

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

**Suite 1200  
2 North 20<sup>th</sup> Street  
Birmingham, Alabama 35203**

**(800) 345-0837  
www.TOLBERTQSF.com**

February 1, 2004

**Re: The Advance Payment Program, Personal Injury Claims,  
Property Damage Claims and March Town Meetings**

Dear Claimant:

This purpose of this letter is to update you about your settlement program.

**I. The Advance Payment Program**

Since we began to receive completed Advance Payment forms around December 9, 2003, we have issued approximately 12,000 Advance Payments to the approximately 14,000 adult claimants who are eligible. We are in the process of issuing the remaining Advance Payments, and hope to complete this process within a few weeks. In issuing the Advance Payments, we have updated the claimant database. Some claimants did not have a social security number on file with us, which we had to obtain before issuing an Advance Payment, others had old addresses, while others had incomplete or missing information. After the Advance Payment program has been completed, we will have an improved claimant database to use in determining and paying additional claimant benefits. If you have not received your Advance Payment, please be patient. There is probably an issue with your claim form or claimant data we need to resolve.

**II. Personal Injury Claims**

This portion of my letter confirms the steps you must complete to be eligible for a possible personal injury claim payment in addition to your \$500 Advance Payment. Factors we may consider in determining personal injury payments may be the PCB blood test, the Registered Nurse interview (described below) and time you lived or worked relative to the Monsanto Plant.

Enclosed, please find a Claimant Personal Injury Form, which you **MUST** complete and return to me by May 31, 2004, to qualify for a possible personal injury claim payment in addition to the \$500 Advance Payment. In addition to completing this form, you **MUST** complete the following steps to be eligible for such a possible additional personal injury claim:

1. The Claims Office must receive your completed Advance Payment Registration Form (the form for the \$500 payment) no later than March 31, 2004;
2. You must negotiate (cash or deposit) your \$500 Advance Payment check;

3. You must take a PCB blood test. This test has begun for Alabama residents and will begin shortly for out-of-State residents. Test results will be mailed to you. Note: We will not be able to design the personal injury matrix until a substantial portion of the claimants are tested for PCBs. Please keep your test appointment if at all possible to expedite this process and to save the settlement money; and
4. You must complete a Registered Nurse interview on medical symptoms. Alabama residents are being interviewed by a Registered Nurse when they come to be tested for PCBs in Anniston, Alabama, and out-of-State residents will be interviewed by a Registered Nurse over the telephone.

After we review a representative sample of the information gathered from the Claimant Personal Injury Form, the PCB blood test and the Registered Nurse interviews, we will draft a proposed personal injury payment matrix for your review at the March Town Meetings.

### **III. Property Damage Claims**

We estimate that, of the claimants living in the affected area, 3,000 claimants own parcels of real property. To be eligible for a property damage settlement payment, you must have owned real property in the affected area when your case was filed and complete steps 1 and 2, above, given for personal injury. For most claimants, your lawyers have collected the necessary data to measure and pay property related claims. However, claimants who joined the case shortly before a settlement was reached may not yet have provided all the necessary property damage data. Once this data has been collected by the claimants' lawyers, we will draft a property damage payment matrix for your review at the March Town Meetings.

We are obtaining information from the Environmental Protection Agency PCB testing and clean-up program, which may also help us determine and pay property damage claims.

### **IV. Town Meetings**

We will have three Town Meetings in Anniston in March to discuss a draft claimant payment matrix.

The meeting schedule is given below. We ask you to attend the meeting applicable to you, if possible. If not possible, you may attend another meeting.

<b>DATE</b>	<b>LOCATION</b>	<b>TIME</b>	<b>CLAIMANTS</b>
Sunday 3/7/04	The Anniston Entertainment Complex 2000 Cobb Avenue	3:00 p.m. to 5:00 p.m.	Last Names <u>beginning</u> with A through G

February 1, 2004

Page - 3

---

Monday 3/8/04	The Anniston Entertainment Complex 2000 Cobb Avenue	7:00 p.m. to 9:00 p.m.	Last Names <u>beginning</u> with H through P
Tuesday 3/9/04	The Anniston Entertainment Complex 2000 Cobb Avenue	7:00 p.m. to 9:00 p.m.	Last Names <u>beginning</u> with Q through Z

**Please note: We will not be making any payments at the March Town Meetings, but we need your attendance and input to help us develop the claimant payment matrix.** Following the March Town Meetings, the claimant payment matrix will be finalized and we will begin paying claims shortly thereafter.

I thank you in advance for your continued patience and cooperation. I will be in touch soon.

Sincerely,



Ed Gentle  
Claims Administrator

ECGIII/kjm  
Enclosure



**II. CLAIMED PERSONAL INJURY DATA**

**A. Current and Prior Residence Addresses where you lived at least three months. Please list current residence first, followed by your prior addresses, listing them from the most recent to the least recent residence:**

Address of Residence:	Date of Residence:
(1) _____	_____ to _____
(2) _____	_____ to _____
(3) _____	_____ to _____
(4) _____	_____ to _____
(5) _____	_____ to _____

FOR ADDITIONAL ADDRESSES, LIST ON A SEPARATE SHEET OF PAPER.

FOR EACH RESIDENCE, TO THE EXTENT YOU CAN, PLEASE ATTACH PROOF THAT YOU LIVED THERE, SUCH AS A DEED, LEASE, POWER BILL, OLD CHECK WITH THE ADDRESS, OR THE FIRST PAGE OF AN INCOME TAX RETURN.

**B. Mother's PCB Exposure.**

(1) Is your Mother a claimant: Yes \_\_\_\_\_ No \_\_\_\_\_

(2) What is her social security number?    -   -

(3) What is her name, address and phone number? \_\_\_\_\_  
\_\_\_\_\_

(4) Has your mother been tested for PCBs? Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Did your mother have an attorney that helped her with other case? Yes \_\_\_\_\_ No \_\_\_\_\_  
Attorney's name \_\_\_\_\_

(6) Before you were born, did your Mother live or work at or near the Anniston Monsanto Plant:  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete (A) and/or (B) below:  
Address of residence \_\_\_\_\_

(A) Mother's residence address(es) near the Anniston PCB Plant before you were born:

Address of Residence:

Date of Residence:

(i) \_\_\_\_\_ to: \_\_\_\_\_

(ii) \_\_\_\_\_ to: \_\_\_\_\_

**FOR ADDITIONAL ADDRESSES, LIST ON A SEPARATE SHEET OF PAPER.**

(B) Mother's work history at or near the Anniston Monsanto Plant before you were born:

Where worked: \_\_\_\_\_

When: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**C. Claimed Occupational Exposure**

(1) Did you ever work at the Anniston Monsanto Plant: Yes \_\_\_\_\_ No \_\_\_\_\_ When: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

(2) Did you ever work near the Anniston Monsanto Plant: Yes \_\_\_\_\_ No \_\_\_\_\_ When: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Where: \_\_\_\_\_

(3) Did you ever work near any other source of PCB exposure: Yes \_\_\_\_\_ No \_\_\_\_\_ When: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Where: \_\_\_\_\_

**IF YOU CLAIM OCCUPATIONAL EXPOSURE, PLEASE PROVIDE PROOF OF THE OCCUPATION, SUCH AS A PAY STUB, W-2, EMPLOYER CORRESPONDENCE OR OTHER DOCUMENT FROM THE EMPLOYER.**

**D. Have you ever eaten vegetables grown in the Anniston area:**

When: Now \_\_\_\_\_ In the Past \_\_\_\_\_ Both \_\_\_\_\_

How Often: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**E. Have you ever eaten poultry, pork, or beef raised in the Anniston area:**

Yes \_\_\_\_\_ No \_\_\_\_\_

When: Now \_\_\_\_\_ In the Past \_\_\_\_\_ Both \_\_\_\_\_

How Often: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**F. Have you ever eaten fish caught in streams or creeks in the Anniston area, Choccolocco Creek or Logan Martin Lake below the Highway 20 bridge:**

Yes \_\_\_\_\_ No \_\_\_\_\_ When: Now \_\_\_\_\_ In the Past \_\_\_\_\_ Both \_\_\_\_\_

How Often: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**G. Have you ever eaten wild game (ducks, geese, rabbits, squirrels, doves or deer) caught or killed in the Anniston area:**

Yes \_\_\_\_\_ No \_\_\_\_\_ When: Now \_\_\_\_\_ In the Past \_\_\_\_\_ Both \_\_\_\_\_

How Often: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**H. Have you ever eaten clay, "red dirt" or other dirt in the Anniston area:**

Yes \_\_\_\_\_ No \_\_\_\_\_ When: Now \_\_\_\_\_ In the Past \_\_\_\_\_ Both \_\_\_\_\_

How Often: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**I. Did you ever play/swim in drainage ditches, landfills, streets, creeks or fields in the Anniston area:**

Yes \_\_\_\_\_ No \_\_\_\_\_ When: Now \_\_\_\_\_ In the Past \_\_\_\_\_ Both \_\_\_\_\_

How Often: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**III. CERTIFICATION AND SIGNATURE**

**The undersigned hereby swears under penalty of perjury that all of the information provided herein is true and accurate.**

Adult claimants must sign unless incompetent.  
For Minor claimants the Custodial Parent or Guardian must sign. For Deceased claimants the Personal Representative must sign. For Incompetent Adult claimants the Guardian or Conservator must sign.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
**CLAIMANT SIGNATURE**

\_\_\_\_\_  
WITNESS NAME

\_\_\_\_\_  
WITNESS ADDRESS