

When you have selected an Exigent Hardship Claim, you must complete and submit both the general Proof of Claim Form and the attached Supplemental Exigent Hardship Claim Form.

Simply print this download and complete the supplemental form in its entirety. Answer all questions that apply to you and be sure to sign and date the last page.

Once you have completed the form it should be mailed to DII Silica Trust at:
P.O. Box 106
Wilmington, DE 19899

If you are registered for DII Silica Online, you may file the general Proof of Claim online; however, the Supplemental Exigent Hardship claim form must be uploaded or faxed to the Trust.

DII INDUSTRIES, LLC SILICA PI TRUST

Supplemental Proof of Claim Form

Exigent Hardship Claim

**Submit completed claims to:
DII Industries, LLC Silica PI Trust
P.O. Box 106
Wilmington, DE 19899**

In order to qualify for consideration as an Exigent Hardship Claim the general Proof of Claim Form and this Supplemental Claim Form must be completed in their entirety.

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets.

Part 1: Injured Party Information

Name: _____ **Social Security #:** _____ - _____ - _____
Gender: Male _____ Female _____ **Date of Birth:** ____/____/____

Describe the nature of your hardship:

Explain how this hardship is linked to your silica-related injury?

Have you engaged a credit service to assist with your debts? Yes
 No

If yes, what is the name, address and phone number of the service?

Name: _____
Address: _____
Phone: _____

Please list the financial dependents that you claim on your Federal Income Tax Return.

Please include a copy of your tax return for the past two (2) years.

DII INDUSTRIES, LLC SILICA PI TRUST

Supplemental Proof of Claim Form

Exigent Hardship Claim

All claims must be signed by the claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, the information submitted is accurate and complete.

Signature of claimant or representative

Please print the name and relationship to the claimant of the signatory above.

Date: ___/___/___

Please review your submission to ensure it is complete.