

DII Industries, LLC Asbestos PI Trust

TRUST UPDATE – September 2, 2011

NEW CLAIM FORM: Attached please find a sample of the updated claim form that the Trust will implement on September 26, 2011. Please note that in addition to the claim form changes initially communicated in July, 2011, Question 2.3 was recently approved and added to the claim form. Also attached is an updated key identifying the claim form fields that must be completed in order to submit a claim to the Trust, those fields required for a claim to reach the review queue, the new intake deficiency codes and related deficiency texts. Failure to complete the required fields will result in submission or processing delays.

CLAIM FORM TRANSITION: The following guidelines will be followed as the Trust transitions to an updated claim form on September 26, 2011. Please note that although these are general guidelines, if the Trust discovers processing or filing errors, even after an offer has been issued, the Trust reserves the right to require that a designated claim form be completed in its entirety.

The term “2008 Version of the claim form” refers to the claim form in effect today.

The term “2011 Version of the claim form” refers to the claim form that was approved by the Trustees, Trust Advisory Committee and Legal Representative on August 29, 2011.

1. **New Claim Filings** – all claims filed on or after September 26, 2011, must complete the 2011 Version claim form.
2. **Claims with Outstanding Offers or Awaiting Payment** – any claim that received an offer from the Trust prior to September 23, 2011, will NOT be impacted by the change in claim form, unless the Trust discovers processing or filing errors.
3. **Claims that are Review Complete and in the Release Queue on or before September 23, 2011** -
 - a. If your claim is Review Complete and in the Release Queue on or before September 23, 2011, you will not have to update anything if the 2008 Version of the claim form has been completed in its entirety.
 - b. If your claim is Review Complete and in the Release Queue on or before September 23, 2011, but the 2008 Version of the claim form has not been completed in its entirety, then the new intake deficiency codes will be applied to the claim based on the 2011 Version of the claim form and you will be notified of those deficiencies beginning September 26, 2011. The Trust will allow a 60-day grace period to clear any of the new intake deficiencies related to the 2011 Version of the claim form. If all intake deficiencies are cleared during the grace period, the claim will retain its original, September 23, 2011 FIFO position in the Release Queue.
 - c. If the 2011 Version of the claim form remains deficient or incomplete after November 25, 2011, the claim will forfeit its original, September 23, 2011 Release Queue FIFO.

4. **All Other Claims** – all remaining claims must update the 2011 Version of the claim form. Beginning September 26, 2011, the new intake deficiency codes will be applied to claims and deficiency notifications will be sent. The Trust will allow a 60-day grace period to clear any of the new intake deficiencies related to the 2011 Version of the claim form. During this time, these intake deficiency cures will be prioritized back to the queue it was in as of September 23, 2011. If the 2011 Version of the claim form remains incomplete after November 25, 2011, the claim's FIFO status as of September 23, 2011 will no longer be applied.

DEFERRED CLAIMS: The Trust currently has over 97,000 claims that are deferred. The vast majority of these claims will exhaust their three year deferral period before the end of 2011. Please note that there is no automatic extension to the 3 year deferral period and you should immediately review your inventory of deferred claims.

DII INDUSTRIES, LLC ASBESTOS PI TRUST
PROOF OF CLAIM FORM
UPDATED 2011

Submit completed claims to:
DII Asbestos PI Trust
P.O. Box 393
Wilmington, Delaware 19899-1036

All documents submitted to the DII Asbestos Trust must be in English, including but not limited to the Claim Form, medical records and exposure documents. If any documents have been translated from another language to meet this requirement, the original documents together with the translated English version must be provided to the Trust. All translations must be from a certified translator. The Trust requires a full translation of the documents and will not accept documents that have only been partially translated.

File your claim more efficiently. Submit and manage your claim electronically through the DII Industries, LLC Asbestos PI Trust (the "Trust") website. Visit www.diiasbestostrust.org for more information.

References in this Claim Form to the "TDP" shall refer to the DII Industries, LLC Asbestos PI Trust's Trust Distribution Procedures, as amended from time to time. The current version of the TDP can be reviewed at www.diiasbestostrust.org

Otherwise, complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Prior Release or Settlement (if applicable)
- If Injured Party is deceased, a Certificate of Official Capacity, Affidavit of Personal Representative, other estate documentation, or signed claim form (Part 10)
- Medical Records as required by the TDP
- Proof of asbestos exposure as required by the TDP
- Tolling Agreement referred to in Part 5.4 (if applicable)
- Supporting Documentation for Economic Loss (if applicable)

Choice of claims process

Please choose the applicable claim process (**check only one**):

- Expedited Review ("ER") (Complete Parts 1-5 and 10) (not available for Disease Level VI)
- Individual Review ("IR") (Complete Parts 1-10) (not available for Disease Levels I, II, or III)

Please identify the applicable entity that you are claiming against (**check one or both**):

- Halliburton (HAL)
- Harbison-Walker (HW)

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PROOF OF CLAIM FORM
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An Indirect Claim is:

“a Claim or Demand that (a) is based upon a right of contribution, reimbursement, subrogation, indemnity (whether arising by contract or by operation of law) or virile share (as those terms are defined by the non-bankruptcy law of any relevant jurisdiction), or similar Claims or Demands, whether or not such Claim or Demand is reduced to judgment, liquidated, un-liquidated, fixed, contingent, matured, un-matured, disputed, undisputed, legal, equitable, secured, or unsecured, whether or not the facts or legal bases therefore are known or unknown, and regardless of whether in the nature of, or sounding in, contract, tort, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, indemnity, statutory right, conspiracy, conducting a fraudulent defense, or any other theory of law, equity, or admiralty and (b) asserts liability or responsibility, directly or indirectly, arising out of, attributable to, or resulting from, an Asbestos PI Trust Claim”

A claim filed by the surviving spouse, heirs or representatives of the estate is not an indirect claim.

Is this an Indirect Claim?

Yes No

If you answered “yes,” please complete this form and the Trust’s Indirect Claims Proof of Claim Form, which is available at www.diiasbestostrust.org:

A “Foreign Claim” is an Asbestos PI Trust Claim with respect to which the claimant’s exposure to an asbestos-containing product for which any Halliburton Entity or Harbison-Walker Entity has legal responsibility occurred outside of the United States and its Territories and Possessions, and outside of the Provinces and Territories of Canada.

Is this a Foreign Claim?

Yes No

**DII INDUSTRIES, LLC ASBESTOS PI TRUST
PROOF OF CLAIM FORM
UPDATED 2011**

Representation

If counsel represents either the Injured Party or the person with legal authority to file this claim on behalf of the Injured Party and/or the Injured Party's estate, please print or type the following information:

1. Attorney name: _____
(Last) (First) (MI)
2. Name of Law Firm: _____
3. Firm Address: _____

4. Attorney Phone: () _____ Fax: () _____ Email: _____
5. Paralegal or Contact Name: _____
(Last) (First) (MI)
6. Contact Phone: () _____ Fax: () _____ Email: _____

Part 1: Injured Party Information

1.1 Name: _____ (Last) (First) (MI)	
1.2 Social Security Number: _____ - _____ - _____	
1.3 Gender: Male _____ Female _____	1.4 Date of Birth: _____ / _____ / _____ (mm) (dd) (yyyy)

- 1.5 Is Injured Party living? Yes _____ No _____
- 1.6 If Injured Party is living and not represented by counsel, please complete the following:
- 1.6.a Mailing Address: _____
(Street/PO Box)

(City/State/Zip)
- 1.6.b Daytime Phone: () _____ - _____
- 1.6.c Email Address: _____
- 1.7 If Injured Party is deceased, please complete the following: **(Death Certificate must be enclosed)**
- 1.7.a Date of death: _____ / _____ / _____
(mm) (dd) (yyyy)
- 1.7.b Was death asbestos-related? Yes _____ No _____

DII INDUSTRIES, LLC ASBESTOS PI TRUST
PROOF OF CLAIM FORM
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1.8 If the Injured Party is deceased, please indicate the following for the person filing the claim on behalf of the Injured Party and/or Injured Party's estate. **(Note: Certificate of Official Capacity, Personal Representative Affidavit, other estate documentation, or the signed claim form (Part 10) must be enclosed. The Personal Representative Affidavit is available on the website).**

1.8.a Name: _____
(Last) (First) (MI)

1.8.b Social Security Number: _____ - _____ - _____

1.8.c Mailing Address: _____
(Street/PO Box)

(City/State/Zip)

1.8.d Daytime Phone: () _____ - _____

1.8.e Email Address: _____

1.8.f Relationship to Injured Party: _____
(Spouse, Child, etc.)

Part 2: Diagnosed Asbestos-Related Injuries

2.1 Place an X next to the highest (most serious) asbestos-related Disease Level that has been diagnosed for the Injured Party and for which medical documentation is attached to this claim form. See TDP for a listing of the specific medical criteria and records that must be enclosed for each Disease Level. **(Check only the most serious)**

Level	Scheduled Disease
<input type="checkbox"/>	VIII Mesothelioma
<input type="checkbox"/>	VII Lung Cancer I
<input type="checkbox"/>	VI Lung Cancer 2 (Individual Review Only)
	V Other Cancer
	<input type="checkbox"/> Colo-rectal
	<input type="checkbox"/> Laryngeal
	<input type="checkbox"/> Esophageal
	<input type="checkbox"/> Pharyngeal
	<input type="checkbox"/> Stomach
	<input type="checkbox"/> Other: _____ (Individual Review Only)
<input type="checkbox"/>	IV Severe Asbestosis (ILO of 2/1 or greater, or asbestosis determined by pathology plus (a) TLC less than 65% or (b) FVC less than 65% plus FEV1/FVC ratio greater than 65%)
<input type="checkbox"/>	III Asbestosis/Pleural Disease (Expedited Review Only) (Bilateral Asbestos-Related Non-Malignant Disease plus (a) TLC less than 80% or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%)
<input type="checkbox"/>	II Asbestosis/Pleural Disease (Expedited Review Only) (Bilateral Asbestos-Related Non-Malignant Disease)
<input type="checkbox"/>	I Other Asbestos Disease (Expedited Review Only)

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2.2 Date of Diagnosis: ____/____/____
(mm) (dd) (yyyy)

2.3 Has the Injured Party been diagnosed with a Scheduled Disease other than the diagnosis identified in part 2.2? This request excludes medical or legal evaluations by purely consulting experts that are protected by a privilege under applicable state law that has not been waived.

Yes ____ No ____

If the answer is "Yes," please provide a copy of the report that makes the diagnosis, even if it was made by an excluded doctor. A list of excluded doctors is available on the Trust's website.

The claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The presumptive medical criteria for the Disease Categories set forth above are included in the TDP.

For claims filed against a Halliburton or Harbison-Walker entity, or any other asbestos defendant in the tort system prior to the DII Petition Date (December 16, 2003), please check this box if you have filed a physical examination report with another asbestos-related personal injury settlement trust or have available such a report by an examining physician engaged by the claimant or his or her law firm.

Part 3: Halliburton or Harbison-Walker or Other Asbestos Exposure

Complete this Part to demonstrate the necessary Company Exposure, Significant Occupational Exposure and/or Five Years Cumulative Occupational Exposure as required by the TDP for the Disease Level claimed. Proof of exposure must be enclosed as required by the TDP and the Instructions. To meet the presumptive exposure requirements for Expedited Review, the Injured Party must show:

- (i) for all Disease Levels, Company Exposure prior to December 31, 1982;
- (ii) for Disease Level II, six months Company Exposure prior to December 31, 1982, plus five years cumulative occupational exposure; and
- (iii) for Disease Levels III, IV, V, VII, six months Company Exposure prior to December 31, 1982, plus Significant Occupational Exposure.

If the Injured Party cannot meet the relevant presumptive exposure requirements for a Disease Level eligible for Expedited Review, the Injured Party may elect Individual Review of his or her claim by checking the appropriate box on page 1 of this form.

It is not necessary to provide the Injured Party's complete asbestos exposure history; instead, provide only sufficient information to meet the applicable TDP requirements. However, if you have elected to file as an Individual Review claim, then you may want to provide all Company Exposure so that the Trust can consider the extent to which your Company Exposure exceeds the minimum presumptive amount.

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For Halliburton and Harbison-Walker exposures, a list of approved sites is available on the Trust website (see Exhibit A at www.diiasbestostrust.org). Please reference this list and enter the Approved Site Code in Part 3.1 below.

If the site you are alleging exposure to is not on the approved site list, please provide independent documentation of meaningful and credible evidence of exposure to asbestos-containing products or operations, including the name and address of the site, the product or operations to which you were exposed or evidence of why the product is not identifiable, and the years of exposure. This may be established by documentation including, but not limited to, the following:

- An affidavit of the Injured Party
- An affidavit of a co-worker
- An affidavit of a family member in the case of a deceased Injured Party
- Invoices
- Construction or similar records
- Sworn statement, interrogatory, or deposition

Please photocopy this page and list separately each company site, industry, or occupation upon which the Injured Party relies to establish the necessary exposure.

3.1 Site/Plant/Ship where Exposure Occurred:

If the site is on the approved Halliburton/Harbison-Walker site list, enter the Site Code (**Be sure that the entity identified on the site list is consistent with the entity you are claiming against - HAL or HW**)

Approved HAL/HW Site Code
(See Exhibit A at www.diiasbestostrust.org): _____

3.2 If the site is not on the approved site list, please complete the following **AND** submit the required verifying documentation, as described above:

Name of Site: _____

Address of Site: _____
(Street/PO Box)

(City/State/Zip)

Name of Product or Operations: _____

3.3 Date Exposure Began: ____/____/____ Date Exposure Ended: ____/____/____
(mm) (yyyy) (mm) (yyyy)

3.4 Occupation Code at time of exposure _____
(See Exhibit B at www.diiasbestostrust.org for a list of Occupation Codes)

If your occupation is not identified on Exhibit B, please specify the occupation: _____

3.5 Industry Code in which exposure occurred _____
(See Exhibit C at www.diiasbestostrust.org for a list of Industry Codes)

If "Other," specify the other industry: _____

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Part 7: Smoking History - To be completed for IR Lung Cancer 1 and Lung Cancer 2 claims only.

For each item, indicate whether the Injured Party has smoked. Please indicate the dates cigarettes or cigars were used, and the amount per day. Indicate fractional packs or fractional cigars as appropriate, e.g., three and one-half packs would be entered as 3.5.

7.1 Has the Injured Party ever Smoked Cigarettes?	Yes ____ No ____
7.1.a From: _____ / _____ (mm) (yyyy)	To: _____ / _____ (mm) (yyyy)
7.1.b Packs per day: _____ (use decimal)	

7.2 Has the Injured Party ever Smoked Cigars?	Yes ____ No ____
7.2.a From: _____ / _____ (mm) (yyyy)	To: _____ / _____ (mm) (yyyy)
7.2.b Cigars per day: _____ (use decimal)	

Part 8: Economic Loss – To be completed for IR claims only.

Economic Loss may include lost wages, loss of earning capacity, loss of household services, loss of pension and social security benefits and medical expenses directly attributable to the claimed asbestos-related disease. Documentation to support the claimed losses must include third-party evidence of death or a disability directly related to an asbestos-related disease and an analysis and documentation of the resulting Economic Losses. **(If economic losses are being claimed, you must enclose an economic report or other relevant supporting documentation to support the loss).**

Total Economic Losses: \$ _____

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Part 9: Extraordinary Claims

For the definition of what constitutes an Extraordinary Claim, refer to Section 5.4(a)(1) of the TDP or to the Instructions. The Injured Party can meet the requirements for an Extraordinary Claim by completing *either* Part 9.1 or 9.2.

9.1 Did the Injured Party's exposure occur primarily as the result of working at a manufacturing facility of one or more of the Halliburton Entities or Harbison-Walker Entities during the period the entities were engaged in manufacturing asbestos-containing materials?

Yes ____ No ____

If **Yes**, Social Security records or other independent third party evidence substantiating the Injured Party's employment at one or more of the sites is required.

9.2 Was at least 75% of the Injured Party's total asbestos exposure from Company Exposure?

Yes ____ No ____

If **Yes**, Social Security records or other independent third-party evidence substantiating the Injured Party's percentage of Company Exposure is required, and the Injured Party or personal representative must complete the certification which can be found on the Trust's website.

9.3 Indicate the true and correct percentage of the Injured Party's exposure to asbestos-containing products for which the entity is legally responsible immediately to the right of the entity's name.

HALLIBURTON CLAIMS

- Mid-Valley, Inc. ____%;
- DII Industries, LLC (f/k/a Dresser Industries, Inc.) ____%;
- Kellogg, Brown & Root, Inc. ____%;
- Worthington ____%;
- Other: _____%.
Insert Code (see Exhibit D at www.diiasbestostrust.org)

HARBISON-WALKER CLAIMS

- Harbison-Walker Refractories Company ____%;
- Other: _____%.
Insert Code (see Exhibit D at www.diiasbestostrust.org)

**DII INDUSTRIES, LLC ASBESTOS PI TRUST
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Part 10: Signature Page and Certification

All claims must be signed by the Injured Party or the person with legal authority to file a claim on behalf of the Injured Party and/or the Injured Party's estate.

10.1 Sign here if you are the Injured Party or the person with authority to file the claim:

I have reviewed the information submitted in connection with this claim and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, all documentation and information submitted now and in the future, including any supplemental documentation or information, changes or corrections are accurate and complete. I further certify that I am authorized by law to file this claim on behalf of the Injured Party, the Injured Party's heirs, representatives, successors, assigns, and estate.

Signature of Injured Party or person with authority

Please print the name and relationship to the Injured Party of the signatory above

Executed on the _____ day of _____, 20_____.

10.2 Sign here if you are the attorney:

By signing below, the attorney certifies that the information and materials with respect to this claim, submitted now or in the future, including any supplemental documentation or information, changes and corrections are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, by signing below, the Attorney certifies and warrants that if this claim is filed on behalf of the Injured Party and/or the Injured Party's estate, the person filing the claim is authorized by law to file this claim on behalf of the Injured Party, the Injured Party's heirs, representatives, successors, assigns and estate.

Signature of Attorney for Injured Party or personal representative

Name of Firm

Executed on the _____ day of _____, 20_____.

10.3 Please review your submission to ensure it is complete and includes the following documents as applicable.

- Death Certificate (if applicable)
- Prior Release or Settlement (if applicable)
- If Injured Party is deceased, a Certificate of Official Capacity, Affidavit of Personal Representative, other estate documentation, or signed claim form (Part 10)
- Medical Records as required by the TDP and as requested in the Instructions
- Proof of asbestos exposure as required by the TDP and as requested in the Instructions
- Tolling Agreement referred to in Part 5.4 (if applicable)
- Supporting Documentation for Economic Loss (if applicable)

DII Industries, LLC Asbestos PI Trust

September 2, 2011

Key - Claim Form Field Requirements for 2011 Version of the Claim Form

Bold Red = **Required for submission**
Bold Blue = **Intake Deficient if not answered**
Italicized Blue = *Potential Intake Deficient if not answered*
Green = **Optional**

<u>Representation</u>		<u>Intake Deficiencies</u>
First and last name of attorney	Required for submission	Not Applicable
<u>Choice of claims process</u>		
ER vs. IR	Required for submission	Not Applicable
HAL, HW (or both if linking on submit page)	Required for submission	Not Applicable
<u>Indirect claim</u> – “Yes” or “No”	Required for submission - <u>new</u>	025 (2008 Claim Form)
<u>Foreign claim</u> – “Yes” or “No”	Required for submission - <u>new</u>	028 (2008 Claim Form)
Part 1: <u>Injured Party Information</u>		<u>Intake Deficiencies</u>
1.1 First and last name	Required for submission - <u>new</u>	029 (2008 Claim Form)
Middle Initial	Optional	
1.2 Social Security Number	Required for submission	Not Applicable
1.3 Gender	Intake Deficient if not answered	029
1.4 Date of Birth	Required for submission - <u>new</u>	004 (2008 Claim Form)
1.5 Living or Deceased	Required for submission	Not Applicable
1.7.a. Date of Death if deceased	<i>Potential Intake Deficient if not answered</i>	015
1.7.b. Asbestos related death	<i>Potential Intake Deficient if not answered</i>	030
1.8.a. PR first and last name if Injured Party deceased	<i>Potential Intake Deficient if not answered</i>	011
PR middle initial	Optional	
1.8.b. PR Social Security Number if Injured Party deceased	<i>Potential Intake Deficient if not answered</i>	011
1.8.c-d PR information	<i>Potential Intake Deficient if not answered</i>	011
1.8 e PR Email	Optional	
1.8.f PR information	<i>Potential Intake Deficient if not answered</i>	011

Part 2: Diagnosed Asbestos-Related Disease

- 2.1 Disease level selection
If “Other” cancer selected, identify “Other” cancer
- 2.2 Date of Diagnosis
PE checkbox for pre-petition PE (Disease Levels I-IV)
- 2.3 Other Diagnosis

Required for submission
Required for submission - new
Intake Deficient if not answered
Required for submission – new
Intake Deficient if not answered

Intake Deficiencies

Not Applicable
031 (2008 Claim Form)
007
032 (2008 Claim Form)
042

Part 3: HAL or HW or Other Asbestos Exposure

- 3.1 Site/Plant/Ship where exposure occurred if Documented Site **or**
- 3.2 If not Documented Site: Site name, City, State
- 3.3 Date Exposure Began and Ended
- 3.4 Occupation Code at time of exposure
If Occupation not identified, then specify occupation
- 3.5 Industry Code in which exposure occurred
If other, specify other industry
- 3.6 Identify circumstances of exposure (Diseases III-V & VII)
If “Other” selected, briefly describe
- 3.7 Exposed while employed by HAL or HW
- 3.8 OEP Name

Intake Deficient if not answered
Intake Deficient if not answered
Intake Deficient if not answered
Potential Intake Deficient if not answered
Intake Deficient if not answered
Potential Intake Deficient if not answered
Intake Deficient if not answered
Potential Intake Deficient if not answered
Intake Deficient if not answered
Optional

Intake Deficiencies

033
009
010
033
010
033
023
023
027

Part 4: Exposure to an Occupationally Exposed Person (Answer required only if claiming Secondary Exposure)

- 4.1 Occupationally exposed – “Yes”
- 4.2 If “Yes” response to 4.1
- 4.3 If “Yes” response to 4.1
- 4.4 If “Yes” response to 4.1
- 4.5 If “Yes” response to 4.1
- 4.6 If “Yes” response to 4.1

Potential Intake Deficient if not answered
Potential Intake Deficient if not answered
Potential Intake Deficient if not answered
Potential Intake Deficient if not answered
Optional

Intake Deficiencies

034
034
034
034

Part 5: Litigation/Claims History/Jurisdiction (Complete record required for all claims)

- 5.1 Asbestos related lawsuit – “Yes” or “No”
- 5.2.a-e If “Yes” response to 5.1
- 5.2.f If “Yes” response to 5.1
- 5.2.g If “Yes” response to 5.1
- 5.2.h If “Yes” response to 5.2.f or 5.2.g
- 5.2.i Final, non-appealable judgment
- 5.3 If “No” response to 5.1 or 5.2.a
- 5.4 Tolling agreement

Intake Deficient if not answered
Potential Intake Deficient if not answered
Potential Intake Deficient if not answered
Potential Intake Deficient if not answered
Optional
Intake Deficient if not answered
Intake Deficient if not answered
Intake Deficient if not answered

Intake Deficiencies

041
041
035
041
036
019
037

Part 6: <u>Financial Dependents</u> (IR claims with Financial Dependents, if any)		<u>Intake Deficiencies</u>
6.1	First and last name	<i>Potential Intake Deficient if not answered</i> 038
6.2	If “Yes” response to 6.4	<i>Potential Intake Deficient if not answered</i> 038
6.3	If “Yes” response to 6.4	<i>Potential Intake Deficient if not answered</i> 038
6.4	Financially Dependent – “Yes”	Optional
 Part 7: <u>Smoking History</u> (LC1 & LC2 IR claims only)		 <u>Intake Deficiencies</u>
7.1	Ever smoked cigarettes – “Yes” or “No”	Intake Deficient if not answered 039
7.1.a	If “Yes” response to 7.1	<i>Potential Intake Deficient if not answered</i> 039
7.1.b	If “Yes” response to 7.1	<i>Potential Intake Deficient if not answered</i> 039
7.2	Ever smoked cigars – “Yes” or “No”	Intake Deficient if not answered 039
7.2.a	If “Yes” response to 7.2	<i>Potential Intake Deficient if not answered</i> 039
7.2.b	If “Yes” response to 7.2	<i>Potential Intake Deficient if not answered</i> 039
 Part 9: <u>Extraordinary Claims</u>		 <u>Intake Deficiencies</u>
9.1	Status	Optional
9.2	If “Yes” response to 9.1	<i>Potential Intake Deficient if not answered</i> 040
9.3	If “Yes” response to 9.1 or 9.2	<i>Potential Intake Deficient if not answered</i> 040

DII ASBESTOS TRUST
Intake Deficiencies to Accompany Key for 2011 Version of the Claim Form

September 2, 2011

Intake Deficiency Code	Deficiency Code Explanation	Deficiency Code Text
007	Date of Alleged Diagnosis and/or Alleged Injury not Provided	You failed to designate an alleged asbestos-related injury and/or the date of diagnosis for the injury. Please provide the alleged injury and at least the month and year in which a physician first diagnosed the injury.
009	First and Last Dates of Exposure not Provided	Your submission regarding the Injured Party's exposure to asbestos does not include complete information. Please provide the dates on which exposure began and ended for each work site where exposure is being alleged.
010	Industry and Occupation not Provided	Your claim failed to provide the industry and occupation of the Injured Party. Please do so for each work/ship/plant site where asbestos exposure is being alleged.
011	Incomplete Personal Representative Information	You have failed to specify the personal representative's name, address, city, state, zip, phone, email, and or relationship. Before this claim can be processed, you must complete the Personal Representative section of the Claim Form with all required information.
015	Inconsistent or no Date of Death Provided	You have indicated that the injured party is deceased, however; you did not provide the date of death or the answer is inconsistent with the date of death. Before this claim can be processed, you must complete the Injured Party section of the Claim Form with all required information.
019	Litigation Page Failure to Elect Jurisdiction	You failed to elect the jurisdiction in which you would have elected to file a lawsuit.
023	Failure to Choose Description for Significant Occupational Exposure	Your submission regarding the Injured Party's circumstances of exposure was incomplete. Your claim cannot be processed until this information is received. Please select the description which best illustrates the Injured Party's exposure to asbestos or asbestos-containing products.
025	Indirect Claim Information	You have failed to select whether this claim is an Indirect Claim. Before this claim can be processed, you must fill out the Indirect Claim section of the claim form specifically stating whether or not this is an Indirect Claim.
027	Failure to Answer Question 3.7 on the Claim Form	You have failed to answer Question 3.7 on the Claim Form indicating whether or not the Injured Party experienced the asbestos exposure identified in Part 3 of the Claim Form during a period of time when the Injured Party was an employee of one of the Halliburton Entities or Harbison-Walker Entities. Please answer "Yes" or "No" to this question.
028	Foreign Claim Information	You have failed to select whether this is a Domestic or Foreign Claim. Before this claim can be processed, you must fill out the Foreign Claim section of the Claim Form specifying whether this is a Foreign Claim.

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Intake Deficiencies to Accompany Key for 2011 Version of the Claim Form

September 2, 2011

Intake Deficiency Code	Deficiency Code Explanation	Deficiency Code Text
029	Incomplete Injured Party Information	You have failed to designated the injured party name, gender, and/or address (address is required if pro se). Before this claim can be processed, you must complete the Injured Party section of the Claim Form with all required information.
030	Unspecified if Asbestos Death	You have failed to specify if death was asbestos-related in the Injured Party section of the Claim Form or your response is inconsistent with date of death. Before this claim can be processed, you must complete the Injured Party section of the Claim Form with all required information.
031	Other Cancer - Description Missing	You have selected the Other Cancer disease, however you have failed to specify the type of Other Cancer. Before this claim can be processed, you must complete the Injuries section of the Claim Form indicating the specific type of Other Cancer alleged.
032	Failure to Check Physical Examination Check Box	You have failed to indicate whether a Physical Examination was ever performed for this claimant. Before this claim can be processed, you must complete the Injuries section of the Claim Form by checking the box as to whether or not a Physical Examination was performed.
033	Incomplete Exposure Information	You have failed to complete at least one line of exposure information which includes, Site, City, State where exposure occurred and/or dates of alleged exposure. Before this claim can be processed, you must have at least one complete line of exposure in the Exposure section of the Claim Form with all required information.
034	Incomplete Secondary Exposure Information	The Secondary Exposure information is incomplete. Before this claim can be processed, you must provide the OEP first and last name, OEP start and end dates of exposure, relationship to claimant, OEP SSN and exposure description on the Secondary Exp section of the Claim Form.
035	Failure to Answer Litigation Received Money	You have failed to specify whether you have received money previously from HAL or HW. Before this claim can be processed, you must complete the Litigation section of the Claim Form with all required information.
036	Failure to Answer Litigation Final Judgment	You have failed to specify whether a final judgment was entered against HAL or HW. Before this claim can be processed, you must complete the Litigation section of the Claim Form with all required information.
037	Failure to Answer Litigation Tolling Agreement	You have failed to specify whether a tolling agreement was entered into with HAL or HW or you have not provided complete information regarding the start or end date of the agreement. Before this claim can be processed, you must complete the Litigation section of the Claim Form with all required information.
038	Incomplete Financial Dependand Information	One or more of the financial dependents as indicated in the dependent section of the Claim Form is incomplete. Before this claim can be processed, you must complete the Dependent section of the Claim Form with all required information.

DII ASBESTOS TRUST
Intake Deficiencies to Accompany Key for 2011 Version of the Claim Form

September 2, 2011

Intake Deficiency Code	Deficiency Code Explanation	Deficiency Code Text
039	Incomplete or Not Provided Smoking History	You failed to complete the smoking history. Before this claim can be processed, you must complete the Smoking section of the Claim Form with all required information.
040	Incomplete Extraordinary Information	You have filed this claim as an Extraordinary claim but the Extraordinary information is incomplete. Before this claim can be processed, you must complete the Extraordinary Claims section of the Claim Form with all required information.
041	Incomplete Litigation Information	You have failed to complete all litigation information. Before this claim can be processed, you must complete all litigation records in the Litigation section of the Claim Form with all required information.
042	Failure to Answer Question 2.3	You have failed to provide a response to Question 2.3 on the Claim Form indicating whether the claimant was ever previously diagnosed with a Scheduled Disease. Before this claim can be processed, you must provide a response indicating whether the claimant was ever previously diagnosed with a Scheduled Disease.