disease</i>	<i>Scheduled Value</i>	<i>Maximum Value</i>
Complicated Silicosis (Level IV)	\$75,000	\$300,000
Lung Cancer (Level III)	\$27,500	\$85,000
Severe Silicosis (Level II)	\$20,000	\$60,000
Simple Silicosis (Level I)	\$5,000	\$20,000

Election of Payment

When the APG Silica Trust informs an Injured Party of its determination of the disease and makes its offer of the determined value for that disease, the Injured Party can accept the offer or initiate Alternative Dispute Resolution ("ADR"). Injured Parties who accept their offer will initially receive the portion of the determined value multiplied times the then current Payment Percentage and may later receive additional payments if and when the Payment Percentage is increased.

Appeal or Review of APG Silica Trust Evaluation of a Claim

If an Injured Party rejects the offer of the Claim value, as determined by the APG Silica Trust, the Injured Party may initiate mediation, non-binding arbitration or binding arbitration in accordance with procedures established by the Trustee.

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

Releases

An Injured Party accepting a Type 1, Type 2, or Type 3 Claim payment to resolve a malignant disease claim must execute a full release of the APG Silica Trust consistent with applicable state law. An Injured Party accepting a Type 1, Type 2 or Type 3 Claim payment to resolve a non-malignant disease claim must execute a full release of the APG Silica Trust (preserving the ability to assert a new silica claim with the APG Silica Trust for a more severe non-malignant silica-related disease or a silica-related malignancy that is subsequently diagnosed).

First-In-First-Out (“FIFO”) Processing

Claims will be processed in the order in which they are received. For claim submissions received by mail, the postmark date of the submission or the pick-up date of the delivery service will be used to determine the time of filing. For claim submissions received by e-mail, the date and time the e-mail is received by the APG Silica Trust will be used to determine the time of filing.

Electronic Claim Filing: (Not Applicable for Pro Se Claimants)

Claims may be electronically filed with the APG Silica Trust utilizing a variety of methods. Please contact datacontrol@trustservices.org for additional information on claim filing.

Paper Claim Submission and Written Communications with the APG Silica Trust

All Paper Claim Form submissions and written communications for the APG Silica Trust should be addressed to:

Mailing Address:

**APG Silica Trust
P.O. Box 1299
Greenville, TX 75403-1299**

Delivery Address:

**APG Silica Trust
2716 Lee Street, Suite 500
Greenville, TX 75401-4107**

INSTRUCTIONS FOR FILING A CLAIM WITH THE APG SILICA TRUST

Contact Information:

Please contact any of the following individuals responsible for the various operational aspects of the APG Silica Trust. If you are unsure of whom to contact with a question, call the receptionist at (903) 453-2160 or toll-free at 1-866-618-8814.

Trustee:	Anne M. Ferazzi, Esq. Contact via email
Counsel:	Steven A. Buxbaum 713-547-2041 (Direct) 713-236-5404 (Direct Fax) steven.buxbaum@haynesboone.com
Chief Executive Officer:	Randy Cantrell (903) 453-0157 rcantrell@trustservices.org
Law Firm Registration Information:	Renda Evans (903) 453-2163 revans@trustservices.org
Claim Form Submission Information:	Jackey Ferrell (903) 453-0158 datacontrol@trustservices.org
Technical Information:	Information Technology Department (903) 453-2160 it@trustservices.org
Claim Related Information:	Lori Webb (903) 453-0159 lwebb@trustservices.org