

# DEADLINE SEPTEMBER 15, 2008

## CHESSER CLASS FAMILY UNIT CLAIM INFORMATION FORM

Please complete all three (3) pages of this form and have it notarized and returned to us.

It must be received in our office by September 15, 2008. Final Extension for class circumstance.

(THE ABOVE DUE DATE WAS EXTENDED FOR CLASS CIRCUMSTANCE.)

**NOTE: IT IS IMPORTANT TO SUBMIT THIS FORM ON TIME TO ENSURE PROPER INCLUSION IN THE CLASS.**

To notarize this form, sign page three (3) in front of a notary and have them notarize the form.

Please return this notarized claim form in the enclosed prepaid envelope to:

Karen D. Meyers, MBA/JD, MED, CPCU, CLU, FLMI, CSSC  
Settlement Master - Cheshes Class Qualified Settlement Fund  
2651 Observatory Avenue  
Cincinnati, Ohio 45208

Please PRINT your answers as clearly as possible. Thank you.

Name of Deceased \_\_\_\_\_

Date of Death of the Deceased \_\_\_\_\_

Your Relationship to Deceased \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### INDIVIDUAL FAMILY MEMBERS

#### Surviving Spouse of Deceased

Name \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one please.)  Yes  No  If No, Date of Death \_\_\_\_\_

#### Children Living at the Date of the Deceased's Death\*

Name \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

**Parents Living at the Date of the Deceased's Death**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

If No, Date of Death \_\_\_\_\_

**Brothers and Sisters Living at the Date of the Deceased's Death\***

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

If No, Date of Death \_\_\_\_\_

**Next of Kin Living at the Date of the Deceased's Death Who Suffered Serious Emotional Distress Because of the Issues Related to The Chesher Class (See Plan Document pages 6 and 7 for further information.)\***

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Still Living? (Check one.)  Yes  No

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

If No, Date of Death \_\_\_\_\_

**\*If you need to list additional names other than those on pages 1 and 2, please put them on page 3.**

**List Additional Children, Brothers, Sisters and Next of Kin below if there were not enough blanks on pages 1 and 2.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Still Living? (Check one.)  Yes  No

If No, Date of Death \_\_\_\_\_

**NOTICE:**

**TO PROTECT THE CHESHER CLASS YOU MUST SIGN THIS DOCUMENT IN FRONT OF A NOTARY. If all handwriting is clear, the next step is the completion of Individual Claims Form by Appropriate Family Members.**

I, \_\_\_\_\_, ATTEST THAT THE  
(Please print your name.)

ABOVE FORM IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Your Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

My Commission expires on \_\_\_\_\_