

CLAIM FORM

IMPORTANT -- All Settlement Class Members who attest that they suffered economic harm will automatically receive a minimum Base Payment as provided for in the Settlement Agreement available at www.PhillyWaterSettlement.com. In addition, you may be eligible to receive compensation for economic losses above the Base Payment amount if you can prove (as described below) greater economic losses.

If you wish to be paid from the Settlement, you must complete and submit this Claim Form. This Claim Form is for Settlement Class Members who suffered economic harm in connection with the release of chemicals from the Altuglas chemical plant in Bristol, Pennsylvania into the Delaware River in March 2023, or because of the public notice and drinking water advisories issued in connection with that release. By completing this form, you are attesting that you suffered an economic loss (such as the purchase of bottled water, transportation costs, or business interruption losses) as a result of the release of chemicals from the Altuglas chemical plant in Bristol, Pennsylvania into the Delaware River in March 2023, or because of the public notice and drinking water advisories issued in connection with that release.

If you fill out and submit this Claim Form, you must answer all questions honestly and accurately. You are swearing under penalty of perjury that your statements below are true and correct just as if you were testifying in court. If you do not claim to have suffered economic harm as a result of the release of chemicals from the Altuglas chemical plant in Bristol, Pennsylvania into the Delaware River in March 2023, or because of the public notice and drinking water advisories issued in connection with that release, you should not fill out this Claim Form.

Each Eligible Claimant who completes and submits this Claim Form will be distributed a Base Payment amount. To receive the applicable Base Payment, you must complete Parts I and III of this Claim Form. You do not need to provide additional documentation to receive a Base Payment unless your current mailing address is not part of the Impacted Area. If you suffered additional costs and losses above the automatic Base Payment amount, and have proof of such economic losses, you must also complete Part II of this Claim Form and submit additional supporting documentation in order to be eligible to receive compensation above the Base Payment amount.

To complete this Claim Form and receive a Base Payment you must:

- (a) completely fill out Part I -- Claimant Information;
- (b) personally sign the Attestation, Certification and Declaration in Part III;
- (c) return your completed Claim Form and any requested documentation to the Settlement Administrator by mail or by the Website of www.PhillyWaterSettlement.com.

If you suffered economic losses above the Base Payment amount and are requesting additional compensation, you must also:

- (d) completely fill out Part II -- Financial Harm and attach all documentation of your alleged harm as requested below.

YOU MUST SUBMIT YOUR COMPLETED CLAIM FORM BY JULY 17, 2024 FOR IT TO BE CONSIDERED TIMELY.

You may fill out this Claim Form in hard copy or you may download and fill out the electronic Claim Form located at www.PhillyWaterSettlement.com. The electronic Claim Form can be uploaded using the HIPAA-compliant portal also located on the website. If you fill out the Claim Form in hard copy, you may return it by uploading it using the HIPAA-compliant portal at www.PhillyWaterSettlement.com or by mail to Philly Water Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

If you have any questions about this Claim Form, please call the Settlement Administrator toll-free at 1-888-605-0772 or contact the Settlement Administrator using the Contact Us form located at www.PhillyWaterSettlement.com. For additional information about the Settlement, please visit www.PhillyWaterSettlement.com.

PART I -- CLAIMANT INFORMATION

Note -- All information you provide on this Claim Form will be kept strictly confidential by the Settlement Administrator and will be destroyed by the Settlement Administrator after the distribution of the settlement proceeds.

Name of Claimant: _____

Current Mailing Address: _____

Telephone: _____ Email: _____

Address in March 2023 (Leave blank if same as Current Mailing Address):

If your current mailing address is not within the Impacted Area (as the following paragraph explains) you must attach to this Claim Form a copy of documentary proof of having resided in the Impacted Area (or in the case of an entity operating a physical business location in the Impacted Area) in March 2023. Such documentary proof may include a driver's license, copy of a lease, mortgage, utility bill, credit card statement, deed, pay stub, insurance bill, court documents including citations listing the Claimant's address, or similar document showing that the Claimant resided (or in the case of an entity operated a physical business location) in the Impacted Area during the Relevant Time Period.

The Impacted Area are the following Zip Codes: 19102, 19103, 19106, 19107, 19109, 19111, 19112, 19114, 19115, 19116, 19119, 19120, 19121, 19122, 19123, 19124, 19125, 19126, 19128, 19129, 19130, 19132, 19133, 19134, 19135, 19136, 19137, 19138, 19140, 19141, 19144, 19145, 19146, 19147, 19148, 19149, 19152, 19154.

Note -- It is also your responsibility to let the Settlement Administrator know if your mailing address changes at any time before you receive a Settlement Payment or if you want future mail sent to a different mailing address.

PART II -- FINANCIAL HARM

Base Payment Amount:

If you suffered an economic loss (such as the purchase of bottled water, transportation costs, or business interruption losses) as a result of the release of chemicals from the Altuglas chemical plant in Bristol, Pennsylvania into the Delaware River in March 2023, or because of the public notice and drinking water advisories issued in connection with that release, but either had a loss less than the amount of the Base Payment, or do not have proof of your loss, you may leave Part II blank, but must sign the attestation at the end of this Claim Form.

Additional Compensation:

If you seek to receive payment for economic losses (such as the purchase of bottled water, transportation costs, business interruption losses) above the Base Payment amount please list and provide an itemization below of all economic losses you claim were as a result of the release of chemicals from the Altuglas chemical plant in Bristol, Pennsylvania into the Delaware River in March 2023, or because of the public notice and drinking water advisories issued in connection with that release.

Additionally, to be eligible to receive additional compensation above the Base Payment, you must also:

1) attach and return to the Settlement Administrator the corresponding receipts, invoices, checks, credit card statements, expense records or other verifiable and objective indicia of economic expenses incurred for water purchases, transportation costs, or other similar expenses;

And/or

2) attach income statements, and similar financial documents showing business income losses incurred, including decreased earnings or revenue figures during the Relevant Time Period as compared to similar time periods outside of the Relevant Time Period.

If you need more room, please continue the list on a separate sheet of paper and return it to the Settlement Administrator along with this Claim Form and the required documentation. If you do not have documentation, you will be entitled to a base payment as defined in the Settlement Agreement if you affirm you had out of pocket losses.

Specific description of each non-reimbursed out-of-pocket expense, including bottled water, travel expenses to purchase bottled water, business income loss, or other economic loss for which you are requesting reimbursement.	Date of the expense	Dollar amount of the specific expense
Total Amount Claimed:		

PART III – CERTIFICATION AND DECLARATION

I declare under penalty of perjury that the foregoing is true and correct and affirm under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge. I attest under penalty of perjury, to the following:

1. I resided in, OR had a physical business location in, the Impacted Area in March 2023;
2. I suffered an economic loss (such as the purchase of bottled water, transportation costs, or business interruption losses) as a result of the release of chemicals from the Altuglas chemical plant in Bristol, Pennsylvania into the Delaware River in March 2023, or because of the public notice and drinking water advisories issued in connection with that release.
3. I have not already been compensated by another person, or insurance company for the losses I am seeking to recover.

SIGNATURE

DATE

PRINT NAME

PART IV -- REMINDER CHECKLIST BEFORE YOU SUBMIT THIS CLAIM FORM

1. Make sure that you fully completed Part I -- Claimant Information.
2. Make sure that if your current mailing address is no longer in the Impacted Area that you submit documentation showing that in March of 2023 your business or home residence was inside the Impacted Area.
3. If you are seeking additional compensation above the Base Payment Amount, make sure that you fully completed Part II, and submit the required documentary proof.
4. Make sure that you signed the Certification and Declaration in Part III.
5. Make sure that when you return your Claim Form, you include a copy of all required documentation requested above.
6. Make sure that you retain a copy of this Claim Form and your supporting documentation for your records.