

INSTRUCTIONS FOR FILLING OUT FLINT WATER SETTLEMENT DECLARATION OF EXPOSURE FORM

- Please read through form carefully.
- Your form will be pre-populated with the information that you submitted during Registration. Please update any information that has changed.
- Some fields are required and will not let you proceed until you have completed that field.

QUESTION 1:

1. Please fill in YOUR name.

QUESTION 2:

1. If you are the claimant write in "myself";
2. If you are representing the claimant then write in their name.

QUESTION 3:

1. If you are the claimant then check the box that is applicable to you;
2. If you are representing the claimant then check the box that is applicable to them.

QUESTION 4: PLEASE COMPLETE THIS INFORMATION IF YOU RESIDED IN THE CITY OF FLINT DURING THE TIME OF EXPOSURE

1. Please fill in your current address.
 - A) 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.
 - B) In the section for "This residence is owned/leased by – please write in the name of the person that owns or leases the residence and the relationship to the claimant.
2. 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".
 - A) 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.
 - B) In the section for "This residence is owned/leased by – please write in the name of the person that owns or leases the residence and the relationship to the claimant.
3. You need to provide all addresses where you resided from April 25, 2014 to the present with the dates for each.

QUESTION 5: PLEASE COMPLETE THIS INFORMATION IF YOU DID NOT RESIDE IN FLINT DURING THE TIME OF EXPOSURE BUT WORKED, OR ATTENDED SCHOOL OR DAYCARE OR WERE OTHERWISE EXPOSED TO THE WATER IN THE CITY OF FLINT (*continued on next page*).

1. Please fill in the address of your most recent exposure.
 - A) In the boxes that state "From" and "To" please write in the date you were first exposed to the water at this address and write the ending date or if you still frequent this address then write "To present" in the "To" section.
 - B) Please check whether this address is a business, school or daycare.
 - C) Please describe why the Claimant was at the business or how the Claimant was exposed to the Flint Water.
2. If you worked, attended another school or daycare during the time of April 25, 2014 to the present, please complete this information for each location in the spaces provided.

QUESTION 6:

1. Please check either "Yes" or "No"

QUESTION 7: ONLY ANSWER THIS QUESTION IF YOU ANSWERED "NO" TO QUESTION 6 ABOVE.

1. Please check either "Yes" or "No"

QUESTION 8: ONLY ANSWER THIS QUESTION IF YOU ARE CHOOSING CATEGORY 27 (LEGIONNAIRES)

1. Please check either "Yes" or "No"

VERIFICATION and SIGNATURE:

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.

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

- COMPLETE ALL THE SECTIONS THAT ARE APPLICABLE TO YOU.
- IF YOU ARE SUBMITTING ONLINE, PLEASE UPLOAD/LINK YOUR TAX RETURNS TO THE MAIN CLAIM FORM NOT THIS FORM PRIOR TO HITTING SUBMIT.
- 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.