

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

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

<u>LAST NAME</u> <input type="text"/> <u>CURRENT ADDRESS</u> <input type="text"/> <u>CITY</u> <input type="text"/>	<u>FIRST NAME</u> <input type="text"/> <u>STATE</u> <input type="text"/>	<u>MI</u> <input type="text"/>	<u>ZIP CODE</u> <input type="text"/>
---	---	-----------------------------------	---

* 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>Class Area School Attended:</u>
<u>From</u>	<u>Until</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Dates:</u>		<u>Your Primary Care Doctor or Dentist:</u>
<u>From</u>	<u>Until</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

_____ Date: ____/____/____

CLASS MEMBER SIGNATURE

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

