

## **SIMPLE CLAIM FORM FOR RESIDENTIAL HOUSEHOLD WATER USER**

### **Water Contamination Settlement**

#### **You should complete this form if:**

- The Household (“address”) you lived in was provided tap water service from West Virginia American Water’s Kanawha Valley Water Treatment Plant **on January 9, 2014, AND**
- You are requesting a simple claim payment on behalf of all Household Residents as explained below. The Simple Claim Payment Option is explained in the Notice and in the FAQs.

If the recoverable household damages you can prove you suffered are higher than the amount you can receive through filing this Simple Claim Form, you may want to file an Individual Review Claim Form for Residential Household Water Users (rather than this Simple Claim Form). The Individual Review Claim Form is available at [www.wvwaterclaims.com](http://www.wvwaterclaims.com).

**Example:** The Simple Claim Payment Option is estimated to pay \$550 for the household including one person and \$180 for each additional person in your household. Under this example, if you have five people in your household you could get a payment of \$1,270 (\$550 + (4 x \$180)). If, however, you could document damages more than this amount, you may want to complete and return the Individual Review Claim Form instead.

If you have questions on 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).

#### **COMPLETING THIS FORM**

Only one Claim Form for Household damages may be submitted for each Eligible Residential Location (in other words, only one Claim Form per “address”). Individual Household Residents cannot submit separate claim forms for the Household. This form covers the claims of all members of the Household for Property Damage and interruption in water service. However, individual residents may also submit Individual Review Claim Forms for Medical Claims (including Contemporaneous Medical Claims, Other Medical Claims or Water Interruption Medical Claims) or Pregnancy Related Claims or Wage Earner Claims. Those Individual Review Claim Forms are available at [www.wvwaterclaims.com](http://www.wvwaterclaims.com).

You may complete and submit this Claim Form online through the process described at [www.wvwaterclaims.com](http://www.wvwaterclaims.com), or by mail. 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

**READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. THE INSTRUCTIONS CONTAIN IMPORTANT INFORMATION.**

#### **WHAT HAPPENS AFTER I SUBMIT THIS CLAIM FORM**

- For detailed information, go to [www.wvwaterclaims.com](http://www.wvwaterclaims.com).
- Your Claim will be reviewed and verified by the Settlement Administrator. The Settlement Administrator is appointed by the Court and is responsible for carrying out all the functions necessary to review the claims promptly and fairly. The Settlement Administrator is responsible for confirming the eligibility of all claims and for auditing claim submissions as necessary.
- If your Household is an Eligible Residential Location (and you submit this Simple Claim Form for Residential Household Claims), you will receive a payment for your Household plus an additional amount for each Additional Resident. The payment amounts will be determined after all Claims have been submitted and reviewed by the Settlement Administrator. The parties have estimated that the Household could receive \$550, plus an additional \$180 for each Additional Resident.
- Under the terms of the Settlement, you are giving up any claims you have against the Defendants. That means you cannot receive a settlement payment and also file a lawsuit or other claim against the Defendants. The Settlement also releases any personal injury claims you may have, now or in the future. This means you cannot sue Defendants for any future personal injuries you claim may be related to the Freedom Chemical Spill.

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

- When will I receive payment? The Settlement Administrator will be able to distribute payments after the Court issues a final approval order – that is, an order approving the Settlement that has become final, including any appeals - and after the Settlement Administrator receives and reviews all the claims. If the parties all agree and can demonstrate to the Court that any appeals do not affect payments to Class Members, the Court may decide to allow payments to some Class Members while the appeals are pending. The Court has scheduled a final approval hearing on January 9, 2018 at 10 a.m.

**RESIDENTIAL HOUSEHOLD CLAIM FORM**

<b>Part 1. Claim Information</b>	
<b>Claim Identification Number</b> (If you received a notice of this Settlement in the mail, please provide the Claim Identification Number that appears on that notice here. The claim identification number is located on the top left portion of the Simple Claim Forms that were enclosed with the notice)	
<b>West Virginia Water Account Number</b> (if your name was listed on the West Virginia Water account for your residence in 2014, provide your account number here)	

<b>Part 2. Identification of Residence Address as of January 9, 2014 (All Claimants Must Complete)</b>	
<b>Residence Street Address as of 01/09/2014:</b>	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	

<b>Part 3. Identification of Resident Completing this Form (All Claimants Must Complete)</b>	
<b>Name of Resident Completing this Form:</b>	
First Name	
Middle Name or Initial	
Last Name	
<b>Current Mailing Address to which all future correspondence should be sent:</b>	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	

<b>Date of Birth</b>	_____ (mm / dd / yyyy)
<b>Last four digits of the Social Security Number:</b>	
<b>Current Telephone Number:</b>	
<b>Current Email Address:</b>	

**Part 4. Identification of Additional Residents on January 9, 2014 (Complete if More than One Resident lived in the Household on January 9, 2014)**

The following individuals (other than the Resident completing this Form) were living as part of the Household at the Residence Address listed in Part 2 above on January 9, 2014.

<b>Name</b>	<b>Last Four Digits of Social Security Number</b>	<b>Relationship to You (Spouse, Child, Parent, Roommate, etc.)</b>	<b>Check here if Current Address of Additional Resident is the same as your Current Address listed in Part 3 above</b>	<b>Current Address of Additional Resident if different than your Current Address listed in Part 3 above (Note: The Settlement Administrator cannot issue a check for the Additional Resident without a current address)</b>

(Attach additional sheets if necessary)

Did you or any Additional Residents on January 9, 2014 receive water bills directly from West Virginia American Water for water service from the Kanawha Valley Water Treatment Plant?

Yes <input type="checkbox"/>	Continue to Part 6 (Verification)
No <input type="checkbox"/>	Continue to Part 5

<b>Part 5. Renters and Condo Owners (Non Customers) ONLY</b>		
If you or any Additional Resident leased or rented the residence identified in Part 2 on January 9, 2014, <b>AND</b> did not receive water bills directly from West Virginia American for that residence, please provide the following information for the owner or landlord of the residence on January 9, 2014:		
<b>Owner/Landlord/Condo Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>
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 from someone who does not live with you (available at <a href="http://www.wvwaterclaims.com">www.wvwaterclaims.com</a> or by calling the Settlement Administrator at 1-855-829-8121), <b>or</b> other similar document) that shows you lived at this residence during the period including January 9, 2014.		

<b>Part 6. Verification (All Claimants Must Complete)</b>			
<b>I confirm under penalty of perjury that the information provided above is true and correct, and that:</b>			
<p>(a) I am authorized to make this Claim on behalf of myself and the Additional Residents listed above;</p> <p>(b) I understand that there can be only one Residential Claim Form per Household and myself and to the best of my knowledge all Additional Residents listed above have not filed separate Residential Claim Forms for this Location;</p> <p>(c) I further attest and confirm that my Residence suffered Property Damage as a result of the Freedom Chemical Spill. Property Damage means physical damage to or destruction of tangible property resulting from the Freedom Chemical Spill. Property Damage includes the presence of chemical or chemical residue in the water system (pipes and other components) from the Freedom Chemical Spill that required cleaning and flushing the water system to remove such residue and/or that certain components of the water system had to be cleaned or replaced as recommended in the instructions provided by West Virginia American Water; and</p> <p>(d) I am not excluded from the Settlement Class.</p> <p>.</p>			
<b>Date:</b>	<b>Signature:</b>		
<b>If you are a legal representative completing this form on behalf of an incapacitated or deceased Claimant, you must complete the following:</b>			
<b>Name of Legal Representative:</b>	<b>Legal Representative Address:</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
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.			

## **SIMPLE CLAIM FORM FOR RESIDENTIAL HOUSEHOLD WATER USER**

### **Instructions**

Please read this entire Claim Form and the Instructions carefully before you complete the Claim Form. Type or print legibly all information in blue or black ink. Capitalized terms are defined in the Amended Settlement Agreement and also discussed in the detailed notice available at [www.wvwaterclaims.com](http://www.wvwaterclaims.com).

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

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.

#### **Part 1**

If this section has been "prefilled" it contains the Claim Identification Number.

If you received a notice in the mail but are using a different claim form, or completing the claim form on line, please provide the Claim Identification Number that appears on the notice here if you have it. If you did not receive a notice in the mail, then leave this question blank. If your name was listed on the West Virginia Water account for your residence in 2014, please provide your account number here.

#### **Parts 2 and 3**

If this section has been "prefilled" it contains information on your address as of January 9, 2014 provided by West Virginia American Water. If any information is incorrect or incomplete, please provide correct information in the space provided. If the prefilled information does not contain the address of the residential location (for example, if the bill was sent to a different address) you must provide the address of the residential location that received tap water from West Virginia American Water. If the section was not "prefilled," please provide your address as of January 9, 2014 in Part 2 of the form and your current address in Part 3 and the other requested information.

#### **Part 4**

Please provide information for ALL individuals (other than you) living at the address for which you are filling out this Claim Form as of January 9, 2014, even if they are no longer residing at that address. Do not provide information for people who are living at that address now, but were not living there as of January 9, 2014. If you do not know all of the information requested, please provide as much information as possible. Please do not provide nick-names or shortened names. Provide the full name of each person. If the Settlement Administrator is not able to identify a Resident, the Settlement Administrator might not be able to provide the extra compensation for that Additional Resident. A valid current address is required for each Additional Resident. If the address is not provided, the Settlement Administrator cannot issue a check to that Additional Resident, but you should still provide his/her name and other information in the space provided.

#### **Part 5 (Non-Customers Only)**

You must complete this section if your household did not receive water bills from West Virginia American as of January 9, 2014. For example, if you were renting an apartment and the building owner/landlord paid the water bill for the entire building, then you are not a Residential Direct Customer User and you must complete this section. If someone you were living with in the household received the water bill directly from West Virginia American, then a Resident in your household is a Residential Direct Customer User and you do not need to complete this section.

To be eligible to receive payment pursuant to Part 5 of this Claim Form, you must submit reliable documents that show that you resided at the address in Part 2 as of January 9, 2014.

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

- a. A utility bill addressed to you at the Eligible Residential Location (the residence identified in Part 2);
- 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 cancelled check or check image from January 2014 showing your address and rent paid for the Eligible

Residential Location;

- d. A completed Sworn Verification of Residence Form signed by someone who does not live with you attesting to your residence at the Eligible Residential Location as of January 9, 2014 (The Sworn Verification of Residence Form can be obtained at [www.wvwaterclaims.com](http://www.wvwaterclaims.com) or by contacting the Settlement Administrator); or
- e. Other document that shows you lived at the Eligible Residential Location during the period including January 9, 2014.

**Part 6**

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 submit a claim form to make a Wage Earner Claim and/or either a Medical Claim or 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.