

**INDIVIDUAL REVIEW OPTION CLAIM FORM  
FOR PREGNANCY CLAIMS**

**Water Contamination Settlement**

You should complete this form if:

- Your residence (single family home, apartment, condominium) was provided tap water service from West Virginia American's Kanawha Valley Water Treatment Plant (the "KVTP") **as of January 9, 2014, AND**
- You are requesting payment for a Pregnancy Claim.

A Pregnancy Claim is a claim for compensation because you were pregnant on January 9, 2014. You may NOT submit a Pregnancy Claim if you are submitting a separate Medical Claim.

**The deadline to submit a claim is February 21, 2018.** If you have questions about this form or which claim form you should file, contact the Settlement Administrator for assistance by calling 1-855-829-8121 or submit a question at [www.wvwaterclaims.com](http://www.wvwaterclaims.com)

**READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. THE INSTRUCTIONS CONTAIN IMPORTANT DEFINITIONS AND INFORMATION ABOUT HOW TO DOCUMENT YOUR CLAIMED LOSS.**

**CLAIM FORM FOR PREGNANCY CLAIMS**

**PART I – CLAIMANT INFORMATION.**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name [or other name used]: \_\_\_\_\_

\_\_\_\_\_  
Street Address of your Residence that was served by KVTP **ON JANUARY 9, 2014** (including city, state and zip code AND Apartment or Unit Number, if any)

Your **Current** Mailing Address to which all future correspondence should be sent (if different from above):

Check here if your current mailing address is the same as the address above. If your current address is different, please provide the current address here:

Current Street Address (including apartment or unit number if applicable): \_\_\_\_\_

Current City: \_\_\_\_\_

Current State: \_\_\_\_\_

Current Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Your Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Current Telephone Number (including area code) (Provide the phone number that you prefer the Settlement Administrator to use if he needs to contact you.)

\_\_\_\_\_  
Your Current Email Address (if any)

If you received a notice of this settlement in the mail, please provide the claim identification number that appears on that form here. The identification number is located on the top left portion of the Simple Claim Forms that were enclosed with the notice: \_\_\_\_\_

If your name was listed on the West Virginia American Water account for the residence in 2014, list your account number here: \_\_\_\_\_

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**Attorney Information**

If you are being represented by an attorney for this claim, please provide the following information:

\_\_\_\_\_  
Attorney Name and Law Firm

\_\_\_\_\_  
Attorney Address

\_\_\_\_\_  
Attorney Telephone Number (including area code)

\_\_\_\_\_  
Attorney Email Address

Check here if you would like you and your attorney to both receive communications from the Settlement Administrator; OR

Check here if you would like only your attorney to receive communications from the Settlement Administrator

**PART II – ELIGIBILITY: RESIDENT AT AN ELIGIBLE RESIDENTIAL LOCATION.**

To be eligible for a payment for a Pregnancy Claim you must have been a resident at an Eligible Residential Location as of January 9, 2014.

Check here if you or another resident of your household (as of January 9, 2014) submitted an Individual Review Option Claim Form or Simple Claim Form for Residential Household Water Users. If you checked this box, go to Part III.

Check here if you intend to submit an Individual Review Option Claim Form or Simple Claim Form for Residential Household Water Users. If you checked this box, go to Part III.

Check here if you did not or do not intend to file a Residential Claim Form. If you checked this option, you must provide the information requested below to confirm your eligibility.

Check here if you received water bills in your name from West Virginia American Water as of January 9, 2014 for the residence in which you lived on January 9, 2014. If you checked this box, go to Part III.

If you did not receive water bills in your name you must submit proof of residence at the Eligible Residential Location.

*Required documentation:* Please attach a copy of a document (utility bill, lease or rental agreement, a canceled check or check image from January 2014, a Sworn Verification of Residence form completed by someone who does not live with you, or other similar document) that shows you lived at this residence during the period including January 9, 2014.

If you or any household member leased or rented the residence identified in Part I on January 9, 2014, and did not receive water bills directly from West Virginia American for that residence, provide the following information for the owner or landlord of your residence on January 9, 2014:

Owner/Landlord/Condo Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**PART III - YOUR CLAIM.**

If you qualify for a Pregnancy Claim, you can receive \$1,500. To qualify, you must have been (1) pregnant on January 9, 2014; (2) living in a residence on January 9, 2014 that was provided tap water by the KVTP and (3) exposed to tap water contaminated by the Freedom Chemical Spill.

Explain the manner in which you were exposed to tap water contaminated by the Freedom Chemical Spill.

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**Note: The amount of \$1500 is the maximum amount you may receive from the Settlement for your Pregnancy Claim in accordance with the Amended Settlement Agreement.**

**DOCUMENTATION: You must provide contemporaneous medical records, such as your child's birth certificate or a medical treatment form, proving that you were pregnant on January 9, 2014. By signing the attestation at the end of this Form you are attesting to your statement of exposure to the tap water contaminated by the Freedom Chemical Spill.**

**The Instructions provide additional information about the types of documents you should submit.**

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**Part IV - VERIFICATION AND ATTESTATION.**

**By signing this Claim Form, I hereby certify under penalty of perjury that:**

- (a) all of the information contained in this Claim Form is true and correct;**
- (b) I was exposed to tap water contaminated by the Freedom Chemical Spill, as described in this Claim Form;**
- (c) the supporting documents attached to or submitted in connection with this Claim Form and the information contained in those documents are true, accurate, and complete to the best of my knowledge;**
- (d) I am authorized to make this Claim;**
- (e) I understand that I cannot file both a Medical Claim Form and a Pregnancy Claim Form and I have not filed a separate Medical Claim Form;**
- (f) I authorize the Settlement Administrator to contact my health care provider(s) identified in the supporting documentation submitted with this Form; and**
- (g) I am not excluded from the Settlement Class.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**If you are a legal representative completing this form on behalf of a minor or an incapacitated or deceased claimant, you must complete the following:**

<b>Name of Legal Representative:</b>	<b>Legal Representative Address:</b>	<b>Telephone Number:</b>	<b>Email Address:</b>

This Claim Form must be submitted online or postmarked no later than **February 21, 2018**.

Mail the Claim Form to:      WV Water Settlement Administrator  
   P.O. Box 4227  
   Charleston, WV 25364

**ONLY COMPLETE FORMS WILL BE PROCESSED**

**QUESTIONS? CALL 1-855-829-8121 OR VISIT [WWW.WWATERCLAIMS.COM](http://WWW.WWATERCLAIMS.COM)**

# INDIVIDUAL REVIEW OPTION CLAIM FORM FOR PREGNANCY CLAIMS

## INSTRUCTIONS

Please read this entire Claim Form before you begin to fill it out.

Type or print legibly all information in blue or black ink if you are using a hard copy form. You may find it easier to use the online form.

Answer all applicable questions and provide all information and documents asked for on the Claim Form. **ONLY COMPLETE FORMS WILL BE PROCESSED.**

If you do not submit supporting documents where required your claim will be found deficient and may be denied. Make a copy of your completed Claim Form for your records. **Do not submit your only copy of the supporting documents.** Materials submitted will not be returned. All copies of documentation submitted in support of this Claim should be clear, legible and complete.

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### PART I (Claimant Information)

Please provide your address as of January 9, 2014, your current address and the other requested information.

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### PART II (Eligibility – Resident at an Eligible Residential Location)

You must select one of the three options and provide the requested information for the option you select.

If you or another resident in your household as of January 9, 2014 submitted an Individual Review Option Claim Form or Simple Claim Form for Residential Household Users, the Settlement Administrator will determine your eligibility with respect to your residence on January 9, 2014 being at an Eligible Residential Location based on the Residential Household Claim already filed.

If you or another resident in your household have not submitted an Individual Review Option Claim Form or Simple Claim Form for Residential Household Users, you should indicate if you intend to file such a claim. If you do indicate you will file such a claim, the Settlement Administrator will not process this Pregnancy Claim until you (or another resident) submits a claim form for Residential Household Users.

If you do not wish to file a claim for Residential Household Users, then you must provide information that will allow the Settlement Administrator to determine whether you resided at an Eligible Residential Location on January 9, 2014. If your name was listed on the water account

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– *i.e.*, the West Virginia American Water account – for the Eligible Residential Location on January 9, 2014, you do not need to provide any more information. If your name was not listed on the West Virginia American Water account, you must provide proof that you were a Resident at an Eligible Residential Location on January 9, 2014.

Examples of the types of documents that you may submit to show you were a Resident at an Eligible Residential Location on January 9, 2014 include:

- a. A utility bill from January 2014 addressed to you at the Eligible Residential Location (your residence on January 9, 2014 identified in Part I);
- b. A lease or rental agreement for the Eligible Residential Location showing your status as a tenant at that location as of January 9, 2014;
- c. A canceled check or check image from January 2014 showing your address and rent paid for the Eligible Residential Location;
- d. A mortgage statement for the period January 2014 showing your name and the address of the Eligible Residential Location;
- e. A Sworn Verification of Residence form completed by someone who does not live with you attesting to your residence at the Eligible Residential Location as of January 9, 2014 (you can obtain a Sworn Verification of Residence Form by visiting the website at [www.wvwaterclaims.com](http://www.wvwaterclaims.com) or by calling the Settlement Administrator at 1-855-829-8121); or
- f. Other document (such as an employment related document) that shows you lived at the Eligible Residential Location during a period that includes January 9, 2014.

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### **PART III (Your Claim)**

**Eligible Time Period.** You must have been pregnant and a resident at an Eligible Residential Location on January 9, 2014 and you must have been exposed to tap water contaminated by the Freedom Chemical Spill.

**Documentation.** To be eligible for a Pregnancy Claim, you must submit reliable documents that show that you were pregnant on January 9, 2014.

Examples of the types of documents that you should submit include:

- a) a birth certificate showing the date of your child's birth that confirms that you were pregnant on January 9, 2014;
- b) medical records demonstrating care or treatment for pregnancy and that demonstrate that you were pregnant on January 9, 2014;

**QUESTIONS? CALL 1-855-829-8121 OR VISIT [WWW.WVWATERCLAIMS.COM](http://WWW.WVWATERCLAIMS.COM)**

- c) a written statement from your licensed healthcare provider confirming that you were pregnant on January 9, 2014; or
  - d) explanations of benefits (EOBs) or other statements you received from your insurance company demonstrating that you were pregnant on January 9, 2014.
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#### **PART IV**

You **MUST** sign the verification. Without a signed verification, your claim will **NOT** be processed. You must attest to your exposure to the tap water contaminated by the Freedom Chemical Spill. By signing the verification, you acknowledge that under the terms of the Amended Settlement Agreement you are releasing all claims you have or may in the future have against the Defendants. You may also submit claim form(s) to make a Residential Claim and/or Wage Earner Claim consistent with the Amended Settlement Agreement.

The Settlement Administrator may contact you to obtain authorization to contact your health care provider if necessary to process your claim under the Amended Settlement Agreement.

Under the Amended Settlement Agreement, a Settlement Class Member does not include a natural born person or Business excluded from the Settlement Class. The following entities and individuals are excluded from the Settlement Class:

1. West Virginia American and its officers, directors, and employees and any affiliates of West Virginia American and their officers, directors, and employees;
2. Eastman and its officers, directors, and employees and any affiliates of Eastman and their officers, directors, and employees;
3. Judicial officers assigned to this case and their immediate family members and associated court staff assigned to this case, other than court reporters;
4. Settlement Class Counsel and attorneys who have made an appearance for the Defendants in this case;
5. The Settlement Administrator, Notice Administrator, Guardian ad Litem, or other consultants and associated staff assigned to this case; and
6. Opt Outs as defined in Amended Settlement Agreement.

If you are uncertain about whether you are excluded from the Settlement Class or have questions, you should contact the Settlement Administrator.

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## **DEFINITIONS**

“Eligible Residential Location” means a single-family home (attached or detached) or any unit within a multiple unit residential building that was supplied tap water by the KVTP on January 9, 2014.

“Freedom Chemical Spill” or “Incident” means the January 9, 2014 chemical spill into the Elk River in Charleston, West Virginia from the site owned by Freedom Industries, Inc. including the introduction of water containing the spilled chemicals into the Kanawha Valley Water Treatment Plant and the Kanawha Valley Distribution System operated by West Virginia American.

“KVTP” means the Kanawha Valley Water Treatment Plant.

“Medical Claim” means a claim submitted under the Individual Review Option by or on behalf of a Medical Claimant and includes Contemporaneous Medical Treatment Claims, Other Medical Issues Claims and Water Interruption Medical Issues Claims.

“Resident” means a person who resided at an Eligible Residential Location on January 9, 2014; provided that a visitor or guest shall not be considered to be a Resident and shall not be eligible for compensation for a Residential Household Claim, as an Additional Resident, or as a Residential Claimant.

“Residential Direct Customer User” means a person or entity who is a Customer of West Virginia American served by the KVTP who is identified in the West Virginia American Customer List as the account holder for an Eligible Residential Location and who also resided at the Eligible Residential Location on January 9, 2014.