

PERRINE DUPONT SETTLEMENT CLAIMS OFFICE
ATTN: EDGAR C. GENTLE, CLAIMS ADMINISTRATOR
C/O SPELTER VOLUNTEER FIRE DEPARTMENT OFFICE

55 B Street
P. O. BOX 257
Spelter, West Virginia 26438
(304) 622-7443
(800) 345-0837

www.perrinedupont.com
perrinedupont@gtandslaw.com

February 15, 2011

Re: **Registration* for Medical Monitoring Program and Property Clean-Up Program**

Dear Potential Medical Monitoring or Property Program Class Member,

THIS LETTER INVITES YOU TO A TOWN MEETING AT THE SPELTER, WEST VIRGINIA, FIRE STATION, WHERE WE WILL HELP YOU WITH YOUR PAPERWORK TO DETERMINE IF YOU ARE A MEMBER OF EITHER OF THESE CLASSES.

On January 4, 2011, a settlement between DuPont and members of two classes was approved by the Circuit Court of Harrison County. The approved settlement establishes two distinct plaintiff classes – a medical monitoring class and a property class. Ed Gentle has been appointed as the Claims Administrator for both classes. On January 18, 2011, the Court approved the medical monitoring program. Based upon information currently available to me, you may be a member of one or both of these classes. We will help you fill out your medical monitoring registration* form. Each Class Member must fill out a form. We will have extra copies at the town meeting or we can mail them to you. If you are a member of the property class, you will have an opportunity to discuss possible options available to address impacted properties within the class area. The Court Orders and a Class Area Map can be viewed at the settlement website at www.perrinedupont.com.

Here is the Town Meeting Schedule:

| <u>If Your Last Name Begins With</u> | <u>Your Town Meeting Is</u> (You have the option to come to either the morning or the afternoon session. You are not required to attend both.) |
|---|--|
| A through B | February 28, 2011, 9:00 am or 2:00 pm |
| C through D | March 1, 2011, 9:00 am or 2:00 pm |
| E through G | March 2, 2011, 9:00 am or 2:00 pm |
| H through I | March 3, 2011, 9:00 am or 2:00 pm |
| J through L | March 4, 2011, 9:00 am or 2:00 pm |
| M through N | March 7, 2011, 9:00 am or 2:00 pm |
| O through R | March 8, 2011, 9:00 am or 2:00 pm |
| S | March 9, 2011, 9:00 am or 2:00 pm |
| T through Z | March 10, 2011, 9:00 am or 2:00 pm |
| Make Up Day (If you were unable to attend on your designated day, you may come on this day.) | March 11, 2011, 9:00 am or 2:00 pm |

*Registration means proving medical monitoring Class membership. It does not require participation in the medical monitoring program.

If you cannot attend your scheduled town meeting, feel free to attend any other listed meeting. If you are disabled or otherwise unable to attend, please call us and we can review the Settlement with you over the phone or may be able to come visit you. It is not necessary that you attend one of these town meetings in order to complete the registration forms to determine whether or not you are eligible to participate in either the Medical Monitoring or Property Clean Up Classes. If you do not attend one of the town meetings, you can still complete the enclosed registration* form and mail it back to me at the above address or place it in the drop box at my office.

Below is a brief description of the Medical Monitoring Program and the Property Clean-Up Design town meeting.

A. THE MEDICAL MONITORING PROGRAM

Enclosed is your registration* form.

If you qualify as an eligible class member for medical monitoring you are entitled to receive two benefits: a cash payment and medical monitoring for a period of up to 30 years. In order to determine your eligibility, you must complete the enclosed eligibility registration form and you must choose whether you wish to receive both medical monitoring and cash benefits, or just the cash payment only. Once we have verified your eligibility, an initial cash payment of **\$200** will be given to you and you may receive an additional cash payment later this year, depending upon the total number of participants in this program. You do not need to sign up for medical monitoring in order to receive this additional cash payment. The amount of the cash payment will be the same regardless of whether you choose to participate in the Medical Monitoring program. Additionally, you will begin to receive free medical monitoring for a period of up to 30 years if you choose to receive this benefit. Please note that if you don't apply to receive the medical monitoring by filling out the enclosed form by August 31, 2011, you will forever waive your right to receive that benefit.

As you may know, under this Settlement, the Honorable Thomas A. Bedell, Circuit Judge of Harrison County, West Virginia, has approved a 30 year Medical Monitoring program for individuals who lived in Zone 1 of the Class Area (see enclosed map attached to form) for at least 1 year, Zone 2 for at least 3 years, or Zone 3 for at least 5 years.**

To register* for the Medical Monitoring Program, a Class Member needs to fill out the enclosed Registration Form and provide the requested supplemental documents proving residency if you have them.

*Registration means proving medical monitoring Class membership. It does not require participation in the medical monitoring program.

** As long as the Class Member has continuously lived in the Class Area prior to reaching the minimum residence requirement, a Class Member's number of years of residence in each zone are added to determine if the number of years has been met. For example, if a Class Member lived ½ year in Zone 1 and 1 ½ years in Zone 2, he or she would qualify for Medical Monitoring, having spent 50% of the time required in each Zone.

At the town meeting, we will help you complete the form. You may bring the completed form to our office at the Perrine DuPont Settlement Claims Office, located at the Spelter Volunteer Fire Department, 55 B Street, Spelter, West Virginia, 26438 (a drop box is provided if we are closed), or mail it to The Perrine DuPont Settlement Claims Office, Attn: Edgar C. Gentle, Claims Administrator, c/o The Spelter Volunteer Fire Department Office, P.O. Box 257, Spelter, West Virginia, 26428, or e-mail the form to perrinedupont@gstandslaw.com. We must receive the completed form and the supplemental documents proving residency by August 31, 2011, or you will receive nothing.

If you are eligible and elect to participate in the Medical Monitoring program, then you can be medically tested free of charge shortly after registering*, and every 2 years thereafter, for a total monitoring period of 30 years. The voluntary screening exam for participants will involve only a whole blood test for those below age 15, and blood and urine monitoring for those from 15 to 35. In addition to blood and urine tests, class members age 35 or older may receive prescribed non-routine CT scans. All participants age 15 or less in the Medical Monitoring program will be tested for lead poisoning, skin cancer and gastrointestinal system problems.

No routine CT scans shall be performed as part of the Medical Monitoring program. CT scans shall be provided that are diagnostically medically necessary as determined by a competent physician as relevant to possible exposure to heavy metal contamination at issue in the Settlement.

After each screening, you will receive the confidential test results, and you will be entitled to a free physician office visit, where you will be allowed to discuss your medical history, have a physical exam, and review your test results with the physician.

If there is a positive finding of disease possibly associated with exposure to zinc, cadmium, arsenic or lead, you will be referred to a medical specialist for treatment. For other disease findings, the physician will also recommend treatment. The Settlement does not provide funding for actual medical treatment, and follow up treatment will not be paid for out of the Medical Monitoring program.

In the enclosed Medical Monitoring Registration* Form, we encourage you to recommend a Medical Clinic in the Class Area (with the major towns being Lumberport, Spelter, Arlington, Hepzibah, Shinston and Meadowbrook) in order to conduct the Medical Monitoring or provide the physician office visits.

Although it is not required, we also encourage you to provide the names and addresses of relatives and friends who have left the Class Area, so we can invite them to participate in this program.

*Registration means proving medical monitoring Class membership. It does not require participation in the medical monitoring program.

To efficiently carry out the Medical Monitoring process, which will involve reminders provided to you on your tests to be scheduled every two years, a confidential database protected by HIPAA and subject to a confidentiality agreement and other privacy laws will be maintained and will not be available to persons outside of the Medical Monitoring network without your prior permission. The Court will take the steps necessary to ensure that your private information stay private. The steps will include the use of confidentiality and protective orders and limitations on access to the database and/or identifying information. Refer to the January 18, 2011 Order at Paragraph 4.

B. PROPERTY CLEAN-UP PROGRAM DESIGN TOWN MEETING

Under the Settlement, **\$34 Million** is to be used to help clean up impacted properties in the Class Area, which has 2,800 parcels, except that the ineligible Grasselli properties*** are not included. If you own a parcel in the Class Area other than a Grasselli property, you are a Property Class Member, and you will be encouraged to participate in the design of the property clean-up. The target contaminants are zinc, cadmium, arsenic and lead. At the town meetings, our clean-up expert, Marc Glass, will describe for you the impact of these metals on the Class Area, and we will welcome your suggestions on how to address the impacted properties in the area.

We will send you a follow-up property clean-up questionnaire after the town meetings. We will ask the Court to have a Fairness Hearing and decide how to design and carry out the property remediation program.

We look forward to meeting you and to your participation in this Settlement if you qualify as a Class Member.

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** As long as the Class Member has continuously lived in the Class Area prior to reaching the minimum residence requirement, a Class Member's number of years of residence in each one are added to determine if the number of years has been met. For example, if a Class Member lived ½ year in Zone 1 and 1 ½ years in Zone 2, he or she would qualify for Medical monitoring, having spent 50% of the time required in each Zone.

***A list of these properties is on our website and will be available at the town meetings.

If you have any questions, please come by our office, call us, or send an email.

Yours very truly,



Ed Gentle,
Claims Administrator
(304) 622-7443
1-800-345-0837 (toll free)
Perrinedupont@gtandslaw.com

ECGIII/kjm
Enclosure

PERRINE DUPONT SETTLEMENT CLAIMS OFFICE
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MEDICAL MONITORING REGISTRATION* FORM

FILL OUT A SEPARATE FORM FOR EACH PERSON REGISTERING*

This Medical Monitoring Program only applies to Class Members who lived in the Class Area (See Attached Map) for the minimum time, as explained in Paragraph A on Page 6 and 7 of the January 18, 2011 Order approving the Medical Monitoring program**, and as explained in the February 15, 2011 letter mailed to you with this form.

COMPLETE AND RETURN THIS FORM BY HAND DELIVERY, MAIL OR E-MAIL TO THE ADDRESS AT THE TOP OF THIS PAGE NO LATER THAN AUGUST 31, 2011

For HELP with this form, visit our Office in Spelter (office hours are 9 to 5, Monday through Friday), call (304) 622-7443 or 1-800-345-0837, view our website at www.perrinedupont.com, or email us at perrinedupont@gtandslaw.com.

I. REQUIRED PARTICIPATION DECISION: YOU CAN USE THE MEDICAL MONITORING PROGRAM AND GET YOUR CASH PAYMENT OR YOU CAN JUST REGISTER* AND GET YOUR CASH PAYMENT ANYWAY

CHECK ONE OF THE FOLLOWING TWO BOXES:

- YES, I wish to have Medical Monitoring available if I choose to use it, and want my cash payment.
- NO, I do not wish to use Medical Monitoring, and want my cash payment. If I check this box, I forever waive my right to be medically tested. The amount of the cash payment will be the same regardless of whether or not you choose to participate in the Medical Monitoring program.

II. REQUIRED CLASS MEMBER INFORMATION

LAST NAME

FIRST NAME

MI

CURRENT ADDRESS

CITY

STATE

ZIP CODE

* Registration means proving medical monitoring Class membership. It does not require participation in the Medical Monitoring program.

**The Court Order can be found on the Settlement website at www.perrinedupont.com.

Social Security Number - -

Birth Date / /

III. REQUIRED PROOF OF LIVING IN THE CLASS AREA

PLEASE LIST ALL OF YOUR RESIDENCE ADDRESSES IN THE CLASS AREA (SEE ATTACHED MAP) WHERE YOU LIVED, TELL US WHEN YOU LIVED THERE, AND IF YOU WERE A CHILD AT THE TIME, PLEASE PROVIDE THE NAMES OF YOUR CUSTODIAL PARENT OR GUARDIAN AT THE TIME.

| <u>CLASS AREA ADDRESS:</u> | <u>DATES:</u> <u>FROM - UNTIL</u> | <u>CUSTODIAL PARENT OR GUARDIAN:</u> <u>(IF APPLICABLE)</u> |
|----------------------------|--------------------------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Current Telephone Numbers: () _____ (Home) () _____ (Cell)

For additional addresses, attach a separate sheet of paper.

For each residence, to the extent you can, please attach proof that you lived there, and for how long, such as a school report card, medical bill, deed, lease, power bill, old check with the address, or the first page of income tax returns for each claimed year. Other documents you may use are in the attached table. We will also consider any other documents that show you lived in the Class Area.

We will also try to obtain the proof from outside sources that you lived in the class area to the extent possible. For adults, source documents will include class area voter registration rolls, Class Area ad valorem property tax records, Class Area Medical Clinic patient rolls, and Class Area utility billing records. For children, source documents will include Class Area school registration rolls and Class Area Medical Clinic patient rolls.

TO HELP US VERIFY THAT YOU LIVED IN THE CLASS AREA, PLEASE COMPLETE THE FOLLOWING TABLE:

| <u>Dates:</u> <u>From</u> | <u>Until</u> | <u>Class Area School Attended:</u> |
|------------------------------|--------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Dates:

From

Until

Your Primary Care Doctor or Dentist:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| |
|--|
| IV. OPTIONAL ADDITIONAL REQUESTED INFORMATION- NOT NECESSARY TO RECEIVE CASH PAYMENT OR TO RECEIVE MEDICAL MONITORING |
|--|

PLEASE LIST DOCTORS OR MEDICAL CLINICS IN OR NEAR THE CLASS AREA THAT YOU RECOMMEND TO CONDUCT MEDICAL MONITORING. WE WANT TO USE MEDICAL PROVIDERS THAT YOU TRUST.

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE LIST BELOW THE NAMES AND ADDRESSES OF RELATIVES OR ACQUAINTANCES WHO HAVE LIVED IN THE CLASS AREA AND HAVE MOVED AWAY FROM THE CLASS AREA.

| <u>NAME:</u> | <u>ADDRESS:</u> |
|--------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY OF THE QUESTIONS ON THIS FORM, PLEASE USE ADDITIONAL SHEETS OF PAPER AND ATTACH TO THIS REGISTRATION FORM.

VERY IMPORTANT - THIS REGISTRATION FORM CONTINUES ON THE NEXT PAGE

V. REQUIRED CERTIFICATION AND SIGNATURE – MUST BE WITNESSED

The undersigned hereby swears under penalty of perjury that all of the information provided herein is true and accurate.

Adult claimants must sign unless incompetent.

For Minor Claimants, the Custodial Parent or Guardian must sign.

For Incompetent Adult Claimants, the Guardian or Conservator must sign.

CLASS MEMBER SIGNATURE

Date: ____ / ____ / _____

WITNESS SIGNATURE:

WITNESS NAME:

WITNESS ADDRESS:

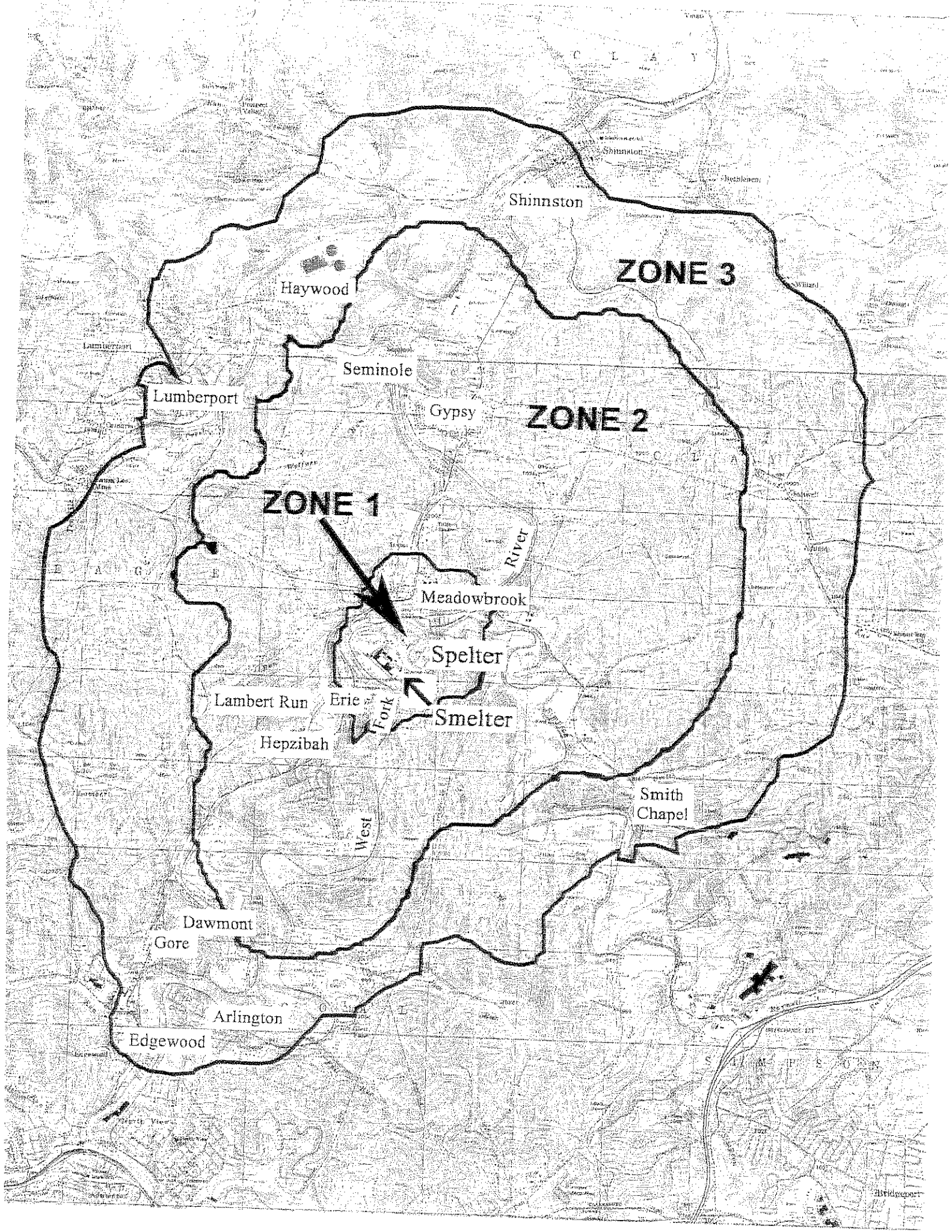
**DOCUMENTS THAT MAY BE USED TO PROVE
HOW LONG YOU LIVED IN THE CLASS AREA**

Children - Type of Documents for Proving Residency

Birth Certificate
School/Day Care Records
Medical Records
Parents/Guardians Tax Records Listing Dependents
Lease Agreements Listing Children as Occupants
Government Benefits/Public Assistance Documents
Insurance Documents
DHR/Guardianship/Other Government Program Documents Showing Residency
Police Records/Other Court Records
Church Enrollment Records
Passport
Employment Rolls if of Employment Age
Extracurricular Activities - Sports, Clubs, Library Cards, Etc.

Adults - Type of Documents for Proving Residency

Real Estate Tax Documents
Driver's License
Other DMV Records
Passport
Employment Rolls
Utility Bills
Insurance
Medical Records
Government Benefit/Public Assistance Documents
Deeds
Lease Agreements
Tax Records
Church Enrollment Records
Bank Records
DHR/DA Other Government Program Documents Showing Residency
Police Records/Other Court Records
Gym Membership



Shinnston

ZONE 3

Haywood

Seminole

Gypsy

ZONE 2

Lumberport

ZONE 1

River

Meadowbrook

Spelter

Lambert Run

Erie

Smelter

Hepzibah

Fork

Smith Chapel

Dawmont Gore

Arlington

Edgewood

S 41 M P S G 33

Bridgport