

INSTRUCTIONS FOR FILLING OUT FLINT WATER SETTLEMENT CLAIM FORM

1. Please read through form carefully.
2. If you are filing out the forms online, in the Section entitled "Instructions and Document Requirements" there are links to upload the various supporting documents needed. This can be done anytime during the process but must be done BEFORE you hit submit. Once the form has been submitted it is locked for additional editing and uploading of documents. If you hit this in error you will need to call our help line at (800) 493-1754 to have the form unlocked. If you are submitting your form via mail then include these various documents in your return envelope.
3. Your form will be pre-populated with the information that you submitted during Registration. Please update any information that has changed.
4. Some fields are required and will not let you proceed until you have completed that field.

SECTION 1 – CLAIMANT INFORMATION

1. Please fill in your last name, first name and middle name.
2. Please fill in your complete Social Security Number (not just the last four digits)
3. Please fill in your date of birth
4. Please fill in your current address. In the boxes that state "From" and "To" please write in the date you moved to the current address in the "From" section and write "To present" in the "To" section.
5. If you have anywhere else during the exposure period beginning April 25, 2014 to when you moved to your current address please fill in the information for the "other addresses". In the "From" section below write in the date you moved into this address and in the "To" section please write in the date that you moved from this address to your next residence.
6. You need to provide all addresses where you resided from April 25, 2014 to the present with the dates for each.
7. Please provide at least one phone number where you can be reached and indicate if it is a work, mobile or home number.

SECTION 2 – NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION

EVERYONE NEEDS TO CHECK WHETHER THE CLAIM IS BEING BROUGHT BY A NEXT FRIEND, COURT APPOINTED PERSONAL REPRESENTATIVE OR GUARDIAN ON BEHALF OF A MINOR, INCAPACITATED OR DECEASED PERSON. IF NO CHECK "NO", THEN MOVE ON TO SECTION 3. IF YOU ANSWER "YES" THEN COMPLETE THE REMAINDER OF THE INFORMATION IN THIS SECTION (*continued on the next page*).

(SECTION 2 CONTINUED)

1. Please check your Relationship to the Claimant.
2. Please fill in YOUR last name, first name and middle name.
3. Please fill in YOUR address.
4. Please fill in YOUR Social Security Number (not just the last four digits)
5. Please fill in YOUR date of birth.
6. If the claimant is deceased please fill in their date of death.
7. Please provide at least one phone number where you can be reached and indicate if it is a work, mobile or home number.

SECTION 3 – ATTORNEY INFORMATION:

EVERYONE NEEDS TO CHECK WHETHER THEY HAVE HIRED AN ATTORNEY TO REPRESENT OR ASSIST YOU. IF NO CHECK “NO”, THEN MOVE ON TO SECTION 4. IF YOU ANSWER “YES” THEN COMPLETE THE REMAINDER OF THE INFORMATION IN THIS SECTION.

1. Please fill in the last and first name of your attorney.
2. Please fill in the name of the firm.
3. Please fill in the address of your attorney/law firm.
4. Please fill in the phone number and email (if you have it) for your attorney/law firm.

SECTION 4 – SETTLEMENT CATEGORIES

Please refer to the instructions and settlement grid for a complete description of each of the categories.

1. Check all categories that apply – please note that if you select more than one category in categories 1 through 27, they will receive the one highest paying category for which they qualify.

SECTION 5 – VERIFICATION

If you are completing this form online you do not need to sign this form. The Signature Attestation Form that you will complete and sign via Doc-U-Sign will be used as your signature for this form. If you are completing a paper version of this form you will need to sign and date and include your printed name.

BEFORE YOU HIT SUBMIT OR RETURN YOUR PACKET IN THE MAIL, PLEASE REMEMBER TO:

- ATTACH YOUR SUPPORTING DOCUMENTATION TO THE LINKS ON THE FIRST PAGE.
- COMPLETE ALL THE SECTIONS THAT ARE APPLICABLE TO YOU.
- IF YOU ARE RETURNING BY MAIL – SIGN THE FORM
- IF YOU ARE SUBMITTING ONLINE YOU WILL NOT SIGN THIS FORM BUT WILL ONLY SIGN THE SIGNATURE ATTESTATION FORM. YOU CAN SUBMIT THIS FORM WITHOUT A SIGNATURE.