

Kaiser Silica Personal Injury Trust Website Training Guide

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Lesson 1 – Home Page & Login

The Law Firm Login is located on the Home Page. The Home Page includes a login area on the left of the screen including a "**Forgot Your Password**" feature and Kaiser Help link.

The main area on the Home Page includes information on the Trust and the following links, which when selected, will expand to provide additional information:

- Recent Developments/Fast Links
- Past Announcements

Forgot Your Password:

The Forgot Your Password button will prompt the User to answer a security question. An e-mail will be sent to the User with a link for the User to select a new password. Refer to the User Password Set-up section of Lesson 2 - Law Firm Registration for more information on selecting a password.

Kaiser Help Link:

The Kaiser Help link will open an e-mail for the User to send a question to the Trust. Help messages are usually answered within 24 hours.

Lesson 2 – Law Firm Registration

To file a claim with the Kaiser Silica Personal Injury Trust (the “Trust”), a law firm must register. Each law firm must select an attorney and contact for each claim filed with the Trust. The registration process is available on the website through the "Firm Registration" tab. When “Register Law Firm” is selected, the following screen will be displayed and the User will enter the law firm information.

LAW FIRM REGISTRATION - FIRM INFORMATION

* Indicates field is required.

Note: All Codes and Passwords must be at least 5 and no more than 10 characters long. Use only letters and numbers. The Law Firm Code is restricted to UPPER CASE letters only.

Law Firm Code: *

EIN Number: *

Law Firm Name: *

Address 1: *

Address 2:

City: * State: * Zip Code: *

Country:

Optional-Shipping Address if different from above:

Attention:

Address 1:

Address 2:

City: State: Zip Code:

Country:

Optional-Payment Mailing Address if different from above:

Attention:

Address 1:

Address 2:

City: State: Zip Code:

Country:

Attorney Information:

Login ID: * Password: Email with instructions on how to set password will be sent when saved.

First MI Last

Attorney Name: *

Email Address: *

Phone Number: * Fax Number:

Contact Information:

Same as attorney.

Login ID: * Password: Email with instructions on how to set password will be sent when saved.

First MI Last

Contact Name: *

Email Address: *

Phone Number: * Fax Number:

Firm Information:

The first step in the law firm registration process is to select a Law Firm Code and provide the name and address of the Law Firm. Also, the User will be required to enter the law firm name, e-mail address, phone number, and login ID for the Attorney and Contact. The following fields are required to register a law firm:

- Law Firm Code
- EIN Number
- Law Firm Name
- Address, City, State, Zip Code
- Attorney Login ID
- Attorney Name; E-mail Address; Phone Number
- Contact Login ID
- Contact Name; E-mail Address; Phone Number

User Password Set-up:

The Attorney and Contact’s password is not set up during the registration process. When the law firm’s registration is approved and the Users are activated, an e-mail will be sent to the Attorney and Contact. The e-mail will contain a link to a password set-up screen where the User will enter a password and establish a security question and answer.

The password must be 8 characters long, contain a number, and contain upper and lower case letters. A message will appear indicating the security strength of the password being entered. The User will select a security question from the drop-down box and provide the appropriate answer.

The screenshot shows a web form for password set-up. It includes fields for 'User Name' (containing 'Example'), 'Password' (containing 'Password1'), and 'Retype Password'. A green box next to the password field indicates 'Strength Excellent'. Below these is a 'Security Question' dropdown menu with '<Select Security Question>' selected. The dropdown menu is open, showing a list of questions: '<Select Security Question>', 'What was the name of your first elementary school?', 'What was the name of your first employer?', and 'What was the model of your first car?'. A 'Security Answer' field is also present, along with a 'Save' button. Arrows point from the dropdown menu in the main form to the expanded dropdown menu below.

If the User forgets the password, the Forgot Password feature on the Home Page must be used, which allows the User to reset the password. The security question and answer established during password set-up is used in the password reset process.

If "Same as attorney" is selected under Contact Information, the contact fields will be populated with the Attorney information provided and will be locked from editing. When all of the required fields have been completed, the User will select the "Continue Registration" button and the following confirmation page will be displayed.

Please review the information below for accuracy. When you have verified that the information is correct, click on the CONFIRM REGISTRATION button below.

After your registration is validated, you will receive an email confirming your registration and instructions on setting up your password. After your registration has been confirmed, you will be able to log on to the Trust Website using your Login ID and Password. Additional law firm locations and additional users may be established under the Admin tab on the Trust Website.

Law Firm Information

Law Firm Code: EXAMPLE
 EIN Number: 12345
 Law Firm Name: Example Law Firm
 Address: 1234 Avenue Somewhere Texas, Texas 12345
 Shipping Address: , (none)
 Payment Address: , (none)

Attorney Information

Login ID: Example
 Attorney Name: Mister Attorney
 Email Address: misterattorney@usa.com
 Phone Number: 123-456-7890

Contact Information

Login ID: Example
 Contact Name: Mister Attorney
 Email Address: misterattorney@usa.com
 Phone Number: 123-456-7890

Edit

Confirm Registratio

Validation of Law Firm:

When registration is confirmed, the TSI Legal Department will validate the Law Firm. The Legal Department uses various resources, including the Martindale-Hubbell directory, to confirm that the Law Firm and Attorney are valid. Upon validation of the Law Firm and activation of the Users, an e-mail with a link to a password set-up screen will be sent to the Attorney and Contact provided during the registration process.

Lesson 3 – Documents Page

The Documents Page includes the following sections of frequently requested Trust documents:

- Silica Distribution Procedures
- Claim Form
- Claim Form Instructions

Documents can be viewed by selecting the document name. The documents will open in Adobe Acrobat Reader and may be printed for the User's convenience.

Lesson 4 – Downloads Page

The Downloads Page contains information regarding the various ways to submit a claim to the Trust.

Claim Forms:

The claim forms are sample versions until the Law Firm logs into the website. Once logged in, the Law Firm will select the Attorney and Contact name and then select “**GO**” to display the appropriate claim forms. This step of choosing the Attorney and Contact names will display the names on the paper claim form when opened.

Claim Entry Application:

The on-line claim entry application is available through the Claim Processing tab by selecting the Data Entry tab. Refer to Lesson 9 – Claim Processing Page – Data Entry for more information regarding the online data entry of a claim.

Lesson 5 – FAQ Page

The FAQ Page contains Frequently Asked Questions with answers.

When a question is selected, the User will be taken to the corresponding answer displayed below the question.

Lesson 6 – About Us Page

The About Us Page contains general information about Trust Services, Inc. ("TSI") and the Kaiser Silica PI Trust. The User will select the **[more]** link for detailed information about any section. The sections are as follows:

- General Information
 - Disclosure Statements
 - About Kaiser Silica PI Trust
 - About TSI
 - Contact Us

Lesson 7 – Admin Page

The Admin Page is available only to Users who have been assigned the Admin user type. Under the Admin Page, law firm locations and users can be established. The Admin Page includes a second row of tabs, as listed below:

- Primary Firm Information
- Locations
- Users
- Reports/Correspondence

Primary Firm Information Tab:

The Primary Firm Information Tab displays the information provided during the law firm registration process. The law firm registered through the law firm registration process is considered the Primary Law Firm.

The screenshot displays the 'Primary Firm Information' tab with the following data:

Primary Law Firm :	Example Law Firm
Law Firm Code :	EXAMPLE
EIN Number :	12345
Law Firm Name :	Example Law Firm
Address :	1234 Avenue, Somewhere, Texas 12345
Shipping Address :	. . (none)
Payment Address :	. . (none)

Below the table is a button labeled "Expire All Law Firm Users".

A note box on the right contains the text: "Note: If changes need to be made to the Law Firm Information, Please contact Renda Evans, revans@trustservices.org".

At the bottom, a text box states: "If you have an additional locations, you may set up a separate location using the Locations tab."

Refer to the User Status section of Lesson 7-Admin Page for more information regarding the Expire All Law Firm Users button.

Locations Tab:

The Locations Tab provides a display of additional locations that have been added under the registered Primary Law Firm. The locations will be listed, including a column indicating whether the location has been validated.

The screenshot shows a web interface with a navigation bar containing tabs: Primary Firm Information, Locations, Users, and Reports/Correspondence. The 'Locations' tab is active. Below the navigation bar is a table titled 'Locations' with the following columns: Location Code, Location Name, EIN Number, and Verified. The table contains one row with the following data: Location Code: EXAMPLE, Location Name: Primary, EIN Number: 12345, Verified: Approved. Below the table is a 'Prev Next' link and an 'Add a Location' button. To the right of the table is a note box that reads: 'Note: If changes need to be made to the Law Firm Information, Please contact Renda Evans, revans@trustservices.org'.

Location Code	Location Name	EIN Number	Verified
EXAMPLE	Primary	12345	Approved

Prev Next

Add a Location

Note: If changes need to be made to the Law Firm Information, Please contact Renda Evans, revans@trustservices.org

Each law firm has at least one location, which is the Primary Firm. Additional locations can be added by selecting the “**Add a Location**” button. The following fields are required to save a location:

- Location Code
- EIN Number
- Location Name
- Address1
- City
- State
- Zip Code

If “**EIN same as Law Firm**” is selected, the “EIN Number” field will be populated with the Primary Law Firm’s EIN Number and will be locked from editing. When all of the required fields to add a location have been completed, the User will use the “**Save**” button.

In the Add a Location screen, the “**Return to Locations List**” button will cancel the add location entry and will return the User to the Locations List. The “**Save**” button will save the location entered, which will follow the same validation process used for a registered law firm.

Users Tab:

The Users Tab will provide a display of all Users who have been established under the Primary Law Firm for each location.

	User Name	Location	Role	Login	Email Address	Phone Number	UserStatus
Select	Attorney, Mister	Primary	Attorney, Admin, User, Contact	Example	ma@here.com	123-456-7890	ACTIVE
Select	Contact, Mister	Primary	Contact, Admin, User	ExampleContact	mo@here.com	123/123/1234	ACTIVE

Add a User

A User can be assigned more than one user type. Each user type assigned to the User will be displayed in the Role column. Additional Users can be added by selecting the “Add a User” button. The following fields are required in order to save any User:

- Location
- User Type
- Login ID
- Password
- Name
- Email Address
- Phone Number

USER MAINTENANCE

* indicates field is required.

Location :*

Attorney Contact
 Admin User
 Read-Only User

Login ID :*

Password :* Policy change dictates that user must create their own passwords.

Name :*

Email Address :*

Phone Number :*

Fax Number :

Correspondence Type:

Claim Correspondence Status Reports Management Reports

Delivery Method: Delivery Method:

Frequency: Frequency:

User Status: Enabled Deleted

Save Return To Users List Delete User Expire User

User Type Descriptions - Each User may be assigned more than one user type. Note that more than one Attorney, Contact, Admin and/or User may be assigned to a law firm.

Attorney – These Users are eligible to be identified as the Attorney of record for a filed claim, and are eligible to receive Status Reports and Management Reports. At least one attorney must be selected to receive Management Reports.

Contact – These Users are eligible to be identified as the Contact for a filed claim, and Claim Correspondence will be sent to the Contact identified for the claim. These Users are eligible to receive Status Reports and Management Reports.

Admin – These Users are eligible to access the Admin tab on the website. Under the Admin tab, these Users may establish locations, register new Users and edit user information.

User – These Users are eligible to access the Claim Processing tab on the website. Under the Claim Processing tab, these Users may file new claims, edit existing claims and upload supporting documentation.

Read-Only User – These Users are eligible to access the Claim Processing tab on the website. Under the Claim Processing tab, these Users will have read-only access to claims.

The Attorney provided during the Law Firm Registration process will be defaulted to Attorney and Admin user types. The Contact provided during the Law Firm Registration process will be defaulted to Contact and Admin user types.

User Password Set-up - The User’s password is not entered on the User Maintenance screen. When the User’s information is saved, an e-mail will be sent to the User with a link to a password set-up screen where the User will enter a password and establish a security question and answer.

The password must be 8 characters long, contain a number, and contain upper and lower case letters. The security strength of the password being entered will be displayed. The User will then select a security question from the drop-down box and provide the appropriate answer.

The screenshot shows a web form for password setup. It contains the following elements:

- User Name:** Text input field containing "Example".
- Password:** Text input field containing "Password1". To its right, a green box displays "Strength: Excellent".
- Retype Password:** Empty text input field.
- Select:** Text below the Retype Password field: "(you will be prompted for this information when retrieving password)".
- Security Question:** A dropdown menu currently showing "<Select Security Question>".
- Security Answer:** Empty text input field.
- Save:** A button at the bottom left.

An inset window shows the dropdown menu expanded, listing the following options:

- <Select Security Question>
- <Select Security Question>
- What was the name of your first elementary school?
- What was the name of your first employer?
- What was the model of your first car?

If the User forgets the password, the Forgot Password feature on the Home Page must be used, which allows the password to be reset. The security question and answer selected during password set-up is used in the password reset process.

Activate User - To activate the User, select the Enabled checkbox at the bottom of the user screen, thus setting the user status to Active. If the Enabled checkbox is not selected the User will be considered Inactive. If the Inactive User is not an attorney or contact on any claim, that User will appear in the user list as Inactive. However, if the Inactive User is an attorney or contact on any claim, a message will appear, prompting the Admin User to select the necessary replacement attorney and/or contact. When the replacement selection is complete, Trust system administrators will be notified to verify the change and complete the claim re-assignments. The Admin User will be notified when the claim re-assignments are complete.

Delete User – This feature allows the Admin User to delete a User. To delete a User select the “**Delete User**” button at the bottom of the user screen. If the deleted User is an attorney or contact on any claim, a message will appear, prompting the Admin User to select the necessary replacement attorney and/or contact, using the same process as described above. A User who has been deleted will not appear in the user list.

Expire User – This feature allows the Admin User to expire a User’s password, which, in turn, prompts the User to set-up a new password. To expire a User’s password select the “**Expire User**” button at the bottom of the user screen. The User will receive an e-mail with a link to the password set-up screen where the password can be reset.

Correspondence Types - The “Correspondence Type” section will only be present for attorney and contact user types. Claim Correspondence will only be present if the “Contact” user type is selected and will automatically be selected and locked.

Claim Correspondence – Claim Correspondence is sent only to contacts. The Contact identified for the claim will receive the claim specific correspondence. Claim Correspondence includes Deficiency Letters, Response Reply Letters, Extension Letters, Ad Hoc Letters, Notice of Determination – Allowances and Notice of Determination – Disallowances. The method of delivery and frequency of the Claim Correspondence must be indicated for each contact.

Status Reports – Status Reports are available to contacts and attorneys. Status Reports provide information including detailed lists of received correspondence, claim submissions and pending due dates. The report will contain information for the appropriate reporting period. For example, if the frequency of the report is weekly, the report will contain information pertaining to the prior week. Each contact and attorney electing to receive Status Reports will need to select the method of delivery and frequency of the Status Reports.

Management Reports – Management Reports are available to contacts and attorneys. Management Reports include special communications from the Trust regarding information which the firms need to be made aware of, e.g., changes in the payment percentage. At least one attorney must be selected to receive Management Reports. Management Reports will be issued on an as-needed basis via e-mail and paper correspondence.

If the user type is “**Contact**” the following fields are also required for “**Correspondence Type**”:

- Delivery Method
- Frequency

The “**Delivery Method**” selection box will include the following options:

- Print (paper letters sent via regular mail to the contact)
- Report (spreadsheet sent via e-mail to the contact)
- E-mail (electronic letters sent via e-mail to the contact)

The “**Frequency**” selection box will include the following options:

- Daily
- Weekly
- Bimonthly
- Monthly

The Attorney will be defaulted to receive Management Reports. The Contact will be defaulted to receive Claim Correspondence as e-mailed letters on a daily basis and Status Reports by e-mail on a weekly basis.

The selection of Status Reports and Management Reports will be available only for attorney and contact user types. At least one attorney must be selected to receive Management Reports. If only one attorney user type is present or only one attorney user type is receiving Management Reports, the Management Reports checkbox will be selected and locked for that User.

Reports/Correspondence Tab:

The Reports/Correspondence Tab will provide a summary of all attorney user types, contact user types, and which ones receive Management and Status Reports.

Primary Firm Information Locations Users Reports/Correspondence				
Select	Attorney Name	Delivery Method	Frequency	Management Reports
Select	Doe, John	Email	Daily	True
Select	Contact Name	Delivery Method	Frequency	Management Reports
Select	Smith, John	Print	Daily	False
Select	Doe, John	Email	Daily	True

Changes that need to be made can be completed through the User screen, which may be accessed by selecting the Attorney or Contact name.

Lesson 8 – Claim Processing Page – Search & Claim View

The Claim Processing Page is available only to Users who have logged into the Kaiser Website and have been assigned the User or Read-Only User role. The Claim Processing Page includes two additional tabs: Search and Data Entry, discussed in Lesson 8 and Lesson 9 in this Guide.

Search:

The Search screen enables the User to search on one or more of the following fields:

- | | |
|--------------------|-----------------|
| Injured Party Name | Claimed Disease |
| Injured Party SSN | Deficiency Type |
| Claim Number | Deficiency Code |
| Attorney | Action Due Date |
| Contact | Claim Status |
| Claim Type | Process Status |

Search
Data Entry

First
MI
Last

Injured Party Name:

Social Security #:

Claim Number:

Attorney:

Contact:

Claim Type:

Claimed Disease:

Deficiency Type:

Deficiency Code:

Action Due Date:

Claim Status:

Process Status:

Saved Searches:

Claim Status & Process Status - To the right of the Claim Status and Process Status search fields, there is a help link to a legend of statuses. The Claim Status indicates where a claim is in the claim process and the Process Status indicates where a claim is in the Kaiser Silica Claims Processing Facility (the "Facility") process. Below are descriptions of each Claim Status and Process Status.

Claim Status:	Description:
Submitted	The claim has been created and given a postmark date, but the claim has not been reviewed for pre-claim deficiencies*.
Entered	The claim is ready for review by a Claim Reviewer.
Incomplete	The claim is not complete enough to be reviewed by a Claim Reviewer due to pre-claim deficiencies.
Withdrawn	The claim has been withdrawn by request of the Law Firm.
Deficient	The claim has been reviewed by a Claim Reviewer and determined to be Deficient. A deficiency letter has been generated for the claim.
Allowed	The claim has been reviewed by a Claim Reviewer and determined to be Allowed. A Notice of Determination – Allowance has been generated for the claim.
Ready for Payment	The claim has been Allowed and a properly executed Release and Indemnity has been received and approved. The claim is awaiting payment
Batched for Payment	The claim has been included in the payment batch process for payment.
Paid	The claim has been paid.
Disallowed	The claim has been Disallowed and a Notice of Determination – Disallowance has been generated for the claim.
Rejected	The claim has been rejected. The claim was Incomplete with pre-claim deficiencies that were not cured within the Incomplete Time Period.
Closed	The claim has been closed and the Statute of Limitations recommences.

Process Status:	Description:
Pre-Review	The claim is not ready for review by a Claim Reviewer. The claim is awaiting review for pre-claim deficiencies or has been determined to have pre-claim deficiencies.
Ready for Review	The claim is ready for review by a Claim Reviewer.
Review in Process	The claim is under review by a Claim Reviewer.
Wait	The claim is waiting for a response to claim correspondence generated for the claim.
Ready for 2 nd Review	The claim has been selected for second review.
2 nd Review in Process	The claim is under review by a Second Reviewer.
Complete	The claim is considered complete and has been Paid, Closed, Rejected or Deferred/Withdrawn.
Hold	The claim has been placed on hold pending further review.

*Pre-claim deficiencies are deficiencies that prevent a claim from moving forward to review by a Claim Reviewer.

Search Results:

When the User selects the search criteria and submits the search, the search results will be displayed as shown below. The User can select the number of claims to be displayed per page, such as 10, 20, 50, 100 or all. The Claim Search results will include the Claim ID, Claimant Name, SSN, Claim Status, Process Status, Action Due Date, Attorney Name, Contact Name and Claim Detail Report. The search results are limited to 200, but the full results can be viewed by downloading to Excel.

Search
Data Entry

Download to Excel

Basic **Advanced**

Claim Search Results

Return to Claim Search

Search Name: Save Search

Claim #	Last Name	First Name	SSN	Claim Status	Process Status	Closed Reason	Action Due	Attorney	Contact
KS-1000832	Maxwell	Martin	462XXXXXX	Entered	Ready for Review		11/30/2015	Attorney, Test	Attorney, Test
KS-4000021	Jackson	Jason	324XXXXXX	Entered	Ready for Review			Attorney, Test	Attorney, Test

Page size: ▼

Download to Excel – If desired, the User can download the search results to an Excel spreadsheet.

The "**Basic**" Excel spreadsheet will contain the following fields in the order listed below:

- Claim ID
- Claimant Name
- SSN
- Claim Status
- Action Due Date

The "**Advanced**" Excel spreadsheet will contain the following fields in the order listed below:

- Claim ID
- Claimant Name
- SSN
- Claim Status
- Next Action Due Date
- Claim Type
- Process Status
- ALV for Allowed, Ready for Payment, Batched for Payment and Paid claims
- Paid Amount for Paid claims
- Allowed Disease
- Claimed Disease
- Deficiency Group
- Deficiency Code
- Last Correspondence Type

Save Search - The User can save any search by entering a search name and selecting the "**Save Search**" button. The saved searches will be available from the "Claim Search" tab and from the Reports page. Refer to Lesson 10 – Reports Page for more information about the Reports page.

Open Claim - To open a claim for Claim View, select the claim number. The Claim View screens are discussed in the next section.

Claims with the following claim or process statuses cannot be opened by the Law Firm User:

- Claim status of "Rejected" – Rejected filings are not considered filed claims and must be re-submitted if the Law Firm wishes to pursue the claim.
- Process status of "Ready for 2nd Review" – The claim has been reviewed by the Analyst and is selected for Second Review.
- Process status of "2nd Review in Process" – The claim is currently under review by a Second Reviewer.

Claim View:

The Claim View screens display information about the claim and reflect the analyst's review of the claim, depending on the claim status. The screens displayed are: Injured Party, Litigation, Exposure Details, EOEP, Medical, Certification and Deficiencies & Actions which are all discussed separately in this Lesson. Some screen sections or fields are locked from law firm editing and are displayed with a lock sign.

General Information - On the left side of each screen, a general information section is displayed containing information about the claim along with several claim actions. The following information is displayed:

- Claim ID
- Injured Party Name
- Injured Party SSN
- Claim Type
- Claim Status
- Process Status
- Postmark Date
- Claimed Disease
- Attorney
- Last Action (last correspondence type)
- Next Due Date
- Payment Information Box (date, amount and check number, if Paid claim)

Claim Actions –

The “**View Payments**” feature enables the Law Firm to view all Facility payments made on the claim. Information such as the date, description, original ALV, original payment percentage, and payment amount are listed.

The “**Deficiencies**” feature presents the Paragraph ID and Descriptive Note for deficiencies which are cited for the claim. When selected, ways to cure information will be displayed in a separate window. The ways to cure information includes the deficiency code, description, type, full text and ways to cure.

The “**Upload Documents**” button opens the upload documents screen, enabling the Law Firm to upload supporting documentation to the claim. Any documents uploaded from this screen will be listed in the Pending Uploaded Documents section of the Deficiencies & Actions screen. Refer to Deficiencies & Actions screen-Pending Uploaded Documents section of this Lesson for more information on how to save documents to a claim.

The “**Documents**” feature provides a list of the documents that are present in the claim folder for the claim. The scan date and name of the document will be displayed. To view the documents, the User will select the document name.

The Edited Information “**Reset**” button is available in the upper right corner of all Claim View screens. Upon selection of this button, the edited information for that screen will be reset to its previous form in the current session.

The “**Exit Claim**” button is available in the upper right corner of all Claim View screens. Upon selection of this button, a message to confirm closing the claim without saving changes will appear. When the User selects OK, the claim will close and return the User to the search results screen.

Injured Party Screen:

The Injured Party Screen displays Representation, Injured Party, Claimant Representative, Individual Review and Prior Paid Claim information for the claim. If the claim is at Hold process status, the Hold Reason is displayed beneath the Process Status: Hold.

Representation – The representing law firm information is displayed along with the Attorney and Contact for the claim. The Law Firm information is locked for editing. However, the User can change the Attorney and/or Contact for the claim to a different attorney or contact registered with the Law Firm.

Injured Party - The Injured Party's demographic information is displayed, along with whether or not the claim is approved for Exigent status. The Exigent section is locked for editing.

Claimant Representative – If claimant representative information is present for the claim, the information is displayed in the Claimant Representative section. The User can add claimant representative information to the claim by selecting the icon to add a claimant representative. When selected, the form will open, enabling the User to enter the appropriate information.

Dependents – If dependent information is present for the claim, the information will be displayed in the Dependents section. The User can add dependent information to the claim by selecting the icon to add a dependent. When selected, the form will open, enabling the User to the enter the appropriate information.

Expense Worksheet -

The Expense Worksheet is only displayed for Type 2 claims and is accessed by selecting the "**Expense Worksheet**" button. This screen provides information regarding any claimed Medical Expenses, Burial Expenses and Economic Losses. The total expenses and losses verified by the Analyst will be locked from editing. If medical expenses, burial expenses or economic losses are claimed, supporting documentation is required.

Medical and Burial Expenses		Economic Losses	
Medical Expenses		Gross Economic Loss: <input type="text" value="0"/> <input type="text" value="0"/> Verified	
Total Expenses, net of reimbursements and insurance, as of the Date the Claim is Filed:	<input type="text" value="0"/> <input type="text" value="0"/> Verified	<input type="checkbox"/> Deficiencies	
Burial Expenses			
Total Expenses:	<input type="text" value="0"/> <input type="text" value="0"/> Verified		
Additional			
Financial Loss Description:	<input type="text"/>		
Special Damages Description:	<input type="text"/>		
Extraordinary Impairment Description:	<input type="text"/>		
Extraordinary Expenses Claimed:	<input type="text" value="0.00"/>		

Litigation Screen:

The Litigation Screen displays information regarding a silica-related lawsuit filed by the Injured Party or the estate or heirs of the Injured Party. If no lawsuit information is present on the claim, the Litigation screen appears blank with only the first question present. To enable the screen, the User will answer “Yes” to the first question.

Claim Type	Claim Number	Claim Status	Process Status	Edited Information
Type 2	KS-4000021	Entered	Ready for Review	Reset

** Any changes made must be certified on the "Deficiencies & Action" screen.* [Exit Claim](#)

Lawsuit Details
 Did the Injured Party or the estate or heirs of the Injured Party file a silica-related lawsuit that involved the Claimed Disease(s) that the Injured Party is asserting as the basis of this claim?
 Yes
 No

KS-4000021
 Jackson, Jason
 324XXXXXX
 Claim Type: Type 2
 Status: Entered
 Process Status: Ready for Review
 Postmark: 5/23/2016
 Simple Silicosis
 Attorney: Test Attorney

Last Action:
 Next Due Date:

Payments

[View Payments](#)

Deficiencies

Documents
 5/23/2016 | [Test Document.pdf](#)
[Upload Documents](#)

Medical Screen:

The Medical Screen displays the medical information entered by the Analyst based on the medical documentation submitted for the claim, depending on the claim status.

The screenshot shows the 'Medical' tab of a software interface. At the top, there are navigation tabs: Injured Party, Litigation, Exposure Details, EOEP, **Medical**, Certification, and Deficiencies & Actions. Below the tabs, a header bar contains the text: '* Any changes made must be certified on the "Deficiencies & Action" screen.' and an 'Exit Claim' button.

The main content area is divided into several sections:

- Claim Information:** Claim Type: Type 2; Claim Number: KS-4000021; Claim Status: Entered; Process Status: Ready for Review. There is an 'Edited Information' box with a 'Reset' button.
- Medical Results:** A 'Result:' section with input fields for FVC (%), FEV1 (%), TLC (%), and DLCO (%), all containing the value '0'. There are checkboxes for 'Complete PFT Study' and 'B-Reader'. A 'Film Quality:' dropdown menu is set to 'Select'.
- Smoking History:** A 'Smoking Status' dropdown menu.
- Existing Diseases:** A section with a 'Refresh' button and a checkbox for 'Diagnosing physician approved'. Below it is a table with columns: Medically Indicated, Disease, Claimed DX Date, Approved DX Date, Physician, Phys. Cert, Latency, and SOL. The table contains one row: Medically Indicated: No; Disease: Simple Silicosis; Claimed DX Date: 5/25/2015; Approved DX Date: (empty); Physician: (empty); Phys. Cert: No; Latency: Fail; SOL: Fail.
- Deficiency Criteria:** A list of checkboxes for various medical criteria, including 'Medical History', 'Physical Exam Provided', 'Opacities (p,q,r)', 'Opacities (s,t,u)', 'Upper Zones', 'All Zones', 'Diagnosis of silicosis', 'Diagnosis of mixed dust fibrosis', '5 years exposure to foundry setting', 'Pathological evidence of silicosis', 'Pathological evidence of mixed dust fibrosis', 'X-ray with cytologic confirmation', 'Caused by respirable silica and did not pre-exist exposure', 'Exposure significant cause', 'Linking report', 'Death caused by silicosis', 'Death caused by mixed dust pneumoconiosis', and 'Credible evidence of 1/0 ILO Grade'.

On the left side of the interface, there are vertical panels for 'Payments' (with a 'View Payments' button), 'Deficiencies' (with navigation arrows), and 'Documents' (with a document titled '5/23/2016 Test Document.pdf' and an 'Upload Documents' button).

Disease Criteria – All fields above the Existing Diseases section are various types of disease criteria used to determine the allowance of the particular disease(s). If the claim has been reviewed by the Analyst and medical documentation was submitted for the claim, then various disease criteria should be selected if supported by the medical documentation. The disease criteria section will be locked from editing.

Smoking Status – The Injured Party’s smoking history is required for a Type 2 claim. The User can select Never Smoked, Currently Smokes, Formerly Smoked or No Smoking History from the Smoking Status drop down box. If Formerly Smoked is selected the date last smoked is required. If the Injured Party’s smoking status is not available, the User can select No Smoking History.

Existing Diseases – Any claimed diseases are displayed in this section. If the claim has been reviewed by the Analyst and medical documentation was submitted which met the requirements for a certain disease, that disease will be displayed in this section. Any information completed by the Analyst such as the Approved DX Date and the Physician will also be displayed. The User can add a disease by selecting the disease from the Pick Disease drop down box, entering the Diagnosing Date and selecting the “Add” button.

Exposure Details Screen:

The Exposure Details Screen displays information regarding the Injured Party’s exposure to Kaiser silica-containing refractory product(s).

Injured Party
Litigation
Exposure Details
EOEP
Medical
Certification
Deficiencies & Actions

KS-4000021
 Jackson, Jason
 324XXXXXX
 Claim Type: Type 2
 Status: Entered
 Process Status: Ready for Review
 Review
 Postmark: 5/23/2016
 Simple Silicosis
 Attorney: Test Attorney

Last Action:
 Next Due Date:

Payments

View Payments

Deficiencies

< >

Documents

5/23/2016 | [Test Document.pdf](#)

< >

Upload Documents

* Any changes made must be certified on the "Deficiencies & Action" screen. Exit Claim

Claim Type	Claim Number	Claim Status	Process Status	
Type 2	KS-4000021	Entered	Ready for Review	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> Edited Information Reset </div>

Complete this screen only if the Injured Party's silica-related disease is a result of direct silica exposure, as opposed to exposure through some other person. If the Injured Party's exposure is through another person, complete the Exposure through an Occupationally Exposed Person ("EOEP") screen.

Occupational (Job-Related) Exposures to Trust
 The Injured Party's occupation and industry while directly exposed to Trust silica product(s):
 1 of 1 + X

Was Exposure as Employee of Trust?

Trust Product Information

Jobsite
 Job Site:
 Job Site City: State:

Injured Party Exposure
 Employer:
 Industry:
 Occupation:
 Period of Exposure: - To -

If the claimed exposure above is not completed with an occupation code because the occupation in which the exposure occurred is not listed, provide the following information to identify the name, nature and duties of each occupation in which such exposure occurred.

Description Allowed

Product Name:

Handled, installed, used, repaired, tore out or cleaned out silica-containing refractory products manufactured or distributed by Kaiser
 Worked on a regular basis in close proximity to workers who did one or more of the above activities

Deficiencies

Injured Party Trust Exposure
 There are currently no injured party exposure deficiencies for this exposure.

Co-Worker Trust Exposure
 There are currently no co-worker exposure deficiencies for this exposure.

Occupational Exposures to Kaiser silica-containing refractory products – Information regarding the Injured Party’s exposure to Kaiser silica-containing refractory products is displayed in this section. Additional exposure records may be added by selecting the icon to add an exposure record.

EOEP Screen:

The Exposure through an Occupationally Exposed Person (“EOEP”) Screen displays information regarding the Injured Party's exposure to Kaiser silica-containing refractory products through an Occupationally Exposed Person (“OEP”). If no EOEP exposure is claimed, the screen will appear blank with only the icon to add a new EOEP entry.

The screenshot shows the EOEP screen for claim KS-400021. The main content area is titled "EOEP" and contains a table with one entry. Below the table are several form sections:

- Injured Party's Exposure Through OEP:** This section includes a table with one entry. Below the table, there are fields for "The Injured Party had silica exposure on a regular basis through the OEP that began on:" and "The Injured Party's last silica exposure through the OEP was on:". There is also a large text area for "Describe the Injured Party's silica exposure through the OEP that is alleged to be the cause of the Injured Party's silica-related disease:".
- OEP's Exposure to Any Silica Product(s):** This section includes a dropdown for "The Injured Party's most significant exposure to Trust silica product(s) through the OEP was in the state of:" and a text field for "Name of OEP:". Below this are fields for "The OEP had direct occupational silica exposure on a regular basis that first began on:" and "The OEP's last direct occupational silica exposure was on:".
- OEP's Exposure to Trust Silica Product(s):** This section includes a text field for "The OEP's occupation and industry while directly exposed to Trust silica product(s):" and a "Trust Product Information" section with fields for "Jobsite:", "Jobsite City:", "Jobsite State:", "Employer:", "Industry:", "Occupation:", and "Period of Exposure".
- Product Name:** This section includes a text field for "Product Name:" and two checkboxes: "Handled, installed, used, repaired, tore out or cleaned out silica-containing refractory products manufactured or distributed by Kaiser" and "Worked on a regular basis in close proximity to workers who did one or more of the above activities".

Injured Party's Exposure Through OEP - Dates of when the Injured Party was first and last exposed to Kaiser silica-containing refractory product(s) through the OEP are displayed in this section. A description of the Injured Party's exposure through the OEP is required.

Additional exposure records may be added by selecting the icon to add a new EOEP record.

Certification Screen:

The Certification Screen displays claim form certification information.

KS-4000021
Jackson, Jason
 324XXXXXX
 Claim Type: Type 2
 Status: Entered
 Process Status: Ready for Review
 Postmark: 5/23/2016
 Simple Silicosis
 Attorney: Test Attorney

Last Action:
 Next Due Date:

Payments

[View Payments](#)

Deficiencies

Documents

5/23/2016 [Test Document.pdf](#)

[Upload Documents](#)

Claim Type	Claim Number	Claim Status	Process Status
Type 2	KS-4000021	Entered	Ready for Review

** Any changes made must be certified on the "Deficiencies & Action" screen.* [Exit Claim](#)

[Edited Information](#)
[Reset](#)

Exposure and Claim Form Certification

Certified by Attorney:
 The attorney for the Claimant or the Claimant Representative certifies, under penalty of perjury, as follows: I am authorized to file this Claim Form; I, or other trained personnel within my firm, have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim; and to the best of my knowledge, based on policies and procedures adopted and implemented by my firm concerning claims processing, the information submitted is true, accurate and complete, and/or the information is included within the Claimant's file and is derived from information provided by the Injured Party, one or more of the Injured Party's co-workers or the Injured Party's medical experts.

I consent to the furnishing of the name and social security number of the Claimant and the Injured Party and the name of the attorney (if any) representing the Claimant and the Injured Party and all claims materials and supporting evidence and documentation to the Kaiser Aluminum and Chemical Corporation Asbestos PI Trust, the Kaiser Aluminum and Chemical Corporation CTPV (Coal Tar Pitch Volatiles) PI Trust and the Kaiser Aluminum and Chemical Corporation NIHL (Noise Induced Hearing Loss) PI Trust pursuant to, and subject to the conditions set forth in, Section 2.2(c) of the Silica Distribution Procedures.

Certified by Attorney **OR:**

Certified by Injured Party or Claimant Representative:
 The Claimant or the Claimant Representative certifies, under penalty of perjury, as follows: I have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. To the best of my knowledge the information submitted is accurate and complete.

I consent to the furnishing of the name and social security number of the Claimant and the Injured Party and the name of the attorney (if any) representing the Claimant and the Injured Party and all claims materials and supporting evidence and documentation to the Kaiser Aluminum and Chemical Corporation Asbestos PI Trust, the Kaiser Aluminum and Chemical Corporation CTPV (Coal Tar Pitch Volatiles) PI Trust and the Kaiser Aluminum and Chemical Corporation NIHL (Noise Induced Hearing Loss) PI Trust pursuant to, and subject to the conditions set forth in, Section 2.2(c) of the Silica Distribution Procedures.

Certified by Injured Party Certified by Claimant Representative

Attorney Certification of Claimant Representative's Authority
 This section must be executed by the Attorney filing the claim only if (i) the Injured Party has a Claimant Representative and (ii) the Affidavit & Indemnity or other underlying documents establishing the Claimant Representative's capacity to submit the Injured Party's claim is not submitted with the claim.
 By executing this section, the attorney certifies and warrants that this claim is filed by the Claimant Representative on behalf of the Injured Party and the Claimant Representative is authorized by law to file this claim on behalf of the Injured Party.

Certified by Attorney

Claim Form Certification – The certification of the claim by the Attorney, Injured Party or Claimant Representative is displayed.

Attorney Certification of Claimant Representative's Authority - This section may be completed by the Attorney to certify the Claimant Representative's authority to act on behalf of the Injured Party. If this section is completed, no supporting documentation for the Claimant Representative is required.

Deficiencies & Actions Screen:

The Deficiencies & Actions Screen displays detailed information about the deficiencies of the claim and allows the User to take various actions on the claim.

Injured Party Litigation Exposure Details EOEP Medical Certification **Deficiencies & Actions**

* Any changes made must be certified on the "Deficiencies & Action" screen. [Exit Claim](#)

KS-400021
Jackson, Jason
 324XXXXXX
 Claim Type: Type 2
 Status: Deficient
 Process Status: Wait
 Postmark: 5/23/2016
 Simple Silicosis
 Attorney: Test Attorney

Last Action:
 DeficiencyLetter_w_Certificate
 Next Due Date: 6/8/2017

Payments

[View Payments](#)

Deficiencies

215	IP Date of Birth Required
306	No allowable disease
321	Medical History
322	Physical Exam
398	Medical Affidavit not provided and PMD on or after 8/12/2015
512	6 month exposure not confirmed

Documents

3/10/2017 [DeficiencyLetter_w_C](#)
 5/23/2016 [Test Document.pdf](#)

[Upload Documents](#)

Claim Type Claim Number Claim Status Process Status Edited Information

Type 2 KS-400021 Deficient Wait [Reset](#)

Deficiencies

[Refresh Deficiencies](#)

Code	Group	Description		
215	Injured Party	IP Date of Birth Required	3/10/2017	(Details)
306	Medical	No allowable disease	3/10/2017	(Details)
321	Disease	Medical History	3/10/2017	(Details)
322	Disease	Physical Exam	3/10/2017	(Details)
398	Medical	Medical Affidavit not provided and PMD on or after 8/12/2015	3/10/2017	(Details)
512	Disease	6 month exposure not confirmed	3/10/2017	(Details)

Extensions

Last Correspondence DeficiencyLetter_w_Certificate

Extension Days Available 60

[Request Extension](#)

Withdraw / Close

Withdraw Claim

Close By Request

[Submit Request](#)

Pending Uploaded Documents

[Pending Documents](#)

Test Document.pdf

Pending documents may be deleted under Step 3 on the Upload Documents screen

Edited Information

Item
Comment Medical: 'MedicalSmokingStatus' changed from '(Blank)' to 'Formerly Smoked'
Comment Medical: 'MedicalSmokingYears' changed from '0' to '15'
Comment Medical: 'MedicalSmokingPacksPerDay' changed from '0' to '1'
Comment Medical: 'MedicalSmokingDateLastUsed' changed from '(Blank)' to '1/1/1975'

Facility Review

Ready for Review

Wait - Information Pending

[Approve Changes & Documents](#)

Deficiencies - The Deficiencies section displays any deficiencies currently cited for the claim. The User can refresh the deficiencies anytime during the session by selecting the “**Refresh Deficiencies**” button. If the list of deficiencies is extensive, there will be an ↻ above the Deficiencies section. When the User selects this button, the screen will advance to the continued deficiencies. The following information will be displayed for each deficiency:

- Deficiency Code
- Deficiency Group
- Deficiency Paragraph Description
- Date Last Updated

Deficiencies cannot be refreshed for claims at Entered status because the claim has not yet undergone Analyst review.

Extensions - The "**Request Extension**" button will be enabled only for claims at the following Claim Statuses with the identified letter types, if an extension is available for the claim. Please note that only one extension per letter type is allowed:

- Deficient - 1st Deficiency Letter
- Allowed - Notice of Determination - Allowance
- Disallowed - Notice of Determination - Disallowance

A reason must be provided for each extension requested through the website. When "**Request Extension**" is selected, a window will appear requesting a reason for the extension. An extension cannot be requested when the due date has passed. When a reason is given and "Accept" is selected, a message will appear, indicating that the request for extension will be saved when the User presses the approve button.

The extension will be granted and the appropriate extension letter providing the new due date for the claim will be generated when the "Approve Changes" button is selected on the Deficiencies & Actions screen.

Withdraw/Close - The Withdraw/Close section includes options to "Withdraw Claim" or "Close by Request". The "Withdraw Claim" option is treated in the same way as "Defer" and is available for claims at the following claim statuses:

- Entered
- Deficient

A Claim must meet the minimum filing requirements before it can be withdrawn. When a claim is withdrawn, it remains tolled and can be re-activated at a later date.

The "Close by Request" option is available for claims at the following claim statuses:

- Entered
- Deferred
- Deficient
- Allowed
- Ready for Payment
- Batched for Payment
- Paid
- Disallowed

When a claim is closed the statute of limitations recommences. The claim can be re-activated at a later date, provided it is within its applicable statute period.

A reason must be provided for both the "Withdraw Claim" and the "Close by Request" options. When "Withdraw Claim" or "Close by Request" is checked and the "**Submit Request**" button is selected, a window will be displayed, with a space to provide the reason for the request.

Requests to withdraw a claim and requests to close a claim are sent to the Analyst for review. When approved, the Analyst will perform the appropriate action and notify the Law Firm.

Pending Uploaded Documents – This section will appear when a document(s) has been attached to the claim during the current web session using the Upload Documents feature. The document(s) will be pending upload until the “**Approve Changes and Documents**” button is selected. Once approved, the documents will be saved to the claim and the User can re-open the claim immediately to view the uploaded document(s).

Edited Information – This section will appear when edits made during the current web session are pending approval. An option will be available to attach a comment for each edit by selecting the “**Comment**” button. When selected, a window will appear to enter the comment. Selection of the “**Approve Changes & Documents**” button will save any pending uploaded documents and edits to the claim for review by the Analyst.

Facility Review - This section gives the User the ability to set a claim to Ready for Review or Wait process status. This option is only available for claims at Deficient or Disallowed status. Selecting “Ready for Review” will set the process status of the claim to Ready for Review when the changes are saved on the claim. This informs the Facility that the claim is ready for analyst review. Selecting “Wait-Information Pending” will set the process status to Wait when the changes are saved on the claim. This informs the Facility that the claim is not ready for analyst review at that time.

Document Upload:

This feature is available in Claim View and through the Data Entry Submit Claim screen by selecting the “**Upload Documents**” button. The Document Upload screen enables the User to upload documents to a specific claim.

Information regarding the claim will be provided at the top of the Document Upload Screen. The User will follow the steps, starting with the selection of the document to attach to the claim. The User can add a comment regarding each document attached to the claim by selecting “**Add Comment**” when the document is listed. The comment will be saved as a comment for the claim. The User will select the “**Upload Documents**” button to upload the document(s) to the claim.

The document(s) will not be saved to the claim until approved from the Deficiencies and Actions screen of Claim View, or from the Submit Claim screen of Data Entry.

Claim Information
[Back to Claim](#)

ClaimNumber: KS-4000001
 Injured Party: Test Claim
 SSN: 123482689

Step 1: Click Browse to select the document you want to attach
 [Browse...](#)

Step 2: Select the document type (Optional)

Unassigned
 Claim Form
 Medical
 Exposure
 Litigation
 Official Capacity
 Other
 Signed Release

Step 3: Attach the document to the claim [Attach](#)

Exposure and Medical Documentation must be provided or the claim will be marked incomplete.

No Documents Attached

Step 4: Repeat Steps 1 and 2 to add more documents. To remove a document, click the Delete link next to the document name.

Step 5: Upload Documents to the claim [Upload Documents](#)

Bulk Upload:

The Bulk Upload feature is available on the main Search screen under the Claim Processing tab by selecting the "**Bulk Document Upload**" button. The Bulk Upload feature enables the Law Firm to submit multiple supporting documents for multiple claims at one time.

The User will follow the steps, starting with the selection of the zip file containing the supporting documentation. A mapping document will also be selected which provides the information needed to match the supporting documentation to the appropriate claims.

When "**Upload Documents**" is selected, the zip file and matching documentation will be submitted to the Trust for processing.

[Back to Claim](#)

Step 1: Click Browse to select the zip file you want to attach

[Browse...](#)

Step 2: Click Browse to select the document mapping file you want to attach

[Browse...](#)

Step 3: Attach the document mapping file [Attach](#)

[Delete All](#)

No Documents Attached

Step 4: Repeat Steps 1 - 3 to add more zip files and mapping documents.
To remove all files, click the Delete link above.

Step 5: Upload Documents to the Facility [Upload Documents](#)

Lesson 9 – Claim Processing Page – Data Entry

The Data Entry tab enables the User to data enter and submit a claim online.

The screenshot shows a web interface with two tabs: "Search" and "Data Entry". The "Data Entry" tab is active. Below the tabs, there are two sections for claim types:

Type 1 Claim (Expedited Review)
Election of Type 1 means that the claim is reviewed based upon the minimum required evidence and supporting documentation for a valid claim. A Type 1 Claim that is allowed will receive a liquidated value equal to the Scheduled Value for the allowed disease times the Payment Percentage in effect when the claim is allowed.

Type 2 Claim (Individual Review)
Type 2 election is intended to enable enhanced values for more complex claims, based on occupation, medical expenses, and other factors related to injuries caused by exposure to silica-containing products produced by the Kaiser Aluminum Corporation, Kaiser Aluminum & Chemical Corporation (collectively, "Kaiser"). A Type 2 Claim for a particular disease may be allowed at a value that may range from the Scheduled Value for such disease up to the Maximum Value. To determine the appropriate value for a particular Type 2 Claim, the Kaiser Silica PI Trust will consider the information provided by the Claim Form and all supporting documentation.

Please select the type of claim to be filed on behalf of the Injured Party:

Type 1 Type 2

At the bottom of the form, there are two buttons: "Create Claim" and "View Saved-Work in Progress Claims".

Upon selection of the claim type, the **"Create Claim"** button will be enabled. If there are claims that have been saved as a work in progress, the **"View Saved - Work in Progress Claims"** button will be enabled.

If the **"View Saved — Work in Progress Claims"** button is selected, a list of the work in progress claims will be provided, enabling the User to select and open the data entry application for a specific claim.

If the **"Create Claim"** button is selected, a claim will be created and the User will enter the data entry application. The data entry will include the following screens:

- Injured Party
- Factors Worksheet
- Litigation
- Medical
- Exposure Detail
- EOEP
- Certification
- Submit Claim

Injured Party Screen:

The Injured Party Screen requests information regarding Representation, the Injured Party and Claimant Representative.

The Representation section will be pre-populated with the Law Firm name, Phone and Fax Number. The User will need to select the Attorney name and Contact name from a dropdown list which will include all registered attorneys and contacts for the Law Firm. The E-mail Address fields will be pre-populated with the selected attorney's and contact's e-mail addresses.

A claim cannot be submitted without an attorney and contact person selected.

Each screen indicates the required fields with an asterisk. If any of the required fields are missing they will be shown on the Submit Claim screen. For more details, refer to the Submit Claim screen section of this Lesson.

The "**Save-Work In Progress**" button will save the claim with the completed information. Upon selection of this button, the User will be returned to the Data Entry tab.

The "**Delete**" button will delete the claim.

The "**Back**" button will take the User back to the previous screen.

The "**Next**" button will take the User to the next screen.

Each of the data entry screens is accessible by selecting the screen name on the left side of the data entry application.

Factors Worksheet:

The Factors Worksheet will be present only for Type 2 Claims. This worksheet requests information regarding the Inured Party's total number of Dependents, Medical and Burial Expenses, and Economic Losses. The User will complete these fields if applicable to the particular claim.

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Data Entry
[-] Claim Entry
 [-] Injured Party
 Factors Worksheet
 [-] Litigation
 [-] Medical
 [-] Exposure Detail
 [-] EOEP
 [-] Certification
 [-] Submit Claim

* Indicates a minimum submission requirement.

Claim Type	Claim Number	Claim Status	Process Status
Type 2	KS-4	In Progress – Not Filed	Pre-Review

Dependent Information
Total number of dependents as of the Date the Claim is Filed:

Economic Losses
Gross Economic Loss:

Medical and Burial Expenses

Medical Expenses
Total Expenses, net of reimbursements and insurance, as of the Date the Claim is Filed:

Burial Expenses
Total Expenses:

Additional

Financial Loss Description:

Special Damages Description:

Extraordinary Impairment Description:

Extraordinary Expenses Claimed:

Save Work In Progress Delete Back Next

Litigation Screen:

The Litigation Screen requests information regarding the silica-related lawsuit which involved the same disease(s) asserted by the Injured Party as the basis of the claim.

Claim Type	Claim Number	Claim Status	Process Status
Type 2	KS-4	In Progress – Not Filed	Pre-Review

Lawsuit Details

Did the Injured Party or the estate or heirs of the Injured Party file a silica-related lawsuit that involved the Claimed Disease(s) that the Injured Party is asserting as the basis of this claim? Yes No

* Indicates a minimum submission requirement.

Save Work In Progress Delete Back Next

If the first question under Lawsuit Details is answered "No," the remaining fields will not be present on the screen.

Medical Screen:

The Medical Screen requests information from the Injured Party's medical documentation.

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Data Entry

- Claim Entry
 - Injured Party
 - Factors Worksheet
 - Litigation
 - Medical**
 - Exposure Detail
 - EOEP
 - Certification
 - Submit Claim

* Indicates a minimum submission requirement.

Claim Type: Type 2 Claim Number: KS-4 Claim Status: In Progress – Not Filed Process Status: Pre-Review

Result:

FVC: (%)

FEV1: (%)

TLC: (%)

DLCO: (%)

ILO Grade (###):

B-Read Date:

Film Quality: CT Physician:

Lung Cancer:

Path Report for Lung Cancer:

Complicated Silicosis:

Complicated Physician:

Smoking History

Smoking Status:

Existing Diseases

Diagnosing physician approved

Disease	Diagnosis Date
Add Disease: <input type="text" value="Complicated Silicosis"/>	<input type="text"/>
<input type="button" value="Add"/>	

No Diseases Currently Indicated

The User may enter medical criteria in the top portion of the Medical Screen. Upon selection of the "Refresh" button, based on the medical criteria selected above, any medically-indicated disease will be listed in the disease grid with "Yes" in the Medically Indicated column. All claimed diseases will be listed in the disease grid. Latency and SOL will be calculated based on the Claimed Diagnosis Date. A disease may be added without entering medical criteria by selecting the disease from the Pick Disease drop down box, entering the Diagnosis Date and selecting the "Add" button. The selected disease will then be displayed in the disease grid. For more information on specific medical criteria, refer to the Data Entry Help File by selecting the help button on the Medical Screen. A disease must be claimed, along with a diagnosis date to avoid the claim being marked Incomplete.

For Type 2 claims, the Injured Party's smoking history is required. The User can select Never Smoked, Currently Smokes, Formerly Smoked or No Smoking History from the Smoking Status drop down box. If Formerly Smoked is selected the date last smoked is required. If the Injured Party's smoking status is not available, the User can select No Smoking History.

Note: Any disease Medically Indicated on the medical screen, as discussed above, is not automatically allowed. The analyst will review the medical documentation submitted and determine whether the medical documents meet the medical requirements for the particular disease claimed. If the medical documentation is not sufficient to meet the requirements, a deficiency will be cited.

Exposure Details Screen:

The Exposure Details Screen requests information regarding the Injured Party's exposure to Kaiser silica-containing refractory product(s).

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Data Entry	Claim Type	Claim Number	Claim Status	Process Status
<ul style="list-style-type: none">Claim EntryInjured PartyFactors WorksheetLitigationMedicalExposure DetailEOEPCertificationSubmit Claim <p>* Indicates a minimum submission requirement.</p>	Type 2	KS-4	In Progress – Not Filed	Pre-Review

Complete this screen only if the Injured Party's silica-related disease is a result of direct silica exposure, as opposed to exposure through some other person. If the Injured Party's exposure is through another person, complete the Exposure through an Occupationally Exposed Person ("EOEP") screen.

Occupational (Job-Related) Exposures to Trust
The Injured Party's occupation and industry while directly exposed to Trust silica product(s):
1 of 1

Was Exposure as Employee of Trust?

Trust Product Information

Jobsite
Job Site:
Job Site City: State:

Injured Party Exposure
Employer:
Industry:
Occupation:
* Period of Exposure: - To -

If the claimed exposure above is not completed with an occupation code because the occupation in which the exposure occurred is not listed, provide the following information to identify the name, nature and duties of each occupation in which such exposure occurred.
 Description Allowed

Product Name:

Handled, installed, used, repaired, tore out or cleaned out silica-containing refractory products manufactured or distributed by Kaiser
 Worked on a regular basis in close proximity to workers who did one or more of the above activities

Save Work In Progress Delete Back Next

EOEP Screen:

The EOEP Screen requests information regarding the Injured Party's exposure to Kaiser silica-containing refractory products through an OEP.

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Data Entry
Claim Entry
Injured Party
Factors Worksheet
Litigation
Medical
Exposure Detail
EOEP
Certification
Submit Claim

* Indicates a minimum submission requirement.

Claim Type: Type 2 Claim Number: KS-4 Claim Status: In Progress – Not Filed Process Status: Pre-Review

1 of 1

Injured Party's Exposure Through OEP:

Provide the following information relating to the Injured Party's exposure to any silica product(s) through the OEP:
The Injured Party had silica exposure on a regular basis through the OEP that began on:
The Injured Party's last silica exposure through the OEP was on:

Describe the Injured Party's silica exposure through the OEP that is alleged to be the cause of the Injured Party's silica-related disease:

The Injured Party's most significant exposure to Trust silica product(s) through the OEP was in the state of:

OEP's Exposure to Any Silica Product(s):

Name of OEP:
The OEP had direct occupational silica exposure on a regular basis that first began on:
The OEP's last direct occupational silica exposure was on:

OEP's Exposure to Trust Silica Product(s):

The OEP's occupation and industry while directly exposed to Trust silica product(s):
Trust Product Information

Jobsite
Jobsite:
Jobsite City: Jobsite State:

OEP Exposure
Employer:
Industry:
Occupation:
Period of Exposure: - To -

If the claimed exposure above is not completed with an Occupation Code because the Occupation in which the Exposure occurred is not listed, provide the following information to identify the name, nature and duties of each Occupation in which such Exposure occurred.

Description Allowed

Product Name:

Handled, installed, used, repaired, tore out or cleaned out silica-containing refractory products manufactured or distributed by Kaiser
 Worked on a regular basis in close proximity to workers who did one or more of the above activities

Certification Screen:

The Certification Screen requests certification of the claim by the Attorney, Injured Party or Claimant Representative. Also, the Attorney Certification of Claimant Representative's Authority may be completed on this screen. This section may be completed by the Attorney to certify the claimant representative's authority to act on behalf of the Injured Party.

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<p>Data Entry</p> <ul style="list-style-type: none"> [-] Claim Entry <ul style="list-style-type: none"> Injured Party Factors Worksheet Litigation Medical Exposure Detail EOEP Certification Submit Claim <p>* Indicates a minimum submission requirement.</p>	<table border="1"> <thead> <tr> <th>Claim Type</th> <th>Claim Number</th> <th>Claim Status</th> <th>Process Status</th> </tr> </thead> <tbody> <tr> <td>Type 2</td> <td>KS-4</td> <td>In Progress – Not Filed</td> <td>Pre-Review</td> </tr> </tbody> </table>	Claim Type	Claim Number	Claim Status	Process Status	Type 2	KS-4	In Progress – Not Filed	Pre-Review	<p>Exposure and Claim Form Certification</p> <p>* Certified by Attorney: The attorney for the Claimant or the Claimant Representative certifies, under penalty of perjury, as follows: I am authorized to file this Claim Form; I, or other trained personnel within my firm, have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim; and to the best of my knowledge, based on policies and procedures adopted and implemented by my firm concerning claims processing, the information submitted is true, accurate and complete, and/or the information is included within the Claimant's file and is derived from information provided by the Injured Party, one or more of the Injured Party's co-workers or the Injured Party's medical experts.</p> <p>I consent to the furnishing of the name and social security number of the Claimant and the Injured Party and the name of the attorney (if any) representing the Claimant and the Injured Party and all claims materials and supporting evidence and documentation to the Kaiser Aluminum and Chemical Corporation Asbestos PI Trust, the Kaiser Aluminum and Chemical Corporation CTPV (Coal Tar Pitch Volatiles) PI Trust and the Kaiser Aluminum and Chemical Corporation NIHL (Noise Induced Hearing Loss) PI Trust pursuant to, and subject to the conditions set forth in, Section 2.2(c) of the Silica Distribution Procedures.</p> <p><input type="radio"/> Certified by Attorney</p> <p style="text-align: center;">OR:</p> <p>Certified by Injured Party or Claimant Representative: The Claimant or the Claimant Representative certifies, under penalty of perjury, as follows: I have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. To the best of my knowledge the information submitted is accurate and complete.</p> <p>I consent to the furnishing of the name and social security number of the Claimant and the Injured Party and the name of the attorney (if any) representing the Claimant and the Injured Party and all claims materials and supporting evidence and documentation to the Kaiser Aluminum and Chemical Corporation Asbestos PI Trust, the Kaiser Aluminum and Chemical Corporation CTPV (Coal Tar Pitch Volatiles) PI Trust and the Kaiser Aluminum and Chemical Corporation NIHL (Noise Induced Hearing Loss) PI Trust pursuant to, and subject to the conditions set forth in, Section 2.2(c) of the Silica Distribution Procedures.</p> <p><input type="radio"/> Certified by Injured Party <input type="radio"/> Certified by Claimant Representative</p>		
Claim Type	Claim Number	Claim Status	Process Status									
Type 2	KS-4	In Progress – Not Filed	Pre-Review									
<p>Attorney Certification of Claimant Representative's Authority This section must be executed by the Attorney filing the claim only if (i) the Injured Party has a Claimant Representative and (ii) the Affidavit & Indemnity or other underlying documents establishing the Claimant Representative's capacity to submit the Injured Party's claim is not submitted with the claim. By executing this section, the attorney certifies and warrants that this claim is filed by the Claimant Representative on behalf of the Injured Party and the Claimant Representative is authorized by law to file this claim on behalf of the Injured Party.</p> <p><input type="checkbox"/> Certified by Attorney</p>												
<p>Save Work In Progress Delete Back Next</p>												

Submit Claim Screen:

The Submit Claim Screen is the last screen in the data entry application and enables the Law Firm to submit the claim to the Trust.

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Data Entry
 Claim Entry
 Injured Party
 Factors Worksheet
 Litigation
 Medical
 Exposure Detail
 EOEP
 Certification
Submit Claim

* Indicates a minimum submission requirement.

Claim Type	Claim Number	Claim Status	Process Status
Type 2	KS-4	In Progress – Not Filed	Pre-Review

Minimum Submission Requirements
 The submission cannot be submitted due to the following missing fields.:

Deficiency Group	Description
Injured Party	IP Last Name Required
Injured Party	IP First Name Required
Injured Party	IP SSN Required
Medical	Claimed Disease with Diagnosis Date Required
Verification Certification Warrantly	Certified Claim Form Required

Documents
 Exposure and Medical must be provided or the claim will be marked incomplete.
 Upload Documents

No Documents Pending Save

Submit Claim Print Claim Form

Save Work In Progress Delete Back Next

The Required Claim Fields section will list any required fields that are missing on the claim. Any Required Claim Fields that are left blank will cause "Pre-Claim" deficiencies to be cited. The User can return to the appropriate screen and provide the missing information to remove the pre-claim deficiency from the deficiency list. The Medical Documents Missing and Exposure Documents Missing deficiencies will be present until the documents are uploaded and the claim is submitted to the Trust.

The "**Upload Documents**" button will open a window for the document upload process. The documents that are attached to the claim will be listed in the grid with an option to delete the document. Refer to the Document Upload section of Lesson 8 – Claim Processing Page – Search & Claim View for more information on how to upload documents to a claim.

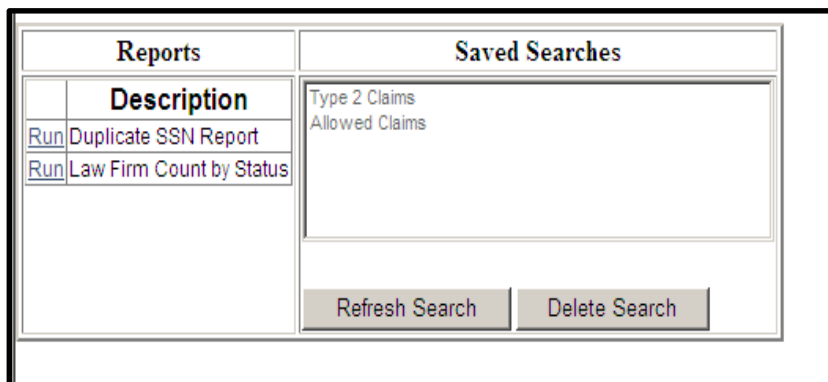
The "**Submit Claim**" button will submit the claim to the Trust.

Incomplete Claims Process:

The Trust does not accept placeholder claims; therefore, if any Pre-Claim deficiencies exist, or exposure and medical documents are not included when the claim is submitted to the Trust, the claim will be marked Incomplete. An Incomplete Notice will be sent to the Law Firm, indicating the Pre-Claim deficiencies. The Law Firm must cure all pre-claim deficiencies within 90 days of the Incomplete Notice in order for the claim submission to retain the original postmark date. If the Pre-Claim deficiencies are not cured within the allowed 90-days then the claim will be marked Rejected and must be re-filed, which will give the claim a new postmark date. The required fields are: Attorney; Contact; Injured Party Name; Injured Party SSN; Injured Party Living Status; Claimed Disease with Diagnosis Date; Claim Form Certification; Trust Exposure Dates (Kaiser silica-containing refractory products); Exposure document; Medical document.

Lesson 10 – Reports Page

The Reports Tab contains both standard Reports and Saved Searches.



Reports:

Standard Reports can be generated at any time by selecting the name of the standard Report. The Standard Reports are:

Duplicate SSN Report – A report that indicates the Law Firm’s duplicate claims. Information included in the report is Claim ID; Injured Party’s Full Name; Claim Status; Claim Process Status; Claim Type; Claimed Disease; and Postmark Date.

Law Firm Count by Status – A report that gives a count of how many of the Law Firm’s claims are at each claim status.

Saved Searches:

Any of the Saved Searches can be refreshed by selecting the “**Refresh Search**” button or can be deleted by selecting the “**Delete Search**” button. Refer to Lesson 8 – Claim Processing Page – Search & Claim View for more information on how to save a search. The Saved Searches listed in the above screen shot are examples.

The report results will be displayed in the main Search screen where the User has the option to download the results to Excel. Refer to Lesson 4 – Claim Processing Page – Search & Claim View for more information regarding the download of a report to an Excel spreadsheet.