

NOTICE OF PENDENCY OF CLASS ACTION SETTLEMENT

A new proposed \$8 million settlement (the “Settlement”) has been reached in the Flint Water Cases, \$4 million of which will be allocated to the class action portion of the cases. The Settlement relates solely to claims against Lockwood, Andrews & Newnam, P.C.; Lockwood, Andrews & Newnam, Inc.; and the Leo A. Daly Company (collectively “LAN”), an engineering firm that Plaintiffs allege is liable for harm suffered as a result of the Flint Water Crisis.

You are a Class Member if for any period of time between April 25, 2014, and November 16, 2020, you:

- were an Adult or entity who owned or were the lessee of residential real property that received water from the Flint Water Treatment Plant, or were legally liable for the payment of such water (Property Damage Subclass);
- owned or operated a business, including income earning real property and any other businesses, that received water from the Flint Water Treatment Plant and who are claiming or could claim a resulting business economic loss (Business Economic Loss Subclass); or
- were an Adult and who ingested or came into contact with water received from the Flint Water Treatment Plant and who are claiming or could claim a resulting personal injury (Adult Exposure Subclass).

*This Notice is being provided by Order of a U.S. District Court.
It is not solicitation from a lawyer. You are not being sued.*

- A lawsuit pending in the United States District Court for the Eastern District of Michigan (the “Court”) claims that LAN committed professional negligence relating to the City of Flint’s (“City’s”) water, which injured Class Members. LAN denies that they committed professional negligence, and that any negligence caused any Class Member’s injury.
- The parties have agreed to a Settlement that requires LAN, in addition to other obligations set forth in the Settlement Agreement (available at www.officialflintwatersettlement.com), to pay or cause to be paid \$8 million into the Flint Water Crisis Qualified Settlement Fund (the “Settlement Fund”).
- As described in more detail in the Settlement Agreement, the net Settlement Fund proceeds will be distributed 50% to Class Members and 50% to Individual Plaintiffs.
- Individual Plaintiffs are persons or entities (e.g., a business) that have already hired their own individual lawyer to represent them in the litigation. If you are an Individual Plaintiff, please contact your lawyer. Individual Plaintiffs are not included in the Class, but they can make claims for compensation from the Settlement. For purposes of the allocation of the total settlement amount, Individual Plaintiffs includes those who were minors at the time of their first exposure.
- Class Members who previously submitted a Registration Form pursuant to the previous settlement reached in this matter will be automatically registered for this Settlement. Class Members who have not yet submitted a Registration Form must do so by mail by **January 16, 2024**. If you do not submit the Registration Form, you will not be able to file a claim for payment.
- This Notice applies only to Class Members as defined above. If you think you are a Class Member, you should read the enclosed Notice carefully. If you are an Individual Plaintiff with an active lawsuit, you should speak to your lawyer. If you have questions about the Settlement Program or the Settlement, please visit www.officialflintwatersettlement.com, or call toll-free, **1-800-493-1754**.

YOUR LEGAL RIGHTS AND OPTIONS IN THE SETTLEMENT:

<p>SUBMIT A REGISTRATION FORM AND/OR A CLAIM FORM IF YOU DID NOT ALREADY SUBMIT EITHER FORM IN THIS CASE FOR THE PREVIOUS SETTLEMENTS IN 2021.</p>	<p>This is the only way to be eligible to receive a payment from the Settlement Fund if you did not already submit a Registration Form and Claim Form in this case for the settlements in 2021. The Registration Form and Claim Form must be postmarked on or before January 16, 2024.</p> <p>If you already submitted both a Registration Form and a Claim Form in this case, you do not need to do anything. Your claim will automatically be considered as to the Settlement with LAN.</p> <p>If you did not already submit a Registration Form in this case, you will need to submit a Registration Form. Similarly, if you did not already submit a Claim Form in this case, you will need to submit a Claim Form.</p>
<p>EXCLUDE YOURSELF FROM THE CLASS.</p>	<p>Get out of the lawsuit and receive no benefits from it. Keep rights. This option allows you to exclude yourself from the Class and retain the right to choose your own lawyer and file a lawsuit against LAN asserting the claims relating to the allegations in this case. If you choose to bring your own individual lawsuit, you will need to do so within the applicable statute of limitations period and the statute of limitations will begin to run immediately upon when you opt out of the Class.</p>
<p>OBJECT TO THE SETTLEMENT BY SUBMITTING A WRITTEN OBJECTION.</p>	<p>Write to the Court and explain why you object to the Settlement. Objections must be filed with the Court and received by the parties on or before January 16, 2024. NOTE: If you exclude yourself from the class, you cannot object. You must be a member of the class in order to object.</p>
<p>ATTEND THE FAIRNESS HEARING ON MARCH 14, 2024, AND FILE A NOTICE OF INTENTION TO APPEAR.</p>	<p>Ask to speak in Court about the fairness of the Settlement. Requests to speak must be filed with the Court and served on the parties on or before January 16, 2024. If you submit a written objection, you may (but you do not have to) attend the hearing.</p>
<p>DO NOTHING NOW.</p>	<p>If you already submitted both a Registration Form and a Claim Form in this case, you need not submit these forms again.</p> <p>NOTE: If you HAVE NOT previously submitted a Registration Form, and do nothing, you will receive no payment. Similarly, if you previously submitted a Registration Form but did not submit a Claim Form, you will receive no payment. You will, however, still be a Class Member, which means that you give up your right to ever be part of any other lawsuit against LAN about the legal claims being resolved by this Settlement, and you will be bound by any judgments or orders entered by the Court in the Action.</p>

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BASIC INFORMATION ABOUT THE LAWSUIT AND SETTLEMENT

1. What is the lawsuit about?

Class Plaintiffs in this lawsuit claim that while advising the City of Flint at different points in time regarding water treatment related to using the Flint River as a drinking water source, LAN breached the standard of care for a professional engineering firm, resulting in injuries to Class Members. LAN denies that they breached the standard of care and that any breach of the standard of care caused Class Members' injuries. At this point, no court has found that LAN breached the standard of care.

There is also a settlement with the State of Michigan, City of Flint, and other Defendants. The settlement with LAN adds to the system created by this previous settlement.

2. Why is there a Settlement?

Certain lawyers representing Plaintiffs were appointed by United States District Judge Levy to leadership positions and given the authority by the Court to conduct settlement negotiations. Those lawyers engaged in settlement negotiations with LAN under the direction of Mediators and a Special Master, who are persons appointed by the Court to help the parties resolve the litigation.

After careful consideration, Class Counsel have concluded that it is in Plaintiffs' best interest to compromise and settle the claims in the lawsuits for the money and other benefits included in the Settlement. Class Counsel have also determined that the Settlement Agreement is fair, reasonable, adequate, and in the best interests of the Class Members. Both Plaintiffs and LAN have agreed to settle to avoid the cost and risk of litigation.

3. What does the Settlement provide?

Plaintiffs and LAN have agreed that, in consideration of the Releases and Covenant Not to Sue detailed in the Settlement Agreement, LAN will pay or cause to be paid into the Settlement Fund the Total Aggregate Amount of \$8,000,000, \$4,000,000 of which will go to Class Members.

4. Why did I get this Notice?

The City of Flint's records show that either (1) your address received water from the Flint Water Treatment Plant between April 25, 2014, and November 16, 2020, and/or (2) you submitted information in the previous settlement.

5. What is a class action and who is involved?

In a class action lawsuit, one or more people called "class representatives" sue on behalf of other people who have similar claims. The people together are a "class" or "class members." The class representatives who sued—and all the class members like them—are called the plaintiffs. The plaintiffs are represented by lawyers who filed the class action suit and then were designated 'Class Counsel' by the court. Class Counsel have the sole right to represent the class's interests in the case and decide whether to appeal any decisions that are made. The companies and people the plaintiffs sued (in this case, LAN) are called the defendants. One proceeding resolves the certified issues for everyone in the class—except for those people who choose to exclude themselves from the class.

6. Why is this lawsuit a class action?

The Court decided that certain issues in this lawsuit can move toward a trial as a class action because they meet the requirements of the relevant Federal Rules of Civil Procedure, which govern class actions in United States courts.

7. How will the Settlement Fund money be divided?

The LAN Settlement will provide an additional \$4 million to the Class. As with the prior settlement, these funds will be allocated among different categories. The allocation was the result of negotiations among the 'subclass' counsel previously appointed by the Court specifically to address allocation of the funds. The charts below show the percentage amounts allocated to the categories. Note that the amount that is available for distribution will be the amount after deducting any amounts that the Court authorizes for fees and expenses.

CATEGORY	WHO QUALIFIES (subject to Claimants meeting requirements in the Settlement “Compensation Grid”)	PERCENTAGE OF \$641.25 Million SETTLEMENT FUND
Adults and Property Damage Sub-Qualified Settlement Fund	<p>Adults – Any person 18 years or older at the time of first exposure to the water from the Flint Water Treatment Plant at any time during the period April 25, 2014 to November 16, 2020 and are claiming or could claim a resulting personal injury.</p> <p>Property Damage – All Adults or entities who owned or were the lessee of residential real property that received water from the Flint Water Treatment Plant, or were legally liable for the payment for such water, at any time during the period April 25, 2014 to November 16, 2020.</p>	<p>99% of \$4 million (after accounting for fees and expenses) will be divided:</p> <ul style="list-style-type: none"> • 9% for Adult Claimants • 90% for Property Damage Claimants
Business Economic Loss Sub-Qualified Settlement Fund	All individuals or entities who owned or operated a business, including income earning real property and any other businesses, that received water from the Flint Water Treatment Plant at any time during the period April 25, 2014 to November 16, 2020, and who are claiming or could claim a resulting business economic loss.	1% of the net funds from the \$4 million allocated to the Class

DETERMINING IF YOU ARE A MEMBER OF THE CLASS

8. I live in the City of Flint and/or I own property or a business in the City of Flint. How do I know if I am a member of the Class?

You are a Class Member if for any period of time between April 25, 2014, and November 16, 2020, you (1) were an Adult or entity who owned or were the lessee of residential real property that received water from the Flint Water Treatment Plant, or were legally liable for the payment of such water; (2) owned or operated a business, including income earning real property and any other businesses, that received water from the Flint Water Treatment Plant and who are claiming or could claim a resulting business economic loss; or (3) were an Adult and who ingested or came into contact with water received from the Flint Water Treatment Plant and who are claiming or could claim a resulting personal injury.

9. Are there people or entities that meet the definition above but are excluded from the Class?

Yes. Certain individuals and entities are excluded from the Class. These include:

- Defendants.
- The judicial officers to whom this case is assigned in federal court, Genesee County Circuit Court, and the Michigan Court of Claims, as well as these officers’ staff and immediate family members.
- All persons and entities that have retained a lawyer who is not acting as Class Counsel designated by the Court. If you retained a lawyer and are not certain whether your lawyer is Class Counsel, then you should contact them and ask whether they are Class Counsel designated by the Court. If you have retained your own lawyer and have questions about whether you are included in the LAN Settlement Class, you should contact your lawyer directly. Minors not represented by counsel are not part the Class portion of the settlement but are eligible under the individual portion of the settlement.

10. What if I am excluded from the Class because I am represented by Reporting Counsel but wish to participate in the Settlement?

If you are represented by reporting counsel, you are eligible to participate in the individual portion of the settlement.

Reporting Counsel include: (a) all counsel who are listed as counsel of record for any plaintiff in any case in *In re Flint Water Cases* — including any counsel who become counsel of record after the date of this Order; (b) any counsel who has entered an appearance for any plaintiff in any legal action related to the Flint water contamination in the Eastern District of Michigan; (c) any counsel who has a fee interest with respect to plaintiffs in any case in *In re Flint Water Cases*; and (d) any counsel who is a Participating Counsel as defined in the Case Management Order Regarding Time and Expenses. In other words, if you are represented by a lawyer who is not one of the Class Counsel, then you are excluded from the Class but may petition the court to join the Class.

If this applies to you, you should contact your individually retained lawyer for more information regarding next steps.

REGISTRATION FOR PARTICIPATION IN THE SETTLEMENT

11. Do I have to submit a Registration Form and Claim Form to get money from the Settlement?

Yes, if you want to receive any money from the Settlement, you **MUST** first file a Registration Form and Claim Form. **If you previously submitted both a Registration Form and Claim Form pursuant to the previous settlement in this matter, then you need not submit any further forms as you will be automatically registered for this Settlement. If you are a Class Member who would like to be eligible to receive a payment from this Settlement and have not yet registered,** then you must submit a Registration Form and Claim Form mailed and postmarked by **January 16, 2024**. You can send your Registration Form and Claim Form by mail to Flint Water Settlement, P.O. Box 173120, Milwaukee, WI, 53217. If you received this Notice by mail, Registration and Claim Forms were included.

NOTE: If you previously submitted a Registration Form but not a Claim Form, you do not need to file an additional Registration Form, however you will still need to file a Claim Form to be eligible to receive a payment from this Settlement.

12. How do I know if I can submit a Registration Form and a Claim Form?

Members of the Class may submit a Registration Form and Claim Form if at any time during the period April 25, 2014, to November 16, 2020, **you are claiming or could claim personal injury, property damage, business economic loss, unjust enrichment, breach of contract, or any other type of damage, injury, or relief,** and

- Were an adult when first ingested or came into contact with water received from the Flint Water Treatment Plant (Adult Exposure);
- Owned or were the lessee of residential real property that received water from the Flint Water Treatment Plant, or were legal liable for the payment for such water (Property Damage); or
- Owned or operated a business, including income earning real property and any other businesses, that received water from the Flint Water Treatment Plan (Business Economic Loss).

If you are not sure if you qualify and have not yet registered, you should submit Registration and Claim Forms now to make sure you preserve your rights.

13. How do I get Registration and Claim Forms?

A Registration and Claim Forms were also included with this Notice.

You can also get these forms in multiple ways:

- If you are represented by a lawyer, please contact your lawyer for the Registration and Claim Forms;
- If you are not represented by a lawyer, you can obtain Registration and Claim Forms by:
 - Downloading Registration and Claim Forms at the settlement website

www.officialflintwatersettlement.com;

- Requesting that Registration and Claim Forms be mailed to you by calling the Claims Administrator's toll- free number at **1-800-493-1754**; or
- Requesting that Registration and Claim Forms be mailed to you by writing to the Claims Administrator at the following address: Flint Water Settlement, P.O. Box 173120, Milwaukee, WI, 53217.
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You may submit these paper Registration and Claim Forms by mail by sending it to Claims Administrator, Flint Water Settlement, P.O. Box 173120, Milwaukee, WI, 53217.

Please note, you should act immediately to request Registration and Claim Forms if you did not receive them by mail, since the deadline to file Registration and Claim Forms is **January 16, 2024**.

14. What is the review process for my Registration and Claim Forms once they are submitted?

The Claims Administrator will review each Registration Form and Claim Form and decide whether they contain all the required information and whether they were submitted on time.

If you did not submit all the information, the Claims Administrator will send you a notice explaining what is missing or why you may not qualify. If your Registration Form and/or Claim Form is returned to you as incomplete or defective, you will have an opportunity to correct it. There will be a deadline to submit the corrected form.

The Claims Administrator will notify you whether your corrected form is accepted or not. The settlement website has information about how to submit the Registration Form and Claim Form. There are instructions included with the Registration and Claim Forms to help you as well.

15. Do I have to submit both a Registration Form and a Claim Form?

Yes. The Settlement Agreement requires that if you want money from the Settlement, you must file both a Registration Form and a Claim Form . You must timely complete both forms in their entirety.

If your Registration Form or Claim Form is denied, you can request reconsideration or you can appeal the denial. The process and deadlines for requesting reconsideration or appealing a denial will be provided to anyone who receives a notice that their Registration or Claim Form was denied.

EXCLUDING YOURSELF FROM THE CLASS

If you do not want to participate in this proposed Settlement and you want to keep the right to sue LAN about the legal issues in this case, then you must take steps to get out of the settlement. This is called "opting out" of the Class.

16. What does it mean to request to be excluded from the Class?

If you do not want to be part of the Class and want to keep your right to sue LAN separately relating to the issues described in this Notice, then you must take steps to remove yourself from the Class. This is called excluding yourself or opting out of the Class. If you exclude yourself, you will not be bound by the terms of the Settlement or any judgment for or against LAN, and you will not receive any money from the LAN Settlement. You will have to bring your own lawsuit within the required timeframe and prove your entire case.

17. How do I exclude myself from the Class?

To exclude yourself from the Class, you must send a letter by mail stating that you wish to be excluded from the Class in *In re Flint Water Cases*, 5:16-cv-10444-JEL-EAS. Be sure to include your name, address, telephone number, and signature. You cannot exclude yourself over the telephone. You must mail your Request for Exclusion, postmarked no later than

January 16, 2024, to:

Flint Water Crisis LAN Settlement
Attn: Exclusions c/o A.B. Data, Ltd.
P.O. Box 173001
Milwaukee, WI 53217

You cannot ask to opt out of the settlement by phone, email, or at the website.

18. If I don't exclude myself, can I sue LAN later?

No. You must exclude yourself from the Class to be able to bring your own, separate lawsuit(s) against LAN with respect to the issues in this case. Remember, the exclusion deadline is **January 16, 2024**.

THE LAWYERS REPRESENTING YOU

19. As a member of the Class, do I have a lawyer representing my interests in this class action?

Yes. The Court has appointed lawyers to represent the members of the Class. The lawyers listed below are the Court- appointed Class Counsel.

CLASS COUNSEL	
Theodore J. Leopold Cohen Milstein Sellers & Toll PLLC 11780 U.S. Highway One, Suite N500 Palm Beach Gardens, FL 33408 (561) 515-1400 tleopold@cohenmilstein.com	Michael L. Pitt Pitt McGehee Palmer Bonanni & Rivers P.C. 117 W. Fourth Street, Suite 200 Royal Oak, MI 48067 (248) 398-9800 mpitt@pittlawpc.com

20. How will the lawyers be compensated?

If the Settlement is approved by the Court, Class Counsel will ask the Court for an award of attorneys' fees in an amount not to exceed 33% of the amount of the Settlement Fund that is allocated for payment of claims of Class Members. Class Counsel may also seek reimbursement of expenses incurred in litigation and negotiating the settlement and may also seek fees for other settlement-related and common benefit activities that are not specific to or solely for the Class. All fees and expenses must be approved by the Court. In addition, certain administrative fees will be paid from the Settlement Fund including fees and expenses of claims administration and expenses and the costs of providing notice to Class Members and Individual Plaintiffs. Any award of such fees and costs ordered by the Court will be paid from the Settlement Fund according to the terms and limitations of the Settlement Agreement.

The methodology proposed by the Plaintiffs' attorneys for determining attorneys' fees and expenses is covered in a separately negotiated addendum that will be attached to the Plaintiffs' attorneys' motion to the Court requesting such fees and expenses, and which will be a public document once filed with the Court. It will be available at www.officialflintwatersettlement.com.

21. Should I get my own lawyer?

You have the right to hire your own lawyer, but you do not need to do so. Class Counsel are working on behalf of the Class. If you decide to hire your own lawyer, they must file a Notice of Appearance. If you hire your own lawyer, you will need to discuss attorney fees and costs with that lawyer.

22. What if I already have my own lawyer?

If you have already hired your own lawyer, you should contact your lawyer directly with any questions as to whether this Notice applies to you and how to proceed.

OBJECTING TO THE SETTLEMENT

23. How do I tell the Court that I don't like the Settlement?

If you are a Class Member (and do not exclude yourself from the Class), you can object to any part of the Settlement. All objections must be in writing and include the following:

- A detailed statement of your objection(s), as well as the specific reasons, if any, for each such objection, including any evidence and legal authority you wish to bring to the Federal Court's attention.
- The written statement must contain your printed name, address, telephone number, and date of birth, written evidence establishing that you are a Class Member.
- The written statement must include any other supporting papers, materials, or briefs you wish the Federal Court to consider when reviewing the objection.
- A written objection may not be signed using any form of electronic signature but must contain your dated signature (not just counsel).

The Federal Court will determine whether any Class Members who do not follow the procedures will have waived any objections they may have. A Class Member may object on his or her own behalf or through an attorney hired at that Class Member's own expense, provided the Class Member also signs the objection and has not submitted a written request to be excluded from the Class. Attorneys asserting objections on behalf of Class Members must:

- File a notice of appearance with the Federal Court by the date set forth in the Preliminary Approval Order, or as the Federal Court otherwise may direct;
- File a sworn declaration attesting to his or her representation of each Class Member on whose behalf the objection is being filed or a copy of the contract (to be filed in camera) between that attorney and each such Class Member; and
- Comply with the procedures described in Article XX-Objections in the Settlement Agreement.

A Class Member (or counsel individually representing him or her, if any) seeking to make an appearance at the hearing must file with the Federal Court, by the date set forth in the Preliminary Approval Order, or as the Federal Court otherwise may direct, a written notice of his or her intention to appear at the hearing, in accordance with the requirements set forth in the Preliminary Approval Order.

Any Class Member who fails to comply with the provisions of these requirements will waive and forfeit any and all rights he or she may have to object to the Settlement Agreement.

Your Objection must be filed with the Clerk of the Court by First-Class United States Mail so the Objection is **received** no later than **January 16, 2024**. The address of the Court is: Clerk of the Court United States District Court Eastern District of Michigan, 200 E. Liberty Street, Ann Arbor, MI 48104.

If you do not comply with these procedures and the deadline for objections, you will lose any opportunity to have your objection considered at the Fairness Hearing or otherwise to contest the approval of the Settlement or to appeal from any order or judgment entered by the Court in connection with the Settlement.

THE COURT'S FAIRNESS HEARING

24. When and where will the Court decide whether to approve the Settlement?

On March 14, 2024, the Court will hold a public hearing in the United States District Court for the Eastern District of Michigan, located at the U.S. Courthouse, 200 E. Liberty Street, Ann Arbor, MI 48104, to determine whether the Settlement is fair, adequate, and reasonable and should be finally approved, with judgment entered accordingly. The Court will also consider the application for an award of attorneys' fees and expense reimbursement. This hearing may be continued or rescheduled by the Court without further notice to the Class so you should check the website for updates. If there are objections, the Court will consider them at that time. After the hearing, the Court will decide whether to approve the Settlement. It is unknown how long these decisions will take.

25. Do I have to come to the hearing?

No, Class Counsel will answer any questions from the Court. However, you are welcome to attend the hearing at your own expense. If you (or your own attorney individually representing you, if any) want to appear at the hearing, you or your attorney must file with the Court, by the date set forth in the Preliminary Approval Order, or as the Court otherwise may direct, a written notice of your intention to appear at the hearing, in accordance with the requirements set forth in the Preliminary Approval Order.

If you send in a written objection, you do not have to come to the Fairness Hearing to talk about it. If you mailed your written objection on time, the Court will consider it. You may also pay your own attorney to attend the Fairness Hearing, but it is not necessary.

IF YOU DO NOTHING

26. What happens if I do nothing at all?

If you are a Class Member and you have NOT already submitted a Registration Form and Claim Package in the prior settlement, you will not get any money from the Settlement. And, unless you opt out of the Settlement, you will be bound by the judgment entered by the Court. This means you will not be able to start a lawsuit, continue with a lawsuit, or be part of any other lawsuit or proceeding against the LAN about the statements and claims at issue in this case. If you submitted Registration and Claim Forms with the previous settlement, there is nothing further you need to do in order to have your claim considered for compensation from the LAN Settlement.

GETTING MORE INFORMATION

27. Where do I get more information?

You can view a copy of relevant pleadings and court orders and read a list of Frequently Asked Questions and Answers at www.officialflintwatersettlement.com. You may also write with questions to the Claims Administrator, Flint Water Settlement, P.O. Box 173120, Milwaukee, WI, 53217, send an email to info@flintwaterissueclass.com or call toll-free **1-800-493-1754**. If you wish to communicate with Class Counsel, you may contact them directly (see contact information listed in Question 19). You may also seek advice and guidance from your own private lawyer at your own expense.

PLEASE DO NOT CONTACT THE COURT OR THE COURT CLERK’S OFFICE TO INQUIRE ABOUT THIS CASE. DATED: DECEMBER 15, 2023

BY ORDER OF THE UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN, JUDITH E. LEVY

Flint Water Settlement Registration Form

VERIFIED REGISTRATION FORM

The instructions below explain the form and documents that you must submit to be eligible to assert a claim for compensation from the Flint Water Cases Qualified Settlement Fund.

**PLEASE CAREFULLY READ ALL THE INSTRUCTIONS
BEFORE SUBMITTING YOUR REGISTRATION**

1. INSTRUCTIONS AND REGISTRATION CRITERIA

You must submit this completed and signed Verified Registration Form and provide the supporting documentation mentioned in the below Claim Form or its attachment (“Registration”).

The **deadline to Register** is **January 16, 2024**. This deadline is determined by the date your return envelope is postmarked. You must complete all applicable blanks in this form.

- By signing this Registration Form, you attest that you as the “Registrant” (or if you are filling out this form for someone else, that they as the “Registrant”) are claiming or could claim personal injury, property damage, business economic loss, unjust enrichment, breach of contract, or any other type of damage or relief due to, and fit into, at least one of the following descriptions (check all that apply to you):
 - Registrant owned or lived in a residence served by the Flint Water Treatment Plant (“FWTP”) or was legally liable for the payment of bills for such water, during the period April 25, 2014 to November 16, 2020.
 - Registrant owned or operated a business served by the FWTP or was legally liable for the payment of bills for such water, during the period April 25, 2014 to November 16, 2020.
 - Registrant was exposed to water from the FWTP for at least 21 days during any 30-day period between April 25, 2014 and November 16, 2020.
 - During the period April 25, 2014 through December 31, 2018, Registrant was both exposed to water from the FWTP and diagnosed with Legionnaires’ Disease.

The Claim Form, included herein, will explain the documents and other information that you will need to submit. The Claim Form will allow you to pick one or more of 30 possible claim categories. To receive a payment, you will need to provide the supporting information for the claim category or categories you select. Your Registration alone does not guarantee that you will receive a payment. You can find more information on the supporting documents and information that is required for each of the 30 possible categories at www.officialflintwatersettlement.com.

2. REGISTRANT INFORMATION

In this section, fill in the information about the person who is registering for the Settlement. If you are submitting this form for yourself, then you are the "Registrant." Each person or entity must fill out his, her or its own Registration Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated or minor person. That person is the "Registrant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 3 of this form and provide the information described there.

Registrant Name	Last	First	Middle																					
Social Security Number of Registrant	<table border="1" style="margin: auto;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>																					Date of Birth of Registrant _____ / _____ / _____ (Month/Day/Year)		
Current Address of Registrant	Street/P.O. Box		Apt./Suite																					
	City	State	Zip																					
	Dates resided at this address:	From	To																					
All Other Registrant Addresses Since April 25, 2014 (if not the same as current address)	Street/P.O. Box		Apt./Suite																					
	City	State	Zip																					
	Dates resided at this address:	From	To																					
Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information.	Street/P.O. Box		Apt./Suite																					
	City	State	Zip																					
	Dates resided at this address:	From	To																					
Registrant's Contact Information. If Registrant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 3 below.	Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home																						
	Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home																						
	Email																							

3. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION
(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

Is this Registration being made by a Next Friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person?

YES NO

If Yes, **complete this section 3.**

Relationship to Registrant
 Attach documents proving that you have the relationship to, or the legal appointment for, the Registrant in the box(es) you check. Please review the attached chart that shows the documents you will need to submit.

You must also provide notice to the Registrant's other relatives or court-appointed representatives listed that you are submitting this Registration for the Registrant. For example, if you are the Registrant's sibling, you must notify Registrant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are registering for the Registrant.

- Check all that apply:**
- Spouse Parent Stepparent
 - Adult Child Adult Sibling
 - Adult Aunt Adult Uncle
 - Grandparent
 - Legal Guardian or other court-appointed representative
 - Estate Administrator
 - Other (specify):

Representative's Name	Last	First	Middle
------------------------------	------	-------	--------

Representative's Address	Street/P.O. Box		Apt./Suite
	City	State	Zip

Representative's Social Security Number	<input type="text"/>	Representative's Date of Birth ____/____/____ (Month/Day/Year)
	<input type="text"/>	

Date of Death of Registrant (if applicable)	____/____/____ (Month/Day/Year)
--	------------------------------------

Representative's Contact Information	Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
	Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
	Email	

4. ATTORNEY INFORMATION

Did you hire an attorney to represent or assist you?
YES **NO**

If Yes, **complete this section 4.**

Attorney's Name	Last	First		
Firm Name	Law Firm			
Address	Street			
	City	State	Zip	
Phone and Email	Phone		Email	

5. DOCUMENT REQUIREMENTS

To register, you must submit the following documents to A.B. Data either in the return envelope provided with this package if you received this in the mail or you may mail the completed package to:
 Flint Water Settlement
 P.O. Box 173120
 Milwaukee, WI, 53217.

<input type="checkbox"/>	This completed and signed Registration Form.
<input type="checkbox"/>	Copy of identification document, such as your State-issued ID card, driver's license, birth certificate, tax return or similar document, unless counsel for Registrant/Next Friend signs and verifies this Registration Form with permission of such Registrant/Next Friend.
<input type="checkbox"/>	Any documents required if you filled out section 3 of this form for a minor, legally incapacitated or deceased person.

6. VERIFICATION

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; the Registrant meets the eligibility criteria above in section 1; all information submitted in support of this Registration, including the information contained within and submitted with this Registration Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 3 above, I have notified all persons who have the identified relationship with the Registrant and who might qualify to act as a Next Friend for the Registrant, that I am submitting this Registration Form on behalf of the Registrant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Registration Form may result in fines, imprisonment, and/or any other remedy available by law.

Registrant's or Representative's Signature		DATE	____/____/____ (month) (day) (year)
Printed Name	First	MI	Last

Instructions to complete this form are attached.

FLINT WATER SETTLEMENT CLAIM FORM

This explains what you must do to make your claim for a payment from the Flint Water Settlement.

This form is different from the Registration Form but BOTH forms are required. You must choose a Settlement Category and submit qualifying information as part of your claim. This Claim Form will allow you to choose a Settlement Category and to apply for payment.

**PLEASE CAREFULLY READ ALL THE INSTRUCTIONS
BEFORE SUBMITTING YOUR CLAIM**

INSTRUCTIONS AND DOCUMENT REQUIREMENTS

Documents You Must Provide: To be eligible to receive a settlement payment, you must submit the following documents (“Claim Materials”) by **January 16, 2024:**

- This completed and signed Claim Form, with the specific Settlement Category forms applicable to Claimant. You must complete all applicable blanks in this form.
- Records or documentation required for the Settlement Category you have selected in this Claim Form in section 4 below. Please refer to section 4 below, the attached Compensation Grid, and the forms accompanying the Settlement Category you selected to see what specific documentation you will need to provide. The Settlement Grid is also available on the website: officialflintwatersettlement.com.
- Copy of Claimant’s (or representative’s, if applicable) identification document, such as State-issued ID card, driver’s license, birth certificate, or similar document.
- Completed and signed Release form. The form is attached, and also available on the website officialflintwatersettlement.com.
- Completed and signed Lien Disclosure form. The form is attached, and also available on the website officialflintwatersettlement.com.
- If you are representing a deceased person, Court documentation showing that you have been appointed to represent the deceased person’s estate and/or interest. If you already provided these documents when registering, you do not need to provide them again.
- If you are representing a legally incapacitated person or minor, Court documentation showing that you have been appointed by the Court to represent that person, or documents proving that you have the relationship to that person described in section 2 of this form. If you already provided these documents when registering, you do not need to provide them again.

1. Claimant Information

In this section, fill in the information for the person who is the Claimant. If you are submitting this form for yourself, then you are the “Claimant.” Each person or entity must fill out his, her, or its own Claim Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated, or minor person. That person is the “Claimant” for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 2 of this form and provide the documents described there.

Claimant	Last	First	Middle
Social Security Number	<input type="text"/>	Date of Birth ____/____/____ (Month/Day/Year)	
Current Address of Claimant	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To
All other Claimant Addresses since April 25, 2014 (if not the same as current address)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To
Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information.	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To
Claimant's Contact Information. If Claimant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 2 below.	Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home	
	Email		
2. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION (Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)			
Is the Claim being brought by a next friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, complete this section 2.			
Relationship to Claimant Attach documents proving that you have the relationship to, or the legal appointment for, the Claimant in the box(es) you check. If you already provided these documents when registering, you do not need to provide them again. The chart included with the instructions identifies the documents you need to provide. You must also provide notice to the Claimant's other relatives or court-appointed representatives listed that you are submitting this Claim for the Claimant. For example, if you are the Claimant's sibling, you must notify Claimant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are submitting this Claim for the Claimant.		Check all that apply: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Adult Child <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Adult Aunt <input type="checkbox"/> Adult Uncle <input type="checkbox"/> Legal Guardian or other court-appointed representative <input type="checkbox"/> Estate Administrator <input type="checkbox"/> Other (specify):	

MINORS					
	Minors 6 years old or younger on the date the individual was first exposed to Flint water:		Minors age 7-11 years old on the date the individual was first exposed to Flint water:		Minors age 12-17 years old on the date the individual was first exposed to Flint water:
<input type="checkbox"/>	1 - high lead level	<input type="checkbox"/>	8 - high lead level	<input type="checkbox"/>	15 - high lead level
<input type="checkbox"/>	2 - lead level or cognitive deficit	<input type="checkbox"/>	9 - lead level	<input type="checkbox"/>	16 - lead level
<input type="checkbox"/>	3 - lead level, cognitive deficit, preterm birth or low birth weight	<input type="checkbox"/>	10 - lead level or cognitive deficit	<input type="checkbox"/>	17 - lead level or cognitive deficit
<input type="checkbox"/>	4 - lead level or formula-fed infant	<input type="checkbox"/>	11 - lead level	<input type="checkbox"/>	18 - lead level
<input type="checkbox"/>	5 - residential water lead or lead/galvanized steel service lines	<input type="checkbox"/>	12 - residential water lead or lead/galvanized steel service lines	<input type="checkbox"/>	19 - residential water lead or lead/galvanized steel service lines
<input type="checkbox"/>	6 - no blood or bone lead level	<input type="checkbox"/>	13 - no blood or bone lead level	<input type="checkbox"/>	20 - no blood or bone lead level
<input type="checkbox"/>	7 - exposed to Flint water only after July 31, 2016	<input type="checkbox"/>	14 - exposed to Flint water only after July 31, 2016	<input type="checkbox"/>	21 - exposed to Flint water only after July 31, 2016
	ADULTS - 18 and over on the date the individual was first exposed to Flint water:		Residential Property Claims (Owners/Renters): (Includes those who paid or were legally liable for water bills)		Business Property and Economic Loss Claims:
<input type="checkbox"/>	22 - high lead level	<input type="checkbox"/>	28 - residential property claim	<input type="checkbox"/>	29 - business property damage (Includes those who paid or were legally liable for water bills)
<input type="checkbox"/>	23 - lead level or serious personal injury			<input type="checkbox"/>	30 - business economic loss
<input type="checkbox"/>	24 - physical injury				
<input type="checkbox"/>	25 - exposed to Flint water only after July 31, 2016, and have a lead level or physical injury				
<input type="checkbox"/>	26 - women miscarriages				
<input type="checkbox"/>	27A - legionnaires', non-death				
<input type="checkbox"/>	27B - legionnaires' death				

The descriptions in the above chart are only headings to help direct you to the Compensation Grid categories. The actual descriptions in the Compensation Grid categories are more detailed and have specific requirements that must be met for a Claimant to qualify for a payment under a particular category. The Compensation Grid also describes the proof that is required from the Claimant for each category. An additional form for each category chosen by the Claimant will need to be completed and submitted by or for that Claimant with this Claim Form. A complete description of the forms required is attached in the Instructions and can also be found at the website: officialflintwatersettlement.com. To the extent that an affidavit is required, a form is attached and can also be found on the website.

For example, Category 3 of the Compensation Grid is for individual Claimants age 6 and younger when they were first exposed to Flint water. The Next Friend for that individual Claimant must certify and provide supporting documents that the Claimant for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016, resided, dwelled, or attended school or day care in Flint, or was otherwise exposed to Flint water. Documented blood or bone lead test results within certain dates showing certain lead levels must also be provided for that Claimant. Alternatively, a report could be provided from an expert within a certain time period showing a cognitive deficit of that Claimant and meeting the report requirements specified in the Compensation Grid. Alternatively, infants whose mothers were exposed to Flint water for certain periods, and where the infant was born preterm or with low birth weight within certain time periods, are in this category. Medical records and other documents specified in the Compensation Grid and the accompanying form for this Category 3 will need to be provided to support the individual Claimant’s qualification for this category.

5. VERIFICATION			
<p>I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; all information submitted in support of this Claim, including the information contained within and submitted with this Claim Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 2 above, I have notified all persons who have the identified relationship with the Claimant and who might qualify to act as a Next Friend for the Claimant, that I am submitting this Claim Form on behalf of the Claimant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law.</p>			
Claimant or Representative’s Signature		DATE	<div style="text-align: center;"> ____/____/____ (month) (day) (year) </div>
Printed Name	First	MI	Last

Attached are instructions to complete this form as well as any additional related forms that you may need to complete your Claim.

Instructions for Completing Flint Water Settlement Claim Form

These instructions explain how to complete your Claim Form and follow the sections of the Claim Form as they appear. More detailed instructions regarding how to choose the appropriate Settlement Category, and required supporting documents, can be found starting on page 11.

The Claims Administrator has the obligation to verify all documentation submitted and may reject documentation that does not appear to be valid or does not support the claim. Your claim will not be considered formally submitted until you have completed and submitted each form, including the Signature Attestation Page described below in paragraph 5 under Verification.

1. **Claimant Information** –Please complete this section again and please make sure your writing is clear and readable so that your forms can be correctly processed.
2. **Next Friend, Personal Representative, or Guardian Information** (Please refer to the FAQ’s on the website www.officialflintwatersettlement.com for a definition of these terms) –If you previously submitted a Registration Form and need to make any changes or additions, then please complete this section again. Please make sure your writing is clear and readable.
 - If you did not originally submit information in the Registration Form about being the Next Friend, personal representative, or guardian of the Claimant, please complete the entire section in this Claim Form for the Claimant.
 - If you have not yet submitted the supporting documentation, with the Registration Form or otherwise, showing your authority to represent the Claimant as Next Friend, personal representative, or guardian, then please see the list chart at the end of these instructions, starting on page 11 and submit that documentation now along with this completed Claim Form.
3. **Attorney Information** – If you previously submitted a Registration Form and need to make any changes or additions, then please complete this section again. If this is your initial submission please complete this section if you are represented by an attorney.
4. **Settlement Categories** – The Compensation Grid explains the Settlement Categories and the proof requirements. The numbers listed on the Claim Form are the numbers that you see for the corresponding Settlement Categories in the Compensation Grid. Additional instructions for choosing the appropriate Settlement Category/ies and required documents can be found starting on page 11.
5. **Verification** – You will not need to sign the Claim Form, but you will need to sign and submit the Signature Attestation Form. Your one signature on the Signature Attestation Form will be considered your signature on all related Claim Forms at the Claims submission stage, except for the Release. You are signing these forms under penalty of perjury, and it is important to verify that all information you are providing on the forms is true, correct, accurate, and complete to the best of your knowledge. As noted, the Release will still require a separate signature. You **must** sign the Signature Attestation Form and the Release, and return them with your packet.

Instructions for Settlement Categories

General Instruction for Settlement Categories:

- Exposure categories for Minor children and Adults are based on **age at the time of first exposure to the water**. The following examples are helpful:
 - If the Minor Claimant was 5 years old at the time of first exposure (during April 25, 2014 - July 31, 2016), then you should select a claim category in the section that applies to children ages 6 and under. That means you can select from Categories 1 - 6. If the Minor Claimant's first exposure to the water occurred between July 31, 2016 and November 16, 2020, then you can select Category 7.
 - If the Minor Claimant was 8 years old at the time of first exposure (during April 25, 2014 - July 31, 2016), then you should select a claim category in the section that applies to children ages 7 to 11. That means you can select from Categories 8 - 13. If the Minor Claimant's first exposure to the water occurred between July 31, 2016 and November 16, 2020, then you can select Category 14.
 - If the Minor Claimant was 15 years old at the time of first exposure (during April 25, 2014 - July 31, 2016), then you should select a claim category in the section that applies to children ages 12 - 17. That means you can select from Categories 15 - 20. If the Minor Claimant's first exposure to the water occurred between July 31, 2016 and November 16, 2020, then you can select Category 21.
 - If you or the Claimant you represent were 18 years old or older at the time of first exposure (after April 25, 2014), and you claim a personal injury, then you should select a claim category in the section that applies to Adults. That means you can select from Categories 22 - 27. Please note that some different dates apply in Categories 22 - 27.
- If you or someone you represent fit into more than one category for an injury claim among Categories 1 - 27, please select all that apply. The Claims Administrator will determine your eligibility and your payment will be based on the one highest injury category for which you qualify.
- If you owned a business in Flint or if you owned or rented or were legally obligated to pay water bills for residential property in Flint that received Flint water during the period April 25, 2014 to July 31, 2016, you may also be eligible for additional payments for property damage and/or business economic loss in Categories 28 - 30. So please select all categories that apply to you.

Personal Injury Proof of Exposure for Settlement Categories:

The following Forms of Documentation can be used to prove exposure to Flint water for the **Personal Injury Categories 1 through 27**:

- **Required:** Declaration Form – form stating that the Claimant dwelled, resided, lived, worked, attended school or day care, or was exposed to water, in Flint along with addresses and time periods for each address where Claimant lived and was exposed to Flint water for at least 21 days during any 30-day period between the relevant dates in the various Categories 1 - 26, and for any number of days between the relevant dates for Category 27. **All Claimants asserting claims under Categories 1 - 27 must complete and return this form along with at least one of the supporting documents listed below:**
 - Water bill in the Claimant’s name during the relevant category Exposure Period for property where Claimant was exposed to Flint water; **OR**
 - School Record during the relevant category Exposure Period with Minor child’s name and address (showing Flint address of school and/or Claimant); **OR**
 - Day Care Invoice during the relevant category Exposure Period with Minor child’s name and address (showing Flint address of day care location and/or Claimant); **OR**
 - Letter from employer verifying employment during the relevant category Exposure Period at business in Flint with address (showing Flint address of place of employment and/or employee); **OR**
 - Check or pay stub during the relevant category Exposure Period with the Claimant’s name showing Flint address of place of employment and/or employee; **OR**
 - Tax return during the relevant category Exposure Period showing address in Flint and name of Claimant on return; **OR**
 - Deed to property located in Flint during the relevant category Exposure Period showing name of Claimant on deed; **OR**
 - Lease during the relevant category Exposure Period for residential property in Flint listing Claimant in lease; **OR**
 - Mortgage Statement for residential property in Flint during the relevant category Exposure Period showing name of Claimant on statement; **OR**
 - Other document sufficient to reliably show address of Claimant’s exposure to Flint water during the relevant category Exposure Period. The Claims Administrator will follow up with you if necessary after their review of the documentation provided.

The following Forms of Documentation can be used to prove exposure to Flint water for **Property Owners/Renters (which includes those who paid water bills), or for Business Owners - Categories 28 through 30** (the documentation must be dated during the time period from April 25, 2014 through July 31, 2016 – only one document needs to be submitted):

- Water bill for property – needs to be in name or business name of Claimant; **OR**
- Tax return – needs to show property address **AND** be in name or business name of Claimant; **OR**
- Deed to property – needs to be in name or business name of Claimant; **OR**
- Lease – needs to be in name or business name of Claimant; **OR**
- Mortgage Statement – needs to be in name or business name of Claimant.

Instructions and Required Proof by Settlement Category

- For Minors 6 and younger, go to page 13.
- For Minors 7 through 11, go to page 16.
- For Minors 12 through 17, go to page 19.
- For Adult personal injury go to page 22.
- For property owners, renters, and businesses, go to page 25.

Settlement Categories for Minors Ages 6 or Younger at First Exposure to Flint Water:

1. Was the child age 6 or younger at the time they were **first** exposed to Flint water? **AND**
 2. Did the child reside, dwell, attend school or day care in Flint, or was the child otherwise exposed to Flint water, for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016?
- **If you can answer yes for the child to BOTH questions above, then look at Categories 1 through 6 below and choose the one in which the child best fits:**

1. Settlement Category One:

Description of Eligibility Requirements:

- Blood lead level test of 10.0mcg/dL or above taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test of 10.0ug/G or above taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant has a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor with this Claim Form; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

2. Settlement Category Two:

Description of Eligibility Requirements:

- Blood lead level test at or between 5.0 and 9.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 5.9 and 9.9ug/G taken between May 16, 2014 and April 27, 2021; **OR**
- Cognitive deficiency caused after May 16, 2014. See Compensation Grid for full description of testing and other requirements.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to proof of exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant has a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
 - If Claimant has a report of a cognitive deficiency, you will need to submit the medical report as described in the Compensation Grid for this Category.

3. Settlement Category Three:

Description of Eligibility Requirements:

- Blood lead level test at or between 3.0 and 4.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 3.0 and 4.9ug/G taken between May 16, 2014 and April 27, 2021; **OR**
- Cognitive deficiency caused after May 16, 2014. See Compensation Grid for full description of testing and other requirements; **OR**
- Infant born preterm or with low birth weight:
 - Mother needs to have resided, dwelled, attended school, or worked in Flint, or otherwise been exposed to Flint water, for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016; **AND**
 - Mother gave birth such that infant was born preterm or with low birth weight between May 16, 2014 and April 30, 2017.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant has a blood lead test, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor. ; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
 - If Claimant has a report of a cognitive deficiency, you will need to submit the medical report as described in the Compensation Grid for this Category; **OR**
 - If Claimant was born preterm or with low birth rate, you will need to submit a copy of the mother's or infant's medical records showing either:
 - Infant born prior to 37 weeks of gestation; **OR**
 - Infant born with a weight under 5lbs 8oz (2500 grams).

4. Settlement Category Four:

Description of Eligibility Requirements:

- Blood lead level test at or between 0.1 and 2.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 0.1 and 2.9ug/G taken between May 16, 2014 and April 27, 2021; **OR**
- Infant was formula fed with a powder or liquid concentrate formula mixed with Flint water for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to proof of exposure documentation, Claimants for this Category must provide one of the following:
 - If the Claimant has a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
 - If Claimant was a formula fed infant, you will need to submit a copy of the mother's or infant's medical records dated between May 16, 2014 and August 31, 2016, or other verifiable equivalent documentation, indicating that the infant was fed powdered or liquid concentrate formula mixed with Flint water for at least 21 days during a 30-day period.

5. Settlement Category Five:

Description of Eligibility Requirements:

- Flint residence or dwelling of Claimant tested between May 16, 2014 and August 31, 2016 with a water lead level of 15ppb or higher; **OR**
- Flint residence or dwelling of Claimant had lead or galvanized steel service lines.
- "Residence" in this Category means the residential real property where Claimant resided or dwelled and was exposed to Flint water for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016. "Resided or dwelled" means that an individual's legal residence or location where they regularly slept was in Flint, as reflected on a medical or other reliable record.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to proof of exposure documentation, Claimants for this Category must provide one of the following:
 - Water lead level test result for Claimant's residence or dwelling dated between May 16, 2014 and August 31, 2016 with a result of 15ppb or higher. If Claimant has test results, Claimant should provide such results. Acceptable water testing results are available online at <https://www.michigan.gov/flintwater/> Other test results from the United States Environmental Protection Agency, Virginia Tech University, or other laboratories certified

- by the State of Michigan are acceptable, but you must submit those test results with this Claim Form; **OR**
- Listed on City of Flint report evidencing that Claimant's residence or dwelling had a lead or galvanized steel service line at the time of exposure. The Claims Administrator will obtain this information on Claimant's behalf.

6. Settlement Category Six:

Description of Eligibility Documentation:

- The child does not have any blood or bone lead level tests.

Required Supporting Documentation:

- Claim Form verification that the requirements are met; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

7. Settlement Category Seven:

Description of Eligibility Documentation:

- Claimant was age 6 or younger at the time they were first exposed to Flint water; **AND**
- Claimant resided, dwelled, attended school or day care in Flint, or was otherwise exposed to Flint water, for at least 21 days during any 30-day period between August 1, 2016 and November 16, 2020.

Required Supporting Documentation:

- Claim Form verification that the requirements are met; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

Settlement Categories for Minors Ages 7 through 11 at First Exposure to Flint Water:

1. Was the child age 7 through 11 at the time they were **first** exposed to Flint water? **AND**
 2. Did they reside, dwell, attend school or day care in Flint, or were they otherwise exposed to Flint water, for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016?
- **If you can answer yes to BOTH questions above, then look at Categories 8 through 13 below and choose the one in which the child best fits:**

8. Settlement Category Eight:

Description of Eligibility Requirements:

- Blood lead level test of 10.0mgc/dL or above taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test of 10.0ug/G or above taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant has a blood lead test, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

9. Settlement Category Nine:**Description of Eligibility Requirements:**

- Blood lead level test at or between 5.0 and 9.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 5.9 and 9.9ug/G taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

10. Settlement Category Ten:**Description of Eligibility Requirements:**

- Blood lead level test at or between 3.0 and 4.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 3.0 and 4.9ug/G taken between May 16, 2014 and April 27, 2021; **OR**
- Cognitive deficiency caused after May 16, 2014. See Compensation Grid for full description of testing and other requirements.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**

- If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
- If Claimant has a report of cognitive deficiency, you will need to submit the medical report as described in the Compensation Grid for this Category.

11. Settlement Category Eleven:

Description of Eligibility Requirements:

- Blood lead level test at or between 0.1 and 2.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 0.1 and 2.9ug/G taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

12. Settlement Category Twelve:

Description of Eligibility Requirements:

- Flint residence or dwelling of Claimant tested between May 16, 2014 and August 31, 2016 with a water lead level of 15ppb or higher; **OR**
- Flint residence or dwelling of Claimant had lead or galvanized steel service lines.
- “Residence” in this Category means the residential real property where Claimant resided or dwelled and was exposed to Flint water for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016. “Resided or dwelled” means that an individual’s legal residence or location where they regularly slept was in Flint, as reflected on a medical or other reliable record.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - Water lead level test result for Claimant’s residence or dwelling dated between May 16, 2014 and August 31, 2016 with a result of 15ppb or higher. If Claimant has test results, Claimant should provide such results. These water testing results are available online at <https://www.michigan.gov/flintwater/>. Other test results from the United States Environmental Protection Agency, Virginia Tech University, or other laboratories certified by the State of Michigan are acceptable, but you must submit those test results with this Claim Form **OR**

- Listed on City of Flint report evidencing that Claimant's residence or dwelling had a lead or galvanized steel service line at the time of exposure. The Claims Administrator will obtain this information on Claimant's behalf.

13. Settlement Category Thirteen:

Description of Eligibility Requirements:

- The child does not have any blood or bone lead level tests.

Required Supporting Documentation:

- Claim Form verification that the requirements are met; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

14. Settlement Category Fourteen:

Description of Eligibility Requirements:

- Claimant was age 7 through 11 at the time they were first exposed to Flint water; **AND**
- Claimant resided, dwelled, attended school or day care in Flint, or was otherwise exposed to Flint water, for at least 21 days during any 30-day period between August 1, 2016 and November 16, 2020.

Required Supporting Documentation:

- Claim Form verification that the requirements are met; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

Settlement Categories for Minors Ages 12 Through 17 at First Exposure to Flint Water :

1. Was the child age 12 through 17 at the time they were **first** exposed to Flint water? **AND**
 2. Did they reside, dwell, attend school or day care in Flint, or were they otherwise exposed to Flint water, for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016?
- **If you can answer yes to BOTH questions above, then look at Categories 15 through 21 below and choose the one in which the child best fits:**

15. Settlement Category Fifteen:

Description of Eligibility Requirements:

- Blood lead level test of 10.0mgc/dL or above taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test of 10.0ug/G or above taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

16. Settlement Category Sixteen:**Description of Eligibility Requirements:**

- Blood lead level test at or between 5.0 and 9.9mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 5.0 and 9.9ug/G taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

17. Settlement Category Seventeen:**Description of Eligibility Requirements:**

- Blood lead level test at or between 3.0 and 4.9 mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test between 3.0 and 4.9 ug/G taken between May 16, 2014 and April 27, 2021; **OR**
- Cognitive deficiency caused after May 16, 2014. See Compensation Grid for full description of testing and other requirements.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
 - If Claimant has a report of a cognitive deficiency, you will need to submit the medical report as described in the Compensation Grid for this Category.

18. Settlement Category Eighteen:

Description:

- Blood lead level test at or between 0.1 and 2.9 mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 0.1 and 2.9 ug/G taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

19. Settlement Category Nineteen:

Description of Eligibility Requirements:

- Flint residence or dwelling of Claimant tested between May 16, 2014 and August 31, 2016 with a water lead level of 15 ppb or higher; **OR**
- Flint residence or dwelling of Claimant had lead or galvanized steel service lines.
- “Residence” in this Category means the residential real property where Claimant resided or dwelled and was exposed to Flint water for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016. “Resided or dwelled” means that an individual’s legal residence or location where they regularly slept was in Flint, as reflected on a medical or other reliable record.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - Water lead level test result for Claimant’s residence or dwelling dated between May 16, 2014 and August 31, 2016 with a result of 15 ppb or higher. If Claimant has test results, Claimant should provide such results. These water testing results are available online at <https://www.michigan.gov/flintwater/>; Other test results from the United States Environmental Protection Agency, Virginia Tech University, or other laboratories certified by the State of Michigan are acceptable, but you must submit those test results with this Claim Form; **OR**
 - Listed on City of Flint report evidencing that Claimant’s residence or dwelling had a lead or galvanized steel service line at the time of exposure. The Claims Administrator will obtain this information on Claimant’s behalf.

20. Settlement Category Twenty:

Description of Eligibility Requirements:

- The child does not have any blood or bone lead level tests.

Required Supporting Documentation:

- Claim Form verification that the requirements are met; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

21. Settlement Category Twenty-One:

Description of Eligibility Requirements:

- Claimant was age 12 through 17 at the time they were first exposed to Flint water; **AND**
- Claimant resided, dwelled, attended school or day care in Flint, or was otherwise exposed to Flint water, for at least 21 days during any 30-day period between August 1, 2016 and November 16, 2020.

Required Supporting Documentation:

- Claim Form verification that the requirements are met; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

Settlement Categories for Adults 18 and over at First Exposure to Flint Water:

1. Were you 18 or older at the time you were **first** exposed to Flint water? **AND**
 2. Did you reside, dwell, attend school or work in Flint, or were you otherwise exposed to Flint water, for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016?
- **If you can answer yes to BOTH questions above, then look at Categories 22 through 27 below and choose the one in which you best fit. Note, however, that Category 26 for women miscarriages is for women of any age.**

22. Settlement Category Twenty-Two:

Description of Eligibility Requirements:

- Blood lead level test of 10.0 mgc/dL or above taken between May 16, 2014 and August 31, 2016;
OR
- Bone lead test of 10.0 ug/G or above taken between May 16, 2014 and April 27, 2021.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:

- If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
- If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form.

23. Settlement Category Twenty-Three:

Description of Eligibility Requirements:

- Blood lead level test at or between 5.0 and 9.9 mcg/dL taken between May 16, 2014 and August 31, 2016; **OR**
- Bone lead test at or between 5.0 and 9.9 ug/G taken between May 16, 2014 and April 27, 2021; **OR**
- Claimant had severe hypertension, neuropathy, stroke, anemia, or renal insufficiency and was treated for such conditions by a physician between May 16, 2014 and July 31, 2016, and Claimant’s medical records or a medical report dated between May 16, 2014 and April 27, 2021, document that the condition was caused or exacerbated by Claimant’s exposure to Flint water between May 16, 2014 and July 31, 2016.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant as a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
 - Copy of medical records or reports as described in the Compensation Grid for this Category.

24. Settlement Category Twenty-Four:

Description of Eligibility Requirements:

- A physical injury for which Claimant was treated by a physician between May 16, 2014 and July 31, 2016, and Claimant’s medical records or a medical report dated between May 16, 2014 and April 27, 2021, document that the condition was caused or exacerbated by Claimant’s exposure to Flint water between May 16, 2014 and July 31, 2016. Examples of such physical injuries include, but are not limited to:

○ Skin rashes	○ Respiratory
○ Skin lesions	○ Pneumonia or
○ Hair loss	○ Gastrointestinal conditions.

Required Supporting Documentation:

- Copy of medical records or reports as described in the Compensation Grid for this Category; **AND**
- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.

25. Settlement Category Twenty-Five:

Description of Eligibility Requirements:

- Blood lead level test with a blood level at or above 5.0 mcg/dL tested after July 31, 2016 and before November 16, 2020; **OR**
- Bone lead test at or above 5.0 ug/G tested after July 31, 2016 and before November 16, 2020; **OR**
- Claimant has any physical injury treated by a board-certified physician or a person supervised by a board-certified physician after July 31, 2016 and before November 16, 2020, that is documented in medical records or a report dated between July 31, 2016 and April 27, 2021, by a physician or their supervisee as being caused or exacerbated by Claimant's exposure to Flint water after July 31, 2016 and before November 16, 2020. Examples of such physical injuries include, but are not limited to:
 - Skin rashes
 - Skin lesions
 - Hair loss
 - Respiratory
 - Pneumonia or
 - Gastrointestinal conditions.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - If Claimant has a blood lead test result, you will need to submit a copy of test results from a blood lead level test taken in Michigan by a qualified facility or doctor; **OR**
 - If Claimant has a bone lead test result, you will need to submit the test results with this Claim Form; **OR**
 - Copy of medical records or reports as described in the Compensation Grid for this Category.

26. Settlement Category Twenty-Six:

Description of Eligibility Requirements:

- A woman of any age, who for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016, resided, dwelled, attended school or worked in Flint, or was otherwise exposed to Flint water; **AND**
- Who suffered a miscarriage between May 16, 2014 and April 30, 2017, with the mother's or fetus' cord blood lead level of 5 mcg/dL or higher.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide:
 - Copy of medical records dated between May 16, 2014 and April 30, 2017, which includes an opinion from a board-certified physician in obstetrics and gynecology stating that the mother suffered a miscarriage between May 16, 2014 and April 30, 2017; **AND**
 - A blood lead level test of Claimant or the fetus' cord taken between May 16, 2014 and April 30, 2017.

27. Settlement Category Twenty-Seven:

Description of Eligibility Requirements for Category 27A:

- An Adult first exposed to Flint water between April 25, 2014 and December 31, 2018, who was diagnosed with Legionnaires' Disease during the time period of April 25, 2014 through December 31, 2018, and who did not die from the disease.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure Documentation, Claimants for this Category must provide a copy of medical records dated between April 25, 2014 and December 31, 2018, reflecting that Claimant was diagnosed with Legionnaires' Disease between the dates listed above. See also, Compensation Grid for Reconsideration Request of Adverse Notice and related affidavit.

Description of Eligibility Requirements for Category 27B:

- An Adult first exposed to Flint water between April 25, 2014 and December 31, 2018, who was diagnosed with Legionnaires' Disease during the time period of April 25, 2014 through December 31, 2018, and who died from the disease.

Required Supporting Documentation:

- All Claimants must submit Proof of Exposure. The list of acceptable documents is above on page 12 under the Personal Injury Proof of Exposure list of acceptable documents.
- In addition to Proof of Exposure documentation, Claimants for this Category must provide one of the following:
 - Copy of medical records dated between April 25, 2014 and December 31, 2018, reflecting that Claimant was diagnosed with Legionnaires' Disease between the dates listed above, and that such death was primarily or secondarily caused by Legionnaires' Disease; **OR**
 - A death certificate that indicates the primary or secondary cause of death was Legionnaires' Disease. See also, Compensation Grid for Reconsideration Request of Adverse Notice and related affidavit.

Settlement Categories for Property Owners/Renters (which includes those who paid water bills) and Business Owners:

28. Settlement Category Twenty-Eight:

Description of Eligibility Requirements:

- All individuals who owned or who were the lessee of a parcel of residential real property (which includes those who paid water bills) in the City of Flint, and where that residential property received Flint water on or between April 25, 2014 and July 31, 2016.

Required Supporting Documentation:

- Declaration of Real Property Owner/Renter and/or Business Owner Form, on which Claimant must identify all owners, lessees and other interested parties in the real property (including those legally responsible for paying water bills) so that the proper legal recipient can receive the award; **AND**

- Copy of any document showing proof of residential real property ownership or of being a residential lessee in the City of Flint during the period of April 25, 2014 to July 31, 2016, as well as that the property was receiving Flint water, including but not limited to the following (the documentation must be in the name of Claimant and dated during the time period from April 25, 2014 through July 31, 2016 – only one document needs to be submitted):
 - Water bill
 - Deed
 - Housing contract
 - Mortgage statement
 - Lease
 - Property or income tax statement.

29. Settlement Category Twenty-Nine:

Description of Eligibility Requirements:

- All nonfarm businesses that owned and earned income from real property in the City of Flint (which includes those who paid for water bills), and that property received Flint water, on or between April 25, 2014 and July 31, 2016.

Required Supporting Documentation:

- Declaration of Real Property Owner/Renter and/or Business Owner Form, on which Claimant must identify all business owners and other interested parties in the real property so that the proper legal recipient can receive the award; **AND**
- Copy of any document showing proof of business and real property ownership in the City of Flint, and such property receiving Flint water, during the period of April 25, 2014 to July 31, 2016, including but not limited to the following (the documentation must be in the name of Claimant and dated during the time period from April 25, 2014 through July 31, 2016 – only one document needs to be submitted):
 - Water Bill
 - Deed
 - Housing Contract
 - Mortgage Statement
 - Property or income tax statement
 - Lease
 - Tax Registration
 - State Filing
 - Certificate of Incorporation

AND

- Proof of damages, which shall be measured by loss of net profits year over year as reflected in tax filings. Claimants shall complete a Business Interruption Claim Form.

30. Settlement Category Thirty:

Description of Eligibility Requirements:

- All nonfarm and non-real property businesses that operated in the City of Flint, and the business received Flint water, on or between April 25, 2014 and July 31, 2016.

Required Supporting Documentation:

- Declaration of Real Property Owner/Renter and/or Business Owner Form, on which Claimant must identify all business owners and other interested parties so that the proper legal recipient can receive the award; **AND**
- Copy of any document showing proof of business incorporation or organization, and business ownership operating in the City of Flint, and receiving Flint water, during the period of April 25, 2014 to July 31, 2016, including but not limited to the following (the documentation must be in

the name of Claimant and dated during the time period from April 25, 2014 through July 31, 2016 – only one document needs to be submitted):

- Water bill
- Property or income tax statement
- Tax registration
- State filing
- Certificate of Incorporation;

AND

- Proof of damages, which shall be measured by loss of net profits year over year as reflected in tax filings. Claimants shall complete a Business Interruption Claim Form.

**Supporting Documentation for Authority to Represent Claimant as Next Friend,
Personal Representative or Guardian**

Acceptable forms of documentation for Section 2 – “Relationship to Registrant/Claimant”:

Relationship to Claimant	Reason for Representation	Required Documentation
Spouse	Legally incapacitated spouse	Court Order showing your appointment as legal guardian of your spouse.
Spouse	Death of spouse	A. Court documentation showing your appointment as representative for your spouse’s estate; OR B. If an estate has not been opened, you will be required to obtain the appropriate estate documentation prior to payment of the award. There will be help available to you to complete this process. For now, submit the death certificate of Registrant.
Parent	Legally Incapacitated adult child	Court Order showing your appointment as legal guardian of your adult child.
Parent	Death of child	A. Court documentation showing your appointment as representative for your child’s estate; OR B. If an estate has not been opened, you will be required to obtain the appropriate estate documentation prior to payment of the award. There will be help available to you to complete this process. For now, submit the death certificate of Registrant.
Parent	Minor child	A. Birth certificate for your child listing you as parent; ¹ OR B. Adoption certificate showing you adopting Minor child.
Stepparent	Minor child	A. Court Order showing your appointment as legal guardian of Minor child; OR B. Adoption certificate showing you adopting Minor stepchild; OR C. Tax Return showing the Minor as your dependent; OR D. Marriage license showing spousal relationship; AND E. Birth certificate for child listing a parent named in marriage license (see footnote 1).

¹ If you do not have or cannot obtain the birth certificate, there may be a process through the State of Michigan’s Department of Vital Records to help assist in obtaining these documents. However, there is no guarantee that Department of Vital Records would be able to provide the chain of certificates needed for some categories. Please make every effort to provide these birth certificate(s).

Grandparent	Legally Incapacitated adult grandchild	Court Order showing your appointment as legal guardian of adult grandchild.
Grandparent	Death of grandchild	A. Court documentation showing your appointment as representative for your grandchild's estate; OR B. If an estate has not been opened, you will be required to obtain the appropriate estate documentation prior to payment of the award. There will be help available to you to complete this process. For now, submit the death certificate of Registrant.
Grandparent	Minor grandchild	A. Court Order showing your appointment as legal guardian for your Minor grandchild; OR B. Tax Return showing your Minor grandchild as your dependent; OR C. Birth certificate for the parent of the Minor grandchild, listing grandparent; AND D. Birth certificate for grandchild listing parent named above (see footnote 1), or adoption certificate showing parent named above adopting Minor grandchild.
Adult Child	Legally incapacitated parent	Court Order showing your appointment as guardian for your parent.
Adult Child	Death of parent	A. Court documentation showing your appointment as representative for your parent's estate; OR B. If an estate has not been opened, you will be required to obtain the appropriate estate documentation prior to payment of the award. There will be help available to you to complete this process. For now, submit the death certificate of Registrant.
Adult Sibling	Legally incapacitated adult sibling	Court Order showing your appointment as legal guardian for your adult sibling.
Adult Sibling	Death of sibling	A. Court documentation showing your appointment as representative for your sibling's estate; OR B. If an estate has not been opened, you will be required to obtain the appropriate estate documentation prior to payment of the award. There will be help available to you to complete this process. For now, submit the death certificate of Registrant.
Adult Sibling	Minor sibling	A. Court Order showing your appointment as the legal guardian for your Minor sibling; OR B. Adoption certificate showing you adopting your Minor sibling; OR C. Tax Return showing your Minor sibling as your dependent; OR D. Your birth certificate; AND E. Birth certificate of your Minor sibling listing the same parent (see footnote 1), or adoption certificate showing the same parent adopting Minor sibling.
Adult Aunt or Uncle	Legally incapacitated adult niece/nephew	Court Order showing your appointment as legal guardian for your adult niece/nephew.

Adult Aunt or Uncle	Death of niece/nephew	<p>A. Court documentation showing your appointment as representative for your niece/nephew's estate; OR</p> <p>B. If an estate has not been opened, you will be required to obtain the appropriate estate documentation prior to payment of the award. There will be help available to you to complete this process. For now, submit the death certificate of Registrant.</p>
Adult Aunt or Uncle	Minor niece/nephew	<p>A. Court documentation showing your appointment as legal guardian for your Minor niece/nephew; OR</p> <p>B. An adoption certificate showing you adopting your Minor niece/nephew; OR</p> <p>C. Tax return showing your Minor niece/nephew as your dependent; OR</p> <p>D. Your birth certificate; AND</p> <p>E. Your sibling's birth certificate or death certificate listing at least one common parent (see footnote 1); AND</p> <p>F. Birth certificate for your niece/nephew listing your sibling as their parent, or adoption certificate showing your sibling adopting Minor niece/nephew.</p>
Legal Guardian or other court-appointed representative	Incapacity or death of Adult or Minor Claimant	Court documentation showing your appointment as guardian/representative for Registrant.
Estate Administrator	Death of Adult or Minor Claimant	Court documentation showing your appointment as representative for the estate of Registrant.
Other	Please describe:	Any documentation to support your relationship to Registrant. If none of the above descriptions or documents apply, please describe the basis for your relationship to the Registrant and provide the best documentation you have available to support that relationship. The Claims Administrator will follow up with you if necessary after their review of the documentation provided.

FLINT WATER SETTLEMENT

DECLARATION OF EXPOSURE

1. My name is _____ and I am making this Declaration based upon my personal knowledge and information.

2. I am making this declaration on behalf of _____ (write in either “myself” or the name of Claimant. The word “Claimant” is used hereafter in this Declaration to refer to either yourself or the name of the Claimant written on the line above in this paragraph.).

3. The Claimant listed above is:
 - An adult
 - A legally incompetent or incapacitated adult
 - Deceased
 - A minor

4. The Claimant resided, dwelled, or lived in the City of Flint at the following addresses during the following periods of time:

Current address of Claimant	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To
This residence is owned/leased by:	Name		Relationship to Claimant
All other Claimant addresses since April 25, 2014 (if not the same as current address)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To
This residence is owned/leased by:	Name		Relationship to Claimant
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To

This residence is owned/leased by:	Name	Relationship to Claimant	
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To
This residence is owned/leased by:	Name	Relationship to Claimant	
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To
This residence is owned/leased by:	Name	Relationship to Claimant	

5. The Claimant worked, attended school or day care, or was exposed to water in the City of Flint at the following addresses during the following periods of time:

Address of water exposure	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care	
Describe why Claimant was at this location or how Claimant was exposed to the Flint water:			
<hr/> <hr/> <hr/>			
All other addresses of water exposure since April 25, 2014 (if not the same as above address)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To

Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School	<input type="checkbox"/> Day Care
Describe why Claimant was at this location or how Claimant was exposed to the Flint water: _____ _____			
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care	
Describe why Claimant was at this location or how Claimant was exposed to the Flint water: _____ _____			
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School	<input type="checkbox"/> Day Care
Describe why Claimant was at this location or how Claimant was exposed to the Flint water: _____ _____			
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School	<input type="checkbox"/> Day Care
Describe why Claimant was at this location or how Claimant was exposed to the Flint water: _____ _____			

6. During the time that the Claimant resided, dwelled, lived, worked, attended school or day care, or was exposed to water, in the City of Flint at the address(es) listed in paragraphs 4 or 5, the Claimant was exposed to Flint water for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016.
 Yes No
7. If the answer to paragraph 6 is “No”, during the time that the Claimant resided, dwelled, lived, worked, attended school or day care, or was exposed to water, in the City of Flint at the address(es) listed in paragraphs 4 or 5, the Claimant was exposed to Flint water for at least 21 days during any 30-day period between August 1, 2016 and November 16, 2020.
 Yes No
8. FOR CATEGORY 27 CLAIMANTS ONLY: Was the Claimant exposed to water in the City of Flint at the address(es) listed in paragraphs 4 or 5 during any of the period between April 25, 2014 and December 31, 2018.
 Yes No

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that I am 18 years of age or older, and all information submitted in this above form is true, correct, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this form and my Claim may result in fines, imprisonment, and/or any other remedy available by law.

Date

Signature of Claimant, Next Friend, or other
fiduciary

FLINT WATER SETTLEMENT

DECLARATION OF REAL PROPERTY OWNER/RENTER AND/OR BUSINESS OWNER

1. My name is _____ and I am making this Declaration based upon my personal knowledge and information.

2. The relevant real property or business address which is the subject of this claim is:

Street		
City	State	Zip

3. If the Claimant is a Business Owner - the name of the business is:

4. If the Claimant is seeking damages for **Category 28**, the names of all the owners, lessees, or interested parties of the real property are:

Name	Last	First	
Nature of Interest & Percentage	Nature of Interest, i.e., Owner, Lessee, or Other (describe)		Percentage of Ownership/Interest in Property
Address	Street		
	City	State	Zip
Phone & Email	Phone		Email
Name	Last	First	
Nature of Interest & Percentage	Nature of Interest, i.e., Owner, Lessee, or Other (describe)		Percentage of Ownership/Interest in Property
Address	Street		
	City	State	Zip
Phone & Email	Phone		Email
Name	Last	First	
Nature of Interest & Percentage	Nature of Interest, i.e., Owner, Lessee or Other (describe)		Percentage of Ownership/Interest in Property
Address	Street		
	City	State	Zip
Phone & Email	Phone		Email

5. If the Claimant is seeking damages for **Categories 29 or 30**, the names of all the owners or interested parties of the business and/or real property are:

Name	Last	First	
Nature of Interest & Percentage	Nature of Interest, i.e., Owner or Other (describe)	Percentage of Ownership/Interest in Business and/or Real Property	
Address	Street		
	City	State	Zip
Phone & Email	Phone	Email	
Name	Last	First	
Nature of Interest & Percentage	Nature of Interest, i.e., Owner or Other (describe)	Percentage of Ownership/Interest in Business and/or Real Property	
Address	Street		
	City	State	Zip
Phone & Email	Phone	Email	
Name	Last	First	
Nature of Interest & Percentage	Nature of Interest, i.e., Owner or Other (describe)	Percentage of Ownership/Interest in Business and/or Real Property	
Address	Street		
	City	State	Zip
Phone & Email	Phone	Email	

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that I am 18 years of age or older, and all information submitted in this above form is true, correct, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this form and my claim may result in fines, imprisonment, and/or any other remedy available by law.

Date

Declarant

FWC Lien Disclosure Form

I. INSTRUCTIONS

If you wish to participate in the Flint Water Settlement Program and be potentially eligible for an award in the Program, you **MUST** complete and submit this Lien Disclosure Form under Section 15.2 of the Flint Water Settlement Agreement. as part of the Claim Package on or before **January 16, 2024**. Review and complete all information contained therein to the best of your ability. Incomplete or illegible information may result in delays in processing. **Any information written in document margins or attached to this form as a supplement will be disregarded.**

II. CLAIMANT / INJURED PARTY INFORMATION

Injured Party Name	First	M.I.	Last
Injured Party Date of Birth	____/____/____ (month) (day) (year)		
Injured Party SSN			
<small>*incorrect SSN's will cause delays in processing and award distribution.</small>			
Injured Party Gender (M or F)			

III. GOVERNMENTAL HEALTH PLAN INFORMATION

To comply with the settlement agreement and protocol established by the Lien Resolution Administrator, you must provide health plan information for all governmental health plans effective on the date of your ingestion or contact with water from the Flint Water Treatment Plant but only if:

1. You were covered by a non-Medicare or non-Medicaid Government Plan

Health plans that the LRA may notify, include TRICARE; Veterans Affairs; and Indian Health Services. The only health plan information you do **not** need to provide here is for Medicare Parts A and B and Medicaid because the Lien Resolution Administrator must verify that information directly with those agencies. If you had more than one health plan at the time of your injury/diagnosis, please indicate all applicable insurer information. Under the Settlement Agreement, the State of Michigan has agreed not to pursue its right to reimbursement for any costs paid by the State of Michigan through the State-funded portion of the Michigan Medicaid program.

Please note that you must complete all requested information for the Section III to be considered valid.

Were you covered at your date of ingestion or contact by a government health plan <u>other than</u> Medicare or Medicaid?	Yes _____ No _____			
If you were enrolled in TRICARE or Veterans Affairs you must indicate:	Military Branch:			
If claimant is a military dependent, indicate:	Plan Sponsor Name:	First	M.I.	Last
	Plan Sponsor Date of Birth:	____/____/____ (month) (day) (year)		
	Plan Sponsor Last 4 digits of SSN:	XXX-XX-		
If you received treatment covered by the Veterans Administration, you must indicate Hospital or Health Facility Where Treated:	Hospital or Facility Name			
	Street			
	City	State	Zip	Country
If you received treatment through Indian Health Service (IHS), you must provide Tribal Affiliation and City/State Where Treated:	Tribal Affiliation	City	State	
IV. PRIVATE AND MEDICARE PART C LIEN RESOLUTION				
<p>The Lien Administrator (“LA”) may administer several Private Lien Resolution Programs (“PLRPs”) with private health insurance plan representatives to identify and resolve private health insurance liens, including those with Medicare Part C liens, private insurance plans and employer sponsored self-funded ERISA plans. All Flint Water settling claimants are automatically enrolled in the PLRPs.</p> <p>The PLRP terms are currently being negotiated but are historically advantageous for the vast majority of claimants in mass tort settlements like Flint Water because the programs offer pre-negotiated discounts on lien amounts, (<u>after</u> the LRA’s audit review for injury-related claims) and caps on reimbursement amounts in high medical claim situations. The programs also provide specified timelines for resolution. And finally, the PLRPs can only assert liens where the law permits.</p>				

The PLRPs already take state laws into account.

1. The Common Fund Doctrine: reductions for attorney’s fees and costs are factored into the applicable automatic lien reduction percentage.
2. The Made Whole doctrine: Some states contain laws dictating that a claimant does not have a lien obligation until they have been fully compensated, or “made whole,” by their award. The determination of whether a claimant has been made whole is made under a fact-specific determination by a Judge or Jury. This legal concept is already factored into the lien cap terms.

If you had more than one health plan at the time of your ingestion or contact with Flint Water, please indicate all applicable plan names. Be certain to provide complete health plan names. For example, do not just indicate “Blue Cross.” Indicate which Blue Cross, for example, “Blue Cross of Michigan.”

Complete Health Plan Name:	
Health Plan ID:	
Health Plan Type: (Group Health or Medicare Part C or Government)	
If you selected Group Health, Provide Employer Name:	
Have you ever received a notice from your health insurance plan, or from a health care provider, of a medical lien related to your Flint Water related injuries?	<p>*Yes_____ No _____</p> <p>** If YES, please e-mail that notice to info@FlintWaterIssueClass.com</p>

By signing below, I acknowledge and agree to the lien provisions in Article XV of the settlement agreement.

Signature	
Date	

FLINT WATER SETTLEMENT
BUSINESS INTERRUPTION CLAIM FORM

1. My name is _____ and I am making this Declaration based upon my personal knowledge and information.

2. The relevant real property or business address which is the subject of this claim is:

Street		
City	State	Zip

3. If the Claimant is a Business Owner - the name of the business is:

4. If you are making a claim for business property damage or business economic loss concerning real property or a business that received Flint water on or between April 25, 2014 and July 31, 2016, please describe when and how your real property or business was damaged. If you need additional space, please attach another sheet to this form:

5. Please provide details of the amount of your claimed damages, and how you determined that amount. If you need additional space, please attached another sheet to this form:

For Category 30, you must show proof of such damages by loss of net profits year over year as reflected in tax filings, and copies of such tax filings must be submitted with this completed form. Please provide tax filings for the following years:

- Each of the two (2) years prior to the loss
- Year of the loss
- One (1) year after the loss

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that I am 18 years of age or older, and all information submitted in or with this above form is true, correct, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this form and my claim may result in fines, imprisonment, and/or any other remedy available by law.

Date

Declarant

RELEASE OF ALL CLAIMS, AND COVENANT NOT TO SUE, RELATING TO FLINT WATER

This is the Release defined in sections 1.64 and 3.19.2 of the Settlement Agreement, and referenced and described in Exhibit 7 and Article XVI, entitled Releases and Covenants Not to Sue, of the Settlement Agreement. The capitalized terms in this document are defined and have the meanings as the same capitalized terms in the Settlement Agreement. The Settlement Agreement is the agreement dated November 16, 2020, between the parties to that agreement, and related to the consolidated cases known as *In re Flint Water Cases*, 5:16-cv-10444 (United States District Court, Eastern District of Michigan) and all Related Lawsuits. The Settlement Agreement includes all of the Settlement Agreement's accompanying exhibits, schedules, annexes, and any subsequent amendments thereto, and any exhibits to such amendments.

1. In addition to the effect of any final judgment entered in accordance with the Settlement Agreement, upon the occurrence of the Effective Date and in consideration of payment of the Settlement Amount specified in Article II— Payments by Defendants and the other consideration in the Settlement Agreement, as a Releasor, I on my own behalf, and for any individual or entity on whose behalf I am signing this document, hereby completely release, acquit, and forever discharge the Releasees individually and jointly from:

a. any and all claims, notices, demands, actions, suits, and causes of action, whether class, individual, or otherwise in nature, legal or equitable, known or unknown, suspected or unsuspected, asserted or unasserted, in law, equity, or administratively;

b. damages whenever incurred and liabilities of any nature whatsoever, including costs, expenses, penalties, expenses of medical or psychological monitoring, and attorneys' fees, that Releasors (including me and any individual or entity on whose behalf I am signing this document), or any one of them, whether directly, representatively, derivatively, or in any other capacity, ever had, now have, or hereafter can, shall, or may have against the Releasees or any of them, relating in any way to;

c. exposure to, use of, or receipt of water from the Flint Water Treatment Plant, or legal liability for the payment of such water, for the period April 25, 2014 to the Effective Date; and/or

d. any alleged acts or omissions by Releasees or any of them and/or any joint and/or several liability of any of them arising from the alleged acts or omissions of any of the Releasees pled in the Fourth Consolidated Amended Class Complaint, the Amended Master Complaint, and any complaints in the Related Lawsuits from the beginning of time until the Effective Date or that could have been brought under any federal, state, local, administrative, or regulatory law or cause of action concerning exposure to, use of, or receipt of water from the Flint Water Treatment Plant, or legal liability for the payment of such water, during the period April 25, 2014 to the Effective Date, or any conduct in any related litigation or arising out of the litigation itself in Federal Court, the Court of Claims, or Genesee County Circuit Court.

2. From and after the Execution Date, for the consideration provided for in the Settlement Agreement, and by operation of the Final Orders and Judgments, I on my own behalf, and for any individual or entity on whose behalf I am signing this document, covenant, promise, and agree that we will not, at any time, continue to prosecute, commence, file, initiate, institute, cause to be instituted, assist in instituting, or permit to be instituted on our own behalf, or on behalf of any other individual or entity, any proceeding: (a) alleging or asserting any of our Released Claims against the Released Parties in any federal court, state court, arbitration, regulatory agency, or other tribunal or forum or (b) challenging the validity of the Releases. To the extent any such proceeding exists in any court, tribunal, or other forum as of the Execution Date, we covenant, promise and agree to withdraw, and seek a dismissal with prejudice of, such proceeding forthwith.

3. In connection with the above releases and covenants not to sue, I on my own behalf, and for any individual or entity on whose behalf I am signing this document, acknowledge that we are aware that we may hereafter discover claims now unknown or unsuspected, or facts in addition to or different from those which

we now know or believe to be true, with respect to actions or matters released herein. We explicitly took unknown or unsuspected claims into account in entering into this Release and the Settlement Agreement and it is our intention fully, finally, and forever to settle and release all Released Claims with respect to all such matters.

4. I on my own behalf, and for any individual or entity on whose behalf I am signing this document, certify that we are aware of and have read and reviewed the following provisions of California Civil Code Section 1542 (“Section 1542”):

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

The provisions of the release set forth above shall apply according to their terms, regardless of the provisions of Section 1542 or any equivalent, similar, or comparable present or future law or principle of law of any jurisdiction. We hereby expressly waive and relinquish any and all rights and benefits existing under (i) Section 1542 or any equivalent, similar, or comparable present or future law or principle of law of any jurisdiction and (ii) any law or principle of law of any jurisdiction that would limit or restrict the effect or scope of the provisions of the release set forth above.

5. “Released Claims” means those claims released pursuant to the above paragraphs and as described in paragraphs 16.1–16.5 of the Settlement Agreement.

6. “Releasees” and “Released Parties” shall refer jointly and severally, individually and collectively to Defendants and their past and present, direct and indirect, parents, subsidiaries, affiliates, offices, departments, agencies, commissions, boards, officials, directors, employees, agents (including, but not limited to, brokers and landmen), attorneys, insurers, financial and business advisors, trusts, trustees, partners or general or limited partnerships, servants, and representatives (and any of the foregoing listed individuals’ or entities’ past and present officers, directors, employees, agents (including, but not limited to brokers and landmen), attorneys, financial and business advisors, trusts, trustees, partners or general or limited partnerships, servants, and representatives), and the predecessors, successors, heirs, spouses, family members, estate executors, administrators, insurers, and assigns of each of the foregoing. Notwithstanding anything else in this or any other document, the following and their affiliates are not Releasees or Released Parties, and any and all claims against them shall not be Released Claims:; Veolia North America, LLC; Veolia North America, Inc.; Veolia Water North America Operating Services, LLC; Veolia Environment S.A.; United States of America, and United States Environmental Protection Agency.

7. “Releasers” shall refer jointly and severally, individually and collectively to me, any individual or entity on whose behalf I am signing this document, and all Plaintiffs, Individual Plaintiffs, and Claimants that participate in the Settlement Program and all Settlement Class Members, and my and their respective past and present, direct and indirect, parents, guardians, conservators, fiduciaries, next friends, next of kin, subsidiaries, affiliates, officers, directors, employees, agents, attorneys, servants, and representatives (and any of the foregoing listed individuals’ or entities’ past and present officers, directors, employees, agents, attorneys, servants, and representatives), any person who may be a claimant under Michigan’s Wrongful Death Act, and the predecessors, successors, heirs, executors, administrators, and assigns of each of the foregoing.

“Defendants” means the entities and persons participating in the settlement as described in the Settlement Agreement that are or were defendants in any federal or state court, both trial and appellate, in which claims have been made or notices of intention to file a claim under the Michigan Court of Claims Act, Mich. Comp. Laws § 600.6431, asserting personal injury, property damage, economic loss, or any other damage of any nature whatsoever as a result of exposure to water received from the Flint Water Treatment Plant, or any bills paid for such water, at any time during the Exposure Period, including: State of Michigan; Michigan Department of Environmental Quality (now the Michigan Department of Environment, Great Lakes, and Energy); Michigan Department of Health and Human Services; Michigan Department of Treasury; former

Governor Richard D. Snyder; Governor Gretchen Whitmer; the City of Flint; the Flint Receivership Transition Advisory Board; Darnell Earley; Howard Croft; Michael Glasgow; Gerald Ambrose; Edward Kurtz; Michael Brown; Dayne Walling; Daugherty Johnson; Liane Shekter Smith; Daniel Wyant; Stephen Busch; Kevin Clinton; Patrick Cook; Linda Dykema; Michael Prysby; Bradley Wurfel; Eden Wells; Nick Lyon; Dennis Muchmore; Nancy Peeler; Robert Scott; Adam Rosenthal; Andy Dillon; McLaren Health Care Corporation; McLaren Regional Medical Center; McLaren Flint Hospital; Rowe Professional Services Company; Lockwood, Andrews & Newnam, P.C.; Lockwood, Andrews & Newnam, Inc.; and Leo A. Daly Company. Any other entity or person that meets the above definition of Defendant and who becomes a party to the Settlement Agreement shall be considered a Defendant for purposes of this document.

Releasor (Sign Name)

Print Name

If signing on behalf of another individual or entity, print name of individual or entity on whose behalf this document is being signed

Address

Telephone Number

Signature Attestation

I certify and attest under penalty of perjury, pursuant to 28 U.S.C Section 1746, that I am 18 years of age or older, and that all information submitted in support of this Claim including information contained on the various forms that I have submitted in the Flint Water Case Settlement is true, correct, accurate and complete to the best of my knowledge. Those forms may include:

- 1) Claim Form
- 2) Proof of Declaration of Exposure
- 3) FWC Lien Disclosure Form
- 4) Declaration of Real Property Owner/Renter and/or Business Owner
- 5) Business Interruption Claim Form, and
- 6) Reconsideration Request Form

I further understand that this Attestation does not constitute a signature on the required Release. I understand that I must sign the Release separately.

For Attestations submitted by Next Friends/Guardians/Court-appointed representatives:

IF YOU HAVE ALREADY BEEN COURT-APPOINTED IN AN ORDER AS A NEXT FRIEND IN A CASE THAT YOU FILED IN THE FLINT WATER CASES IN STATE OR FEDERAL COURT, YOU DO NOT NEED TO FILL OUT THE SECTION BELOW, AND YOU CAN JUST SIGN AND DATE THIS FORM AT THE BOTTOM. HOWEVER, YOU MUST SUBMIT THAT COURT ORDER WITH YOUR CLAIM FORM.

If I am submitting this Attestation on behalf of a minor, estate or legally incapacitated individual (LII), this Attestation supersedes the attestation on the Claim Form. I have used my best efforts to notify all of the following persons, to the extent applicable, that I am submitting a Claim on behalf of the Claimant. Please check the applicable boxes below identifying the persons you notified or attempted to notify.

- | | | |
|---|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> Stepparent |
| <input type="checkbox"/> Adult Child | <input type="checkbox"/> Adult Sibling | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Adult Aunt or Uncle | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Court-Appointed Representative |
| <input type="checkbox"/> Estate Administrator | | |

Best efforts to notify these individuals include any one of the following methods: talking to the person in person or by telephone; email· text; letter (by fax or mail) that is most likely to be received by the person. To the extent that I was unable to actually make contact with these individuals, I made a good faith effort to do so. I understand that the Claims Administrator or court-appointed personnel may contact me for more information.

- | | | |
|--|---|--|
| <input type="checkbox"/> None of the individuals have advised me of any objection. | <input type="checkbox"/> One or more individuals have advised me of an objection. | <input type="checkbox"/> I did not make contact with any of the individuals. |
|--|---|--|

The names and contact information of those individuals are the following:

There is a guardian, or legal representative, or estate administrator for the minor, estate, or LII.
If you answered Yes - please provide the name and contact information for that person if known.

Yes

No

I understand that my signature on this Attestation will serve as my Attestation to my signature for all forms mentioned above in submission of this Claim. I understand that any false statements or claims made in connection with this Claim may result in fines, imprisonment, and/or any other remedy available by law.

Claimant or Representative's Signature

Date

FLINT WATER INITIAL PAYMENT ELECTION FORM

Claimants who are minors (children) and not disabled at the time of payment have the option to elect a structured settlement or payment of funds into a trust. This option applies only to payments that are more than \$5000. The attached FAQ document explains what “structured settlement” and “trust” mean.

This form allows you to elect the structured settlement option, which allows you to have the settlement funds invested and paid to you over a period of time. If you would like to elect the structured settlement option, then you **MUST** submit this form along with your other claim materials or as a supplement to your claim submission. If you do not fill out this form, the settlement award will be paid into a trust.

THE DEADLINE TO SUBMIT THIS FORM IS WITHIN TWO WEEKS OF THE DATE OF THIS NOTICE.

If you elect the structured settlement option, you will receive additional information about the option. Once you make the election, you cannot revoke (undo or change) it. However, the Court or the guardians ad litem appointed by the Court have the right to reject the provision of a structured settlement if it is not in a minor’s best interest.

1. Payment Election

Please make an election:

- Yes, I would like to elect a structured settlement for any settlement payment that I receive from the Flint Water settlement.

- No, I do not want a structured settlement and will elect to have any payment to which I am entitled paid into a trust approved by the court.

Next Friend Signature	Name of Minor		DATE	
				/ / (month) (day) (year)
Printed Name	First	MI	Last	

Initial Payment Election Form Frequently Asked Questions (FAQ)

What is the purpose of the election?

Minors who are not disabled have two choices for receiving their settlement payment: a structured settlement or a trust. These options are described briefly below.

What is a “Structured Settlement?”

The structured settlement will allow you to receive settlement payments at specific payment dates over a period of time. The payments will be made directly to the claimant or the adult representative of the claimant. In a structured settlement (properly set up) the money is invested, and the claimant will receive the investment earnings as well as the settlement money. The earnings on the money will not be taxed when paid to the claimant.

If a minor claimant’s claim is approved by the Claims Administrator and the payment election is approved by the court-appointed guardian ad litem, you will receive a Fund Settlement Agreement which will show the payment dates and amounts of the future periodic payments. The minor claimant’s legal representative must sign the Fund Settlement Agreement and accept the payment terms. No changes may be made to the payment amounts or schedule of payments once a selection is made. The scheduled payments are guaranteed by a court-approved life insurance company that will be responsible for making the payments.

What is a “Trust?”

If you do not fill out this form, then the settlement payment will be made to a court-approved trust. The trust will have a trustee who is responsible for investing the funds for the minor’s benefit. The trust will have a specific time that it holds settlement funds for the minor. There will be two types of court approved trusts available in the Flint Water Settlement:

1. The **Minors Pooled Settlement Preservation Trust** is being set up for minors who are not disabled. The settlement funds will be deposited into the trust and the trustee administering the trust will be able to release funds from the trust account from time to time, for the minor’s use or benefit, only if the trustee believes the expense is related to the minor’s support, education, and welfare. Requests will be submitted to the trustee by the claimant or their legal representative. More information will be provided on the disbursement process upon selecting this monetary payment option.
2. The **Pooled Special Needs Trust** is a court-established trust that is available for minors as well as adults receiving disability-related federal and state benefits, including Medicaid and Supplemental Security Income (SSI). The trustee administering the trust will be able to release funds from time to time for use by the disabled individual, if the trustee believes the expense is in the individual’s best interest. Settlement funds held in the Special Needs Trust help protect eligibility for federal and state disability benefits that have income and asset qualifying tests. If funds remain in the trust after the death of the minor, the trustee must repay federal and state governments for any amounts due upon death.