

**INDIVIDUAL REVIEW OPTION CLAIM FORM
FOR WAGE EARNER CLAIMS**

Water Contamination Settlement

You should complete this form if:

- Your employer was provided tap water service from West Virginia American's Kanawha Valley Water Treatment Plant ("KVTP") on January 9, 2014 and was Shut Down or Partially Shut Down, **AND**
- You were employed on January 9, 2014 at that location AND you were an hourly employee at that time AND you lost wages because you were not able to work as a result of the Shut Down or Partial Shut Down.

The deadline to submit this claim is February 21, 2018. If you have questions about this form, contact the Settlement Administrator for assistance by calling 1-855-829-8121 or submit a question at www.wvwaterclaims.com.

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

INDIVIDUAL REVIEW OPTION CLAIM FORM – WAGE EARNER

Part 1. Claimant Information (All Claimants Must Complete)	
First Name	
Middle Name or Initial	
Last Name	
Current Mailing Address (to which all future correspondence should be sent):	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Date of Birth	_____ (mm/dd/yyyy)
Your Social Security Number	
Current Telephone Number (including area code)	
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 notice here. The identification number is located on the top left portion of the Simple Claim Forms that were enclosed with the notice.	

Attorney Information – If you are being represented by an attorney for this claim, please provide the following information.	
Attorney Name	
Attorney 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 2. Your Claim (All Claimants Must Complete)

In this section, you must identify your employer and the location of your place of employment on January 9, 2014. To be eligible for a payment, your employer must have been a Business that was Shut Down or Partially Shut Down. (The Instructions explain what is meant by Shut Down or Partially Shut Down.) You must also show that you missed work during the Shut Down or Partial Shut Down period and you must provide your regular hourly rate of pay at that time.

<p>Name of Your Employer (Provide the name of the Business (which can be a commercial business, a governmental entity or a non-profit entity) where you were employed on January 9, 2014)</p>	
<p>Street Address of the location where you were employed on JANUARY 9, 2014 (including city, state and zip code.)</p> <p>(The Settlement Administrator will determine whether this Business location is an Eligible Location and whether the Business was Shut Down or Partially Shut Down.)</p>	
<p>Were you paid by the employer identified above on an hourly basis as of January 9, 2014?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO (If you answered No, you are likely not eligible for payment. If you have questions you may contact the Settlement Administrator.)</p>
<p>If your employer was Partially Shut Down, were you employed in the section of the Business that was Partially Shut Down?</p>	<p><input type="checkbox"/> YES (please provide a brief explanation of your job)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> NO (If you answered No, you are likely not eligible for payment. If you have questions you may contact the Settlement Administrator.)</p>
<p>List the specific days and times of day you were scheduled to work but were unable to work because the Business was Shut Down or Partially Shut Down.</p>	<p>Day: _____</p> <p>Hours: _____ to _____ [OR NUMBER OF HOURS]</p> <p>Day: _____</p> <p>Hours: _____ to _____ [OR NUMBER OF HOURS]</p> <p>(You may add additional day(s)/hour(s) on a separate sheet to attach to this form.)</p>
<p>List the total number of hours of work you missed because the Business was Shut Down or Partially Shut Down and provide your hourly rate.</p>	<p>Hours Missed: _____</p> <p>Hourly Rate: _____</p>

TOTAL AMOUNT you claim for your lost wages	\$ _____
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Note: The total amount you claim is the maximum amount you may receive from the Settlement for your Wage Earner Claim. The Settlement Administrator will determine the amount of your claim payment in accordance with the Amended Settlement Agreement.

DOCUMENTATION: You must submit documents that show:

- You were employed by a Business that was Shut Down or Partially Shut Down. This means you must provide written documents that identify the name of your employer and the location of your place of employment; AND
- If you worked for a Business that was Partially Shut Down, the documents must show that you worked for the portion of the Business that was Partially Shut Down; AND
- You were scheduled to work during the period the Business was Shut Down or Partially Shut Down; AND
- Your hourly wages as of January 9, 2014.

In addition, if the Settlement Administrator is not able to confirm that the Business was Shut Down or Partially Shut Down based on information provided by various county governments, the Settlement Administrator will ask you to provide additional proof that the Business was Shut Down or Partially Shut Down.

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

Part 3. Verification and Signature (All Claimants Must Complete)

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) the supporting documents 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;
- (c) I am authorized to make this Claim;
- (d) I understand that there can be only one Wage Earner Claim Form per person and I have not filed a separate Wage Earner Claim Form nor am I aware of one that has been filed on my behalf; and
- (e) 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:

Name of Legal Representative:

Address:

Telephone Number (including area code):

Email Address:

Please attach documentation that you have been duly appointed as legal representative for the Claimant on whose behalf you are submitting this Claim Form and are authorized to submit this Claim Form on Claimant's behalf.

This Claim Form must be submitted 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

INDIVIDUAL REVIEW OPTION CLAIM FORM FOR WAGE EARNERS

Instructions

Please read this entire Claim Form and the instructions before you begin to fill it out. Type or print legibly all information in blue or black ink if you are submitting this form in hard copy.

This Claim Form is for individuals who were (1) working for hourly wages at a location that was Shut Down or Partially Shut Down on January 9, 2014 as a result of the Freedom Chemical Spill and (2) lost wages because they were not able to work because of the Shut Down or Partial Shut Down. If you are eligible, you may receive a payment that will compensate you for your lost wages or a portion of your lost wages. In the event the total wage loss claims for all claimants exceed \$4 million, your payment may be reduced so that all claimants receive the same portion of their claim.

Answer all applicable questions and provide all information and documents asked for on the Claim Form.

If you do not submit supporting documents your claim may be denied. Make a copy of your completed Claim Form and supporting documents 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.

Part 1

Please provide the requested information, including your name, current address and contact information, date of birth, and your Social Security Number.

Part 2

Eligible Time Period. You may recover documented lost wages during the period the Business for which you worked was Shut Down or Partially Shut Down.

Documentation. To be eligible for a Wage Earner Claim, you must submit reliable documents that show:

- 1) Your regular hourly rate of pay as of January 9, 2014;
- 2) The name of your employer and the location where you were employed. The Administrator will determine whether your employer was Shut Down or Partially Shut Down. If the Settlement Administrator is not able to confirm that the Business was Shut Down or Partially Shut Down the Settlement Administrator will ask you to provide additional proof that the Business was Shut Down or Partially Shut Down.; and
- 3) That you were scheduled to work during the period your employer was Shut Down or Partially Shut Down (if your employer was Partially Shut Down, you must show that you were scheduled to work at the portion of the Business that was Partially Shut Down).

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

- To prove that you worked for the employer that you identified and that you worked at an Eligible Location:
 - a) A pay stub from December 2013 or January or February 2014 that identifies the location of your employment;

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- b) An employment contract encompassing January 2014 that identifies the location of your employment;
 - c) W-2 forms from 2014 identifying the employer and address of employer;
 - d) Social Security employment history record that includes 2014; or
 - e) A Sworn Statement from Employer form that confirms your employment and hours missed (You can obtain a Sworn Statement from Employer Form on the website at www.vvwaterclaims.com or by calling the Settlement Administrator at 1-855-829-8121).
- To show that you were scheduled to work when the Business was Shut Down or Partially Shut Down:
- a) A contemporaneous document from your employer stating your schedule during the relevant period or advising you not to report to work during the period of Shut Down or
 - b) A sworn statement of your supervisor/employer attesting to the fact that you were prevented from working because of the Shut Down or Partial Shut Down. This statement should include the position/title of the supervisor/employer as of January 9, 2014 and today, the basis for the person's knowledge and his/her current contact information Please use the Sworn Statement from Employer form.
- To show that you worked in the portion of the Business that was Partially Shut Down (if applicable):
- a) A sworn statement from your supervisor/employer describing your work responsibilities and the portion of the Business in which you worked in January 2014. Please use the Sworn Statement from Employer Form.
- To show your regular hourly wages:
- a) A pay stub showing the number of hours worked and the total amount of pay or the rate of pay;
 - b) An employment contract from 2014 stating your hourly rate; or
 - c) A sworn statement of your supervisor/employer setting forth your hourly rate as of January 9, 2014. This statement should include the position/title of the supervisor/employer as of January 9, 2014 and today, the basis for the person's knowledge and his/her current contact information. Please use the Sworn Statement from Employer Form.
- To show that the Business was Shut Down or Partially Shut Down:
- a) A sworn statement of the Business owner stating that the Business was Shut Down or Partially Shut Down and the circumstances/reasons for that Shut Down or Partial Shut Down. Please use the Sworn Statement from Employer Form.

PART 3

You **MUST** sign the verification. Without a signed verification, your claim will **NOT** be processed. 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

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submit a claim form to make a Residential Claim and/or either a Medical Claim or a Pregnancy Claim consistent with 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.

DEFINITIONS

“Business” means a Commercial Business, non-profit entity or Governmental Entity.

“Commercial Business” means a Business that is not a non-profit entity or a Governmental Entity.

“Defendants” means West Virginia-American Water Company (“West Virginia American”), American Water Works Company, Inc., American Water Works Service Company, Inc. and Eastman Chemical Company.

“Do Not Use Period” means the period of time during which the Business was subject to a Do Not Use notice issued by West Virginia American in consultation with the West Virginia Bureau for Public Health that tap water supplied from the Kanawha Valley Water Treatment Plant should not be used other than for toilet flushing or fire protection. The Do Not Use Period differs based on the location of the Business but does not extend beyond January 18, 2014.

“Eligible Business Location” means a Business that was located at real property that was supplied tap water by the Kanawha Valley Treatment Plant on January 9, 2014.

“Freedom Chemical Spill” 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.

“Governmental Entity” means an instrumentality of state, county, or municipal government created by or pursuant to statute, regulation, or ordinance.

“Partially Shut Down” or “Partial Shut Down” means a Business that was Shut Down only with respect to certain activities conducted by the Business while other business activities continued (e.g., food service operations within a larger retail store). A separate Business that operates at the same location as another Business and meets the definition of Shut Down is considered to be Shut Down and not Partially Shut Down even if other separate Businesses operating in the same location were not Shut Down.

“Shut Down” means that the Business was (i) conducted at a location where the Business making the Business Claim possessed a West Virginia Business Registration Certificate for the location that is the subject of the Business Claim and (ii) with respect to that location, was subject to a regulation requiring it to cease operations, or a direct order or instruction from a regulatory agency to cease the operations regulated by that regulatory agency, during the Do Not Use Period as a result of the Freedom Chemical Spill. A separate Business that operates at the same location as another Business and meets the definition of Shut Down is considered to have been Shut Down even if other separate Businesses operating in the same location were not Shut Down; however, an individual who leases space from a Business that was Shut Down but who does not have any ownership interest in the Business that was Shut Down does not meet the definition of Shut Down under the Amended Settlement Agreement. A voluntary decision to cease or reduce operations does not meet the definition of Shut Down.

“Wage Earner” means a worker compensated on an hourly basis who worked for a Business that was Shut Down or Partially Shut Down.