

# Instructions for Filing Claims in Bulk

Bulk Upload is a simple way to create a large number of claims by importing claimant information that you have entered into csv files. This option is available to firms who have signed an [Electronic Filer Agreement](#) for the Williams Emtal Talc Asbestos Settlement Fund.

**There are two basic steps:**

- **Download Templates > Fill Out with Claimant Information > Upload**
- **Upload Documents > Upload Spreadsheet to Link Documents with Claims**

Detailed instructions are provided below.

## Contents

Download a template.....	1
Complete the template with the claim information for each of your clients.....	2
Upload the file.....	2
Correct Errors (if applicable).....	2
Continue with Additional Claim Sections.....	4
Document Upload.....	4
File Format Specifications.....	4
Injured Party.....	4
Disease.....	5
Personal Representative.....	6
Exposure.....	6
Required Documents.....	7
Base Compensation Payments (BCP) Compensation Program (Part A).....	7
Supplemental Injury Severity (SIS) Based Compensation Program (Part B).....	7
EIF Claim (Part C).....	8
For deceased injured parties:.....	8

First, navigate to **Create Bulk Claims** on the left sidebar of the claims filing portal.

## Download template

1. Select **Download** to create a new template

2. Select the **Defendant** that you are filing claims against (BASF)
3. Select the **Claim Type** (Standard or Alternate)
  - Only one Claim Type can be included in a single bulk upload. If you have a mix of Standard and Alternate claims to create, you will need to upload them in two separate sets.
  - The Alternate Claim Type is only for claims filed on behalf of a deceased Injured Person with no appointed representative.
4. Select **Injured Party** as the Claim Section (you must begin with the Injured Party section)
5. Click on **Download Template**

***A csv spreadsheet will be created that contains columns representing the Injured Party and Claimant sections of the Claim Form Type you selected.***

## Complete the template

Follow the [File Format Specifications](#) at the bottom of this document carefully, with information for each claimant on a single row.

General Guidance:

- **DO NOT INCLUDE ANY COMMAS IN YOUR DATA**
- All required fields are marked with an asterisk (\*); these fields must be completed prior to upload. Incomplete required fields will result in errors.
- For the information that uses codes, please use only the code when completing the template (i.e., only use "1" or "2" for gender, not "1- male").
- The Matter ID will be the reference number that will be used to link all the claim data across multiple data files. Each number must be unique to the claimant.

## Upload the file

Once you have filled in the template with your claimant information, you are ready to import.

1. Select **Upload**
2. Select the **Defendant**, **Claim Type** and **Claim Section** that match the file you have created (the **Injured Party** section must be uploaded first)
  - 2.1 Select the file you completed with your claim information

## Correct Errors (if applicable)

If there were any errors in your file, they will display at the top of the screen in red. Correct any errors in your **Injured Party** file before proceeding to upload additional claim information.

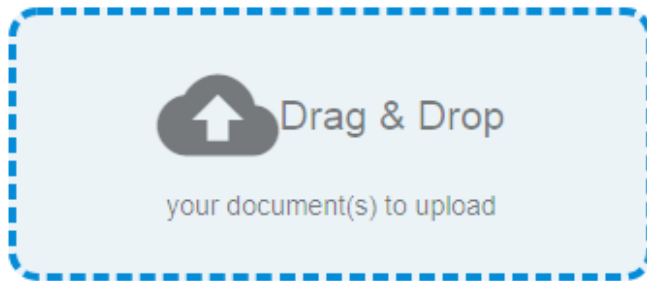
1. Click on the **View Errors** button in the upper right of the screen.
2. Click on the **Download** button to download a file that contains the rows with errors.

- a. The reasons for the errors will be indicated within the file as text following an asterisk.

	A	
1	Matter ID*	Co
2	Tester001; * The Injured Party template must be uploaded first for Matter ID	
3	Tester006; * The Injured Party template must be uploaded first for Matter ID	
4	Tester007; * The Injured Party template must be uploaded first for Matter ID	
5		

- b. Correct the information in your file by overwriting the data in the fields with errors, following the [File Format Specifications](#) carefully.
- c. When you have corrected all of the errors, upload the file using the tool at the bottom of the page.

## Upload Corrected Files



Choose Files No file chosen

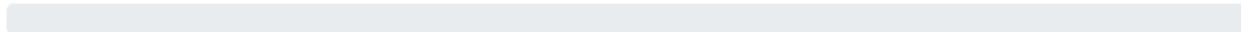
Maximum upload file size: 400 MB  
Acceptable file type: .csv

### Upload queue

Queue length: 0

Template	Status
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Queue progress:



## Continue with Additional Claim Sections

Once you have had a successful Injured Party upload, repeat the same process with the additional claim sections.

***Claims will remain as drafts and will not be deemed submitted until all required fields have been completed and at least one document has been linked with each claim.***

## Document Upload

Please note, every claim submission must include a signed **Claim Form Verification**. When uploading the supporting documents for your claims, please include a copy of the appropriate Verification form that bears the wet (not electronic) signature of the Claimant and Attorney. Submissions that do not include this form will not be processed. The forms are available on the [Settlement Website](#).

- 1 First download and complete the **Document** template, using the Matter Numbers of the claims that you created and the file names of the documents that you want to attach to them.
  - d. Select **Upload**
  - e. Select the **Defendant, Claim Type** and **Documents**
  - f. Click on **Next**
  - g. Select the files that you want to upload to your claims (See [Required Documents](#) below and Procedures of Distribution)
  - h. Once the document upload is complete, click on **Next**
  - i. Upload the file with matter numbers and file names.

The documents will be linked with the claims you created and can be viewed in each claim file.

- 2 Once all of the claim sections have been completed and at least one document has been linked with each claim, you will receive a confirmation that your claims were submitted by email. You may view your claims on the **Home/Search Claims** screen.

## File Format Specifications

### Injured Party

- Identification Type must be "SSN"
- SSN number field must be entered as a 9 digit number (no dashes)
- Date formats must be entered as mm/dd/yyyy
- The date of birth must be prior to 3/29/2011
- The Last Name must match the Claimant Identifier Number on file
- Email address must be a valid format and must contain an @ and a .
- State must be a two digit state abbreviation
- ZIP code must be formatted as #####

- Phone number format should be ###-###-####
- For questions where a Yes or No response is required, enter the number 1 for Yes or the number 0 for No
- The date of death must be less than the current date and after the date of birth
- "Was death asbestos related" is required if a Date of Death was given OR if "Is Injured Party Living" = 0
- Gender = 1 for male or 2 for female
- Suffix Codes = (only enter number)
  - 1- I
  - 2- II
  - 3 – III
  - 4 – IV
  - 5 – V
  - 6 – Jr.
  - 7 – Sr.
  - 8 – ESQ
- Is the Claimant requesting BCP Part A or Primary and Derivative Base Compensation shares?  
= Enter either 1 for "Primary Only" or " 0 for Both Primary and Derivative"
- If all claims are filed as "Primary Only" no Derivative upload is required

## Disease

- More than one Compensation Type can be entered and should be separated by commas
- "Is the Claimant requesting a waiver of the EIF Eligibility Requirement" is required if Part C is selected for Compensation Type
- "Other Cancer" is required if Other Cancer (Level II) is selected
- Compensation Type – Enter corresponding number below
  - 134 - Base Compensation Payments (BCP) Compensation Program (Part A)
  - 135 - Supplemental Injury Severity (SIS) Based Compensation Program (Part B)
  - 137 - Extraordinary Injury Fund (EIF) Compensation Program (Part C)
- Disease Level – enter corresponding number below:
  - 210 - Asbestosis (Level I)
  - 211 - Severe Asbestosis (Level III)
  - 212 - Lung Cancer without Evidence of Underlying Bilateral Asbestos-Related Non-malignant Disease (Level II)
  - 213 - Lung Cancer with Evidence Underlying Bilateral Asbestos-Related Non-malignant Disease (Level III)
  - 214 - Mesothelioma (Level IV)
  - 215 - Other Cancer (Level II)
- Other Cancer – enter corresponding number below:
  - 5 - Colo-rectal/Colon
  - 6 - Stomach Cancer
  - 7 - Esophageal
  - 8 - Laryngeal

- 15 - Pharyngeal
- 67 - Other

## Personal Representative

- Capacity = enter corresponding number below
  - 9 - Administrator
  - 10 - Administratrix
  - 11 - Child
  - 12 - Executor
  - 13 - Co-Executor
  - 14 - Co-Representative
  - 15 - Co-Administrator
  - 16 - Executrix
  - 17 - Heir
  - 18 - Other
  - 19 - Personal Representative
  - 20 - Spouse
  - 21 - Unknown
  - 35 - Successor
  - 36 - Power of Attorney

## Exposure

- For Products, enter the number 1 for Yes (Injured Party was exposed) or the number 0 for No (Injured Party not exposed)
- Industry = enter number below
  - 1 - Unclassified
  - 3 - Other
  - 36 - Aerospace / Aviation
  - 37 - Asbestos Mining
  - 38 - Asbestos Manufacturing
  - 39 - Automotive Repair / Friction
  - 40 - Building Occupant / Bystander
  - 41 - Chemical
  - 42 - Construction
  - 43 - Insulation
  - 44 - Longshoreman
  - 45 - Manufacturing
  - 46 - Maritime
  - 47 - Military
  - 48 - Petrochemical / Refinery
  - 49 - Powerhouse / Utility
  - 50 - Railroad
  - 51 - Shipyard

- 52 - Steel / Iron
- 53 - Textiles
- 54 - Tire / Rubber
- 55 - Asbestos Abatement

## Required Documents

### Base Compensation Payments (BCP) Compensation Program (Part A)

- Litigation documentation supporting the lawsuit filed was filed and dismissed against Engelhard/BASF within the Class Period. (Note this is not required if on Administrator's Presumed Qualified Class Member List.)
- A copy of a pleading, an interrogatory answer, or a deposition testimony excerpt describing the Injured Person's alleged exposure to Emtal talc. If no supporting document exists or can be found after claimant has conducted a reasonable search and inquiry, claimant must submit a certification under oath that no supporting document is available. A certification form for this purpose is available on the Settlement's Website form page, [www.EmtalTalcSettlement.com](http://www.EmtalTalcSettlement.com).
- If not on the Administrator's Presumed Qualified Class Member List, proof that the lawsuit was based on an injury believed to be caused by exposure to Emtal Talc including but not limited to:
  - Sworn statement from the attorney who filed the lawsuits confirming it was filed in good faith based on a credible injury claim;
  - Proof of exposure to Emtal Talc from a co-worker of the injured party such as (sworn statement, affidavit or deposition testimony);
  - Proof of employment at a site where credible records show that EMTAL talc was sold, shipped or delivered; or
  - Evidence generated before the conclusion of the lawsuit of meaningful exposure after 1966 including invoices, employment records, etc.
- Proof that the Claimant is the Injured Party or Injured Party representative identified in the lawsuit including but not limited to:
  - Proof that the Injured Party or Personal Representative is the individual who received notice by supplying notice identification number (e.g. - copy of notice mailing label, and/or
  - Declaration from the law firm responsible for the suit. (See settlement website, [www.EmtalTalcSettlement.com](http://www.EmtalTalcSettlement.com), for a Declaration form)

### Supplemental Injury Severity (SIS) Based Compensation Program (Part B)

All of the required supporting documents of "Part A" plus:

- Either —

- Medical records establishing and supporting the diagnosis of the claimed Part B disease level (see POD for requirements and criteria) where claimant is not establishing, or is unable to establish, claimed Part B disease level through certification of a prior disease adjudication from a Qualified Asbestos Trust. This includes situations where a claimant is seeking a higher Part B disease level than was previously adjudicated by a Qualified Asbestos Trust due to disease progression); or
- Where Claimant is establishing a Part B disease level through a certification of prior disease adjudication from a Qualified Asbestos Trust, both: (1) a signed Qualified Asbestos Trust Release Authorization Form; and (2) one medical record or a medical report that documents the Injured Person's asbestos injury unless no supporting document exists or can be found after Claimant has conducted a reasonable search and inquiry (in which case Claimant must then provide a signed certification form attesting under oath after no supporting document is available after making a reasonable search and inquiry to locate one). (See Settlement website, [EmtalTalcSettlement.com](http://EmtalTalcSettlement.com), for a certification form.)

#### EIF Claim (Part C)

- If requesting a waiver, a completed EIF Eligibility Waiver Form
- Completed EIF Application Form
- If you have additional information you want the Settlement Fund to consider in evaluating the claim, please include.

#### For deceased injured parties:

- Death certificate
- Letters of Administration or other proof of the personal representative's official capacity