OLD REVCO TALC PERSONAL INJURY LIQUIDATING TRUST

 **CLAIM SUBMISSION FORM**

**Instructions for Filing this Claim Form**

This Claim Submission Form (“Claim Form”) may be used to file a claim with the Old Revco Talc Personal Injury Liquidating Trust (the “PI Trust”), but it is not the only method for doing so. The PI Trust provides tools for filing claims electronically and use of these tools is strongly encouraged. Please visit [www.Verusllc.com](http://www.Verusllc.com) for instructions on how to submit claims and supporting documents electronically.

This Claim Form should be completed by holders of Talc Claims (the “Claimants”) who timely filed a Proof of Claim in the Debtors’[[1]](#footnote-1) Chapter 11 Bankruptcy Case and are seeking to liquidate their claims under the PI Trust’s Trust Distribution Procedures (the “TDP”) and holders of Talc claims subject to a settlement agreement with the Debtors that was fully executed on or before June 15, 2022.

This Claim Form must be completed as thoroughly as possible to ensure prompt resolution of all claims; ***submitting an incomplete form may result in delays in processing of the claim and/or disallowance of the claim*.** Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

**Please note that this Claim Form contains important instructions regarding documentation that must be provided in support of this claim. To the extent this form conflicts with the TDP, the TDP controls.**

|  |
| --- |
| **Part 1: Claim Type Election** |
| ☐ **Matrix Review:***Claimant with a Talc Claim based on a malignant mesothelioma diagnosis who meets the Medical/Exposure Criteria set forth in TDP § 3.3.1.7 (including a Claimant with a Pre-Petition Settlement Agreement with the Debtors that was fully executed on or before June 15, 2022 who elects to have his or her claim valued through Matrix Review before deciding whether to accept Matrix Review amount).*  ☐ **Individual Review:***Mandatory for Claimant not eligible for Matrix Review (Please skip Part 4 of this Claim Form).* ☐ **Pre-Petition:***Claimant elects to retain a claim for the unpaid amount agreed to in a Pre-Petition Settlement Agreement with the Debtors that was fully executed on or before June 15, 2022 (Please complete Parts 2, 3, 5 and 6 of this Claim Form).*  |

|  |
| --- |
| **Part 2: Injured Party Information** |
| Last Name | First Name | MI | Suffix |
| Gender☐ Male ☐ Female | Social Security Number/Tax ID | Date of Birth (mm/dd/yyyy) | Date of Death (if applicable) (mm/dd/yyyy) |
| Check box if Injured Party’s exposure to any of the Debtors’ cosmetic talc product(s) ended before December 5, 1980.[[2]](#footnote-2) ☐ | Medicare Health Insurance Claim Number (HICN) (if applicable and known) |

*Mailing Address (if not represented by counsel)*

|  |
| --- |
| Address |
| City | State | ZIP | Country |
| Phone ( ) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email |
|  |  |
| **Part 3: Law Firm Representation***Please provide the following information if the claimant is represented by counsel.* |
| Law Firm Name |  |
| Mailing Address |
| City | State | ZIP |
| Attorney Last Name | Attorney First Name | Attorney MI |
| Phone ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email |
|  |
| **Part 4: Mesothelioma Compensation Levels For Matrix Review Claims**Review section 3.3.1.7 of the TDP to determine if the claimant meets the requirements for either Mesothelioma Compensation Level (“MCL”) covered by the TDP before making an election.*Indicate the* ***highest MCL*** *for which you believe this claim could be compensated, based on the required evidentiary criteria.**The claim must meet the relevant medical criteria and be supported by appropriate medical documentation set forth in the TDP.*  |
| ☐ MCL Level 1 (Diagnosis of malignant mesothelioma, three years or more of regular and routine exposure to the Debtors’ talc cosmetic products, comprising **50% or more** of Injured Party’s total talc exposure).☐ MCL Level 2 (Diagnosis of malignant mesothelioma, three years or more of regular and routine exposure to the Debtors’ talc cosmetic products, comprising **less than 50%** of Injured Party’s total talc exposure).☐ Extraordinary Claim (Diagnosis of malignant mesothelioma, three years or more of regular and routine exposure to the Debtors’ talc cosmetic products, comprising **90% or more** of Injured Party’s total talc exposure). | Date of Diagnosis\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_(Month) (Day) (Year) |

|  |
| --- |
| **Part 5: Personal Representative** **of the Injured Party or Injured Party’s estate (if applicable)***Please provide the following for the representative. (Certificate of Official Capacity or other estate-related documentation must be enclosed if applicable per state law.)* |
| Last Name | First Name | MI | Suffix |
| Mailing Address |
| City | State | ZIP | Country |
| Phone ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Social Security Number/ Tax ID | Email |
|  |  |  |
| **Part 6: Talc and Asbestos Litigation and Claims History** |
| 1. Check box if a talc-related or asbestos-related lawsuit has ever been filed on behalf of the Injured Party. ☐
2. Check box if any of the Debtors were named ☐
3. State in which the lawsuit was originally filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of the court in which the lawsuit was originally filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date the lawsuit was originally filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Check box if the claimant or injured party has ever received money from any of the Debtors regarding this lawsuit. ☐

Total amount of money received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Check box if the claimant or injured party has signed a release releasing any of the Debtors regarding this lawsuit. ☐

***If a lawsuit was filed, please provide a complete copy of the complaint (including addenda and exhibits).***  |
| 1. Check box if a claim was filed with any of the Debtors pursuant to a settlement agreement. ☐
2. Date the claim was originally filed: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

 (Month) (Day) (Year) 1. Check box if money has ever been received from any of the Debtors regarding this claim. ☐

Total amount of money received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please submit a copy of the operative settlement agreement.*** |
| 1. Check box if the Claimant or Injured Party has either: (a) submitted any claims to an asbestos-related personal injury trust, (b) filed a claim for asbestos-related injuries in a bankruptcy case other than the Debtors’ bankruptcy case, or (c) asserted any claim for asbestos-related injuries against any third party. ☐

 1. If Claimant has asserted a claim and/or received a payment for non-talc asbestos-related injuries, please explain to what extent the Injured Party experienced only extremely nominal Non-Talc Asbestos Containing Product Exposure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Part 7:** **Debtors’ Cosmetic Talc Exposure***List all of the Debtors’ cosmetic talc product(s)* *to which the Injured Party or an exposed individual with whom the Injured Party came into contact had exposure, which could have credibly contributed to causing his or her malignant mesothelioma or other talc-related disease. Submit supporting documentation in conjunction with each entry provided as required by TDP § 3.4.2.2. If necessary, attach more copies of this page to the claim form.* |

**Debtors’ Cosmetic Talc Exposure 1**

|  |  |  |
| --- | --- | --- |
| First Date of Exposure (mm/yyyy) | Last Date of Exposure (mm/yyyy) | Frequency of Use |
| List of the Debtors’ cosmetic talc product(s) to which the Injured Party was exposed and for which the Claimant alleges that the PI Trust is legally responsible. |
| Describe manner of contact with above product(s): |

**Debtors’ Cosmetic Talc Exposure 2**

|  |  |  |
| --- | --- | --- |
| First Date of Exposure (mm/yyyy) | Last Date of Exposure (mm/yyyy) | Frequency of Use |
| List of the Debtors’ cosmetic talc product(s) to which the Injured Party was exposed and for which the Claimant alleges that the PI Trust is legally responsible. |
| Describe manner of contact with above product(s): |

|  |
| --- |
| **Part 8: Non-Debtor Talc Exposure** Per TDP § 3.4.2.4, the PI Trust may also require submission of other or additional evidence of exposure, and may seek and review evidence from additional sources, when it deems such information to be necessary to assess the entirety of the Injured Party’s exposure to talc, asbestos, and related products in connection with this claim against the Debtors.  |
| 1. Has Claimant or Injured Party settled any claim against a third party for talc-related personal injuries? ☐ Yes ☐ No
2. Has Claimant or Injured Party filed a claim for talc-related injuries in any other bankruptcy case? ☐ Yes ☐ No
3. Has Claimant or Injured Party filed a lawsuit for talc-related injuries unrelated to the Debtors’ products? ☐ Yes ☐ No
4. If Claimant answered Yes to any of the first three questions in Part 8, please explain the circumstances surrounding the claim(s) asserted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **Part 9: Economic Loss***If economic losses in excess of $200,000 are being claimed, please submit an economic report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.*  |
| Is the Injured Party or Claimant claiming economic loss in excess of $200,000? ☐ Yes ☐ NoIf in excess of $200,000, please provide the total claimed economic loss amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Employment Status of the Injured Party:☐ Full-time ☐ Disabled☐ Part-time ☐ Deceased☐ Retired ☐ Unemployed |
| Amount of last annual wages:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of last wage received (mm/dd/yyyy)   |

|  |
| --- |
| **Part 10: Financial Dependents***List all persons who are, or were at the time of diagnosis of the talc-related disease, claiming to be financially dependent upon the Injured Party for at least one-half of their financial support. Be sure to include the Injured Party’s spouse and/or any other financial dependents who derive (or who derived at the time of diagnosis of the talc-related disease claimed) at least one-half of their financial support from the Injured Party.**If additional space is required, please photocopy this page and insert after current page.* |
| **Financial Dependent 1** |  |  |  |
| Last Name | First Name | Middle Initial | Suffix |
| Date of Birth (mm/dd/yyyy) |  Relationship ☐ Spouse ☐ Minor child   ☐ Adult disabled dependent ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Dependent 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Middle Initial | Suffix |
| Date of Birth (mm/dd/yyyy) |  Relationship ☐ Spouse ☐ Minor child   ☐ Adult disabled dependent ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Dependent 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Middle Initial | Suffix |
| Date of Birth (mm/dd/yyyy) |  Relationship ☐ Spouse ☐ Minor child   ☐ Adult disabled dependent ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Part 11: Declaration and Signature** |

***All claims must be signed under penalty of perjury by the Claimant, the Claimant’s attorney, or the personal representative (or equivalent) signing on the Claimant’s behalf.***

*If signed by the Claimant or the personal representative*: I (the Claimant or personal representative) have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. I certify that the Injured Party’s exposure to the Debtors’ Cosmetic Talc product(s) could have credibly contributed to causing the talc-related condition alleged herein. I hereby certify, under penalty of perjury, that the information submitted is truthful and accurate.

If signed by the Claimant’s counsel: upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is truthful and accurate.

|  |  |
| --- | --- |
| Signature of Claimant, Claimant’s Representative or Claimant’s Counsel | Date |

|  |  |
| --- | --- |
| Print Name Here | Relationship to Injured Party |

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

* Medical Records as required by the TDP
* Proof of Debtors’ Cosmetic Talc Exposure as required by the TDP, including affidavits or sworn statements from the Injured Party or others
* Documentation of economic loss
* Full copy of complaint (if applicable)
* Full executed copy of Pre-Petition Settlement Agreement (if applicable)
* Proof of payment and release related to Pre-Petition Settlement Agreement (if applicable)
* Death Certificate (if applicable)
* Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law Death Certificate (if applicable)
* Affidavit of Indemnity (if applicable)
* Any additional information you wish to provide

**If you have additional information that you want the PI Trust to consider in evaluating the claim, please include those documents with this claim form.**

**To file by mail, send this completed form and all supporting documentation to:**

Old Revco Talc Personal Injury Liquidating Trust

c/o Verus Claims Services, LLC

3967 Princeton Pike

 Princeton, NJ 08540

1. “Debtors” means Revlon, Inc. *et al*., debtors in jointly administered chapter 11 lead case no. 22-10760-(DSJ) (Bankr. S.D.N.Y.). A complete list of debtor entities is available on the website of Revlon Inc.’s claims and noticing agent at Kroll Restructuring Administration. <https://cases.ra.kroll.com/Revlon/> [↑](#footnote-ref-1)
2. Please note that if a Claimant is unable or chooses not to answer, the PI Trust will presume exposure on or after December 5, 1980 for Medicare Reporting purposes only. [↑](#footnote-ref-2)