

## SUPPLEMENTAL DISEASE REVIEW FORM

**Use this form to inform the Settlement Facility that you are accepting your approved Disease Claim or to submit additional medical records to cure the deficiency in your Disease claim.**

<b>1. Complete and update claimant information.</b>	
<p style="text-align: center;"><b>PLACE YOUR LABEL HERE or WRITE IN YOUR INFORMATION</b></p> <p style="text-align: center;"><u>USE THE PEEL-OFF LABEL PROVIDED IN YOUR PACKET</u></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. Claimant's Name: _____</p> <p>4. Claimant's Address: _____</p> <p>5. Daytime Phone: (____) ____-_____</p> <p>6. Evening Phone: (____) ____-_____</p> <p>7. Attorney's Name/Address/Phone/Fax: _____</p>	<p><b><u>PROVIDE UPDATES OR CORRECTIONS BELOW:</u></b></p> <p>1. SID #: _____</p> <p>2. Date of Birth: _____</p> <p>3. New Last Name: _____</p> <p>4. New Address: _____</p> <p>5. New Daytime Phone: (____) ____-_____</p> <p>6. New Evening Phone: (____) ____-_____</p> <p>7. New Attorney's Name/Address/Phone/Fax: _____</p>

<p><b>2. Check only one box below and return it to the Disease Claim Review Department at the Settlement Facility on or before your Cure Deadline.</b></p> <p><input type="checkbox"/> <b>2A.</b> I accept the payment I am eligible to receive (any Disease Payment Claim that is approved for both Disease and a Compensation Level and is eligible for a payment. See the chart on Page 1 of your Notification of Status Letter)</p> <p><input type="checkbox"/> <b>2B.</b> I am enclosing additional medical records to cure the deficiencies in my Disease claim. I understand that I must submit these records on or before my Cure Deadline (one year from the date of my Notification of Status letter). If I am unable to cure the deficiencies on or before the Cure Deadline and I have an approved Disease Option 1 claim, I wish to remain in Disease Option 1, waive my Disease Option 2 claim, and be paid without any penalty.</p> <p><input type="checkbox"/> <b>2C.</b> I accept the Expedited Release Payment and waive all right to make a Disease claim now or in the future.</p>
<p><b>NOTICE:</b> To avoid confusion and possibly another review of your Disease claim before you are ready, please do not send your records in until you have collected <u>all</u> of them needed to cure the deficiencies. Generally, the Settlement Facility will not review more than two supplemental submissions of medical records, so it is very important that you first collect all of your medical records before mailing them to the Settlement Facility. Also, Disease claims are based on the most current information available in your medical records. If you submit additional medical records that show you no longer meet the disease and disability criteria for a previously credited symptom, finding or compensation level, then your Notification of Status letter will be amended to reflect this. Please review your supplemental medical records carefully before you submit them.</p>

\_\_\_\_\_  
\*Signature of Claimant, Executor/Administrator/Guardian or Attorney (Please circle one)

\_\_\_\_\_  
Date Signed

**\*Forms with invalid signatures will be returned unprocessed.**