

CLAIMS ADMINISTRATOR PAYMENT OFFICE
TOLBERT QUALIFIED SETTLEMENT FUND
(MONSANTO/SOLUTIA SETTLEMENT)

Suite 1200
2 North 20th Street
Birmingham, Alabama 35203

(800) 345-0837
www.TOLBERTOSF.com

June 30, 2005

REVISED FOR NON-ALABAMA RESIDENTS ONLY

THIS LETTER APPLIES ONLY TO THE FOLLOWING CLAIMANTS: 1) A CLAIMANT LIVING OUTSIDE THE CONTINENTAL UNITED STATES (LIVING IN ALASKA, HAWAII OR OVERSEAS OR IN A STATE OTHER THAN ALABAMA), 2) A CLAIMANT IN A PRISON OR OTHER CORRECTIONAL FACILITY OUTSIDE ALABAMA OR IN ALABAMA AND NOT PREVIOUSLY PCB BLOOD TESTED, 3) A DISABLED HOMEBOUND CLAIMANT NOT PREVIOUSLY BLOOD TESTED, 4) A CLAIMANT IN A HOSPITAL OR NURSING HOME (UNABLE TO TRAVEL TO THE BLOOD TESTING SITE), OR 5) A CLAIMANT WITH A MEDICAL DOCTOR'S WRITTEN EXCUSE CONFIRMING THAT YOU ARE UNABLE TO TAKE A BLOOD TEST.

Re: The Tolbert Qualified Settlement Fund - PCB Blood Test Project

Dear Claimant:

According to our records, you have not yet been tested as part of the Court-mandated PCB blood test for all Tolbert claimants.

Based on the blood tests already completed, we have determined that it costs about **\$288.50** to perform a blood test in the continental United States. This testing process is costly as well as time-consuming. To save the Settlement money, overseas blood testing will **not** be done. If you are one of the following types of claimants, this letter will provide you with an opportunity to avoid a blood test, and instead to be paid the \$288.50 continental United States cost of the blood test, rather than being paid for PCB levels in your blood and the Registered Nurse medical interview score: 1) a claimant living outside the continental United States (living in Alaska, Hawaii, or overseas **OR IN A STATE OTHER THAN ALABAMA**), 2) a claimant in a prison or other correctional facility not previously blood tested, 3) a disabled homebound claimant not previously blood tested, 4) a claimant in a hospital or nursing home (unable to travel to the testing site), or 5) a claimant with a medical doctor's written excuse confirming that the claimant is unable to take a blood test. **This offer is not available to claimants who are not in one of these five categories.**

As you know, under the payment plan approved by the Court, personal injury compensation is based on three elements: the PCB level from the blood test, the Registered Nurse medical

interview score and the living/working score (how many years you lived or worked in the Area of Concern, defined as the areas with zip codes 36201, 36203, 36206 or 36207). Under the Court's payment plan, an adult claimant whose blood test does not show detectible PCBs receives no payment for either the PCB level or the Registered Nurse medical interview. Under the alternative proposal set out in this letter, you have the opportunity to be paid the \$288.50 continental United States cost of the blood test plus an additional sum based on your living/working score, but you will give up the opportunity to be paid for PCB levels in your blood or the Registered Nurse medical interview score.

If you select this option, your selection will be final, and you will not be permitted to have your blood tested at all. If you choose not to accept this offer, and instead choose to have a PCB blood test performed, you will not be able to accept this offer later if you do not take the PCB blood test, or the PCB blood test portion of your personal injury payment totals less than \$288.50 or for any other reason. In addition, you will be responsible for **all costs associated with** traveling to the designated blood testing location **you will be assigned in the continental United States.**

SELECTION OF THIS OFFER MUST BE MADE BY JULY 25, 2005. THIS OFFER EXPIRES AFTER THAT DATE.

If you select this offer, please indicate below by checking the applicable boxes in parts A and B, completing and signing this form, having it witnessed, and returning it to us:

A. I do not want a blood test and will accept payment of the \$288.50 plus my living/working score payment as my full personal injury payment.

B. I confirm that I am (check all appropriate boxes):

A claimant living outside the continental United States (living in Alaska, Hawaii, or overseas **OR LIVING IN A STATE OTHER THAN ALABAMA**).

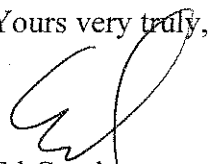
A claimant in a prison or other correctional facility.

A disabled homebound claimant.

A claimant in a hospital or nursing home (unable to travel to the testing site).

A claimant with a written medical doctor's excuse confirming that the claimant is unable to take a blood test. **The written medical doctor's excuse must be enclosed with this letter, must be on the medical doctor's business letterhead, and should clearly state the medical doctor's name and the state or Country (for overseas medical doctors) where he or she is licensed to practice medicine.**

Yours very truly,



Ed Gentle,
Claims Administrator

Claimant's Name (Please Print)

Claimant's SSN:

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Claimant Address:

Street Number and Name

City/ State/ Zip Code

Witness Name (Please Print)

Claimant's/Guardian's/Representative's
Signature

Witness Signature

Witness Address:

If a Guardian or Personal Representative, Print Name

Date: _____

IF YOU COMPLETE AND SUBMIT THIS FORM BY JULY 25, 2005, DO NOT CALL TO SCHEDULE A BLOOD TEST.