

Williams Emtal Talc Settlement Fund

- Settlement Trustee Adjudication Request -

Claimant hereby requests that the Settlement Trustee review his/her Claim Submission and determine the following contested issue(s):

List specific issues or reasons for the appeal or challenge to the Administrator's Claims Adjudication and/or, if applicable, it's recommended EIF award amount.

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is complete and accurate and that a good faith basis and valid grounds and reasons for the appeal exist.

Signature of Claimant, Claimant's Representative		Date (mm/dd/yyyy)	Claimant Identification No.
Print Name Here		Relationship to Injured Party	
Injured Party Last Name (If different from claimant)	Injured Party First Name (If different from claimant)	Injured Party Social Security No.	

This form must be submitted within twenty (20) days of the date of the Notice of Administrator's Claim Adjudication.