

INSTRUCTIONS FOR FILING A CLAIM WITH THE DII SILICA TRUST

The DII Industries, LLC Silica Personal Injury Trust (“Silica PI Trust”) has been established under Chapter 11 of the Bankruptcy Code to resolve all silica-related personal injury claims for which a Halliburton (“Non-HW”) or a Harbison-Walker (“HW”) entity has legal responsibility. The Silica PI Trust is organized to provide fair, equitable and substantially similar treatment for all Silica PI Trust claims that may presently exist or arise in the future.

This letter is intended to summarize certain of the more salient issues related to filing a claim with the Silica PI Trust. Nothing in this letter is intended to replace or modify the requirements of the Trust Distribution Procedures (“TDP”). All claimants are encouraged to thoroughly read and understand the TDP (enclosed) before filing a claim with the Silica PI Trust.

****PLEASE NOTE: The Third Amended and Restated TDP, effective March 3, 2023, contains the most current requirements for the processing and payment of claims filed with the Silica PI Trust. To the extent these instructions conflict with the terms and conditions of the TDP, the TDP governs.**

For current information on exposure evidence requirements, please see the Instructions for Completing Part 5 of the DII Industries, LLC Silica PI Trust Proof of Claim Form available on the Trust’s website at: <http://www.diisilicatrust.com/resources/documents/> prior to completing the Claim Form.

Filing Policies:

- All multiple exposure claims against both Non-HW and HW must be specified at the time of initially filing a Claim Form. A claimant cannot file a Claim Form against one entity and then file a second Claim Form against the other at a later date.
- Claims alleging Disease Level I or II that have been previously filed with and paid by the DII Industries, LLC Asbestos Personal Injury Trust (“Asbestos PI Trust”) will not be paid by the Silica PI Trust.

Filing Methods:

These procedures provide for the filing of an Expedited Review (ER) claim in certain situations, the filing of an Individual Review (IR) claim, and Deferral of a claim for later consideration. The purposes of these filing methods are:

- *ER Claims* - The ER election is designed primarily to provide an expeditious, efficient and inexpensive method of liquidating all claims where the claim can be easily verified as meeting presumptive medical and exposure criteria. The ER method allows claimants to rapidly receive fixed and certain claim payments using a substantially less burdensome application process.
- *IR Claims* – The IR election is designed for claimants that do not meet the presumptive medical and/or exposure criteria, or claimants alleging Disease Levels II – IV who seek to establish a liquidated value for the claim that is greater than its Scheduled Value in the ER process. IR provides a claimant with an individual consideration and evaluation of his or her claim. In the case of Disease Levels II – IV, payments may be either greater or less than the ER payment that a claimant might have received. Because the detailed examination and individualized valuation require greater time and effort, claims electing IR may be processed after claims filed at the same time electing ER.
- *Deferral* – By written request, a claimant may elect to defer consideration of his or her claim up to three (3) years without waiving any rights to that claim. The claimant may later choose a filing option at the time the deferral is lifted.

Payment Schedule:

Claims will be paid in order based on the date their liquidation became final.

Settlement Offers:

- *ER Claims* - Valid ER claims will be paid the following Scheduled Values, multiplied by the Payment Percentage that is effective at the time of liquidation.

TDP Scheduled Values for Non-HW and HW Claims

Disease Category	Scheduled Disease	Non-HW	HW
IV	Complex Silicosis	\$11,555	\$55,796
III	Lung Cancer	\$5,330	\$25,737
II	Severe Silicosis	\$3,500	\$11,000
I	Silicosis	\$1,258	\$3,954

Payment will be made as soon as practicable after receipt and review of the completed Claim Forms and receipt of a fully executed release. These values were derived to reflect the settlement history of the Non-HW and HW entities and the rights claimants would have in the tort system absent the bankruptcy process.

- *IR Claims* – For claims that (i) fail to meet the presumptive medical and exposure criteria for Disease Level I, or (ii) have previously been submitted and paid by the Asbestos PI Trust, the Silica PI Trust will deny the claim, or, if satisfied that the claim would be cognizable and valid in the tort system, offer an amount up to the Scheduled Value for the Disease Level. Claimants holding claims in Disease Levels II – IV are eligible to seek IR review. Since the IR process is intended to result in offers equal to the full liquidated value for each claim, a claimant may be offered an amount that exceeds or is less than the Scheduled Value.

The value for a claim involving a Disease Level II – IV will not exceed the Maximum Values indicated below unless the claim meets requirements of an Extraordinary Claim as described in Section 4.4(a) in the TDP.

TDP Scheduled and Maximum Values for Non-HW Claims

Category	Disease Scheduled Disease	Non-HW Scheduled Value	Non-HW Maximum Value
IV	Complex Silicosis	\$11,555	\$17,176
III	Lung Cancer	\$5,330	\$17,176
II	Severe Silicosis	\$3,500	\$18,137
I	Silicosis	\$1,258	N/A

TDP Scheduled and Maximum Values for HW Claims

Disease Category	Scheduled Disease	HW Scheduled Value	HW Maximum Value
IV	Complex Silicosis	\$55,796	\$82,824
III	Lung Cancer	\$25,737	\$82,824
II	Severe Silicosis	\$11,000	\$56,863
I	Silicosis	\$3,954	N/A

Releases:

A claimant accepting an offer must execute a full release for all malignancy payments, or a limited release for non-malignancy payments. Any claimant who receives a payment for a non-malignant silica injury may file a new *silica personal injury claim* for a silica-related malignancy that is *subsequently* diagnosed. Any additional payments to which such claimant may be entitled shall not be reduced by the amount of the prior payment for a non-malignant disease.

Appeal or Review of Trust Evaluation:

If the Silica PI Trust decides that the holder of a *silica personal injury claim* should not receive an ER payment, the decision is not reviewable. However, the claimant may then elect to file an IR claim using the appropriate forms and procedures. It should be noted, however, that the medical and exposure standards are very similar for ER and IR claims.

How to initiate a claim: If a claimant is qualified and elects to file a claim, he or she must file a complete Claim Form and submit all supporting documentation indicated.

A sample of the Claim Form is enclosed and may be copied to provide forms for all claimants represented by a law firm. A claimant must submit the appropriate, fully completed Claim Form, including all supporting information referenced in the form. In addition, a claimant may file on-line using the DII Silica PI Trust web site www.DIISilicaTrust.com. Individuals wishing to file on-line may download the electronic filer agreement from the website. Any claim filing, whether electronic or on paper, that is not complete, or is missing any of the requested information, will not be processed until completed by the claimant.

Where to Submit Claim Forms:

All paper submissions to the DII Silica Trust should be addressed to:

DII Industries, LLC Silica Personal Injury Trust Claims Processing Facility
P.O. Box 106
Wilmington, Delaware 19899

How to Qualify for Payment:

To qualify for payment, a claimant must provide credible medical and exposure evidence and a submission deemed to be complete by the Silica PI Trust.

Evidence Required to Establish Exposure to HW or Non-HW Silica-Containing Products:

To meet the presumptive exposure requirements of ER the claimant must show by credible evidence, for any or all Disease Levels, Company Exposure and Significant Occupational Exposure as defined in section 4.7 of the TDP. If a claimant cannot meet the presumptive exposure criteria, the claimant may seek Individual Review.

Medical Evidence Required to Establish a Silica-Related Disease:

In General – All diagnoses of a Disease Level shall be accompanied by either:

- (i) a statement by the physician providing the diagnosis that at least ten (10) years have elapsed between the date of first exposure to silica or silica-containing products and the diagnosis, or
- (ii) a history of the claimant’s exposure sufficient to establish a ten-year latency period. A finding by a physician that a claimant’s disease is “consistent with” or “compatible with” silicosis will not alone be treated by the Silica PI Trust as a diagnosis.

For Disease Levels I and II – All diagnoses of Silicosis and Severe Silicosis (Disease Levels I-II) shall be based, in the case of a claimant who was living at the time the claim was filed, upon a physical examination of the claimant by a board-certified doctor of pulmonology, internal medicine, or occupational medicine providing the diagnosis of bilateral silicosis. Claimants must also provide an x-ray reading by a certified B- reader or a CT scan read by a board-certified doctor of pulmonology showing silicosis or severe silicosis.

In the case of a claimant who was deceased at the time the claim was filed, all diagnoses of silicosis or severe silicosis must be based upon:

- (i) medical records by the board-certified doctor of pulmonology providing the diagnosis of bilateral silicosis,
- (ii) pathological evidence provided by board-certified pathologist of the silica-related disease, or
- (iii) either an x-ray reading by a qualified B-reader or a CT scan read by a board-certified doctor of pulmonology showing bilateral silicosis or severe silicosis.

For claims in Disease Level I, claimants must provide meaningful and credible evidence of:

- (i) an ILO of 1/0 or greater and round opacities of type p, q, or r involving, but not limited to, the upper lung lobes; and
- (ii) $FVC \leq 80\%$, or $FEV1 \leq 75\%$ with $DLCOb \leq 70\%$.

For claims in Disease Level II, claimants must provide meaningful and credible evidence of:

- (i) ILO of 2/1 or greater and round opacities of type p, q, or r involving, but not limited to, the upper lung lobes; and
- (ii) FVC \leq 65%, or FEV1 \leq 65% or DLCOsb \leq 60%.

For Disease Levels III and IV – All diagnoses of Lung Cancer (Disease Level III) shall be based upon a diagnosis of underlying bilateral silicosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine based upon a physical examination of the claimant, a physical history (including history of smoking), and an x-ray reading (or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating that the claimant had underlying bilateral silicosis). Claimants must also provide:

- (i) diagnosis of primary lung cancer, by a board-certified doctor of pulmonology or oncology, based upon a physical examination of the claimant, a physical history (including history of smoking), and an x-ray (or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating that the claimant had lung cancer, and
- (ii) medical documentation stating that the claimant's lung cancer was caused by exposure to silica (or, if the claimant is deceased, a pathology report indicating the same).

All diagnoses of Complex Silicosis (Disease Level IV) shall be based upon:

- (i) a diagnosis of underlying bilateral silicosis by a board-certified doctor of pulmonology, internal medicine, or occupational medicine based upon a physical examination of the claimant, a physical history, and an x-ray reading (or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating that the claimant had underlying bilateral silicosis),
- (ii) diagnosis of tuberculosis, coalescence of silicotic opacities (PMF), or silico-proteinosis by a board-certified doctor of pulmonology, based upon a physical examination of the claimant, a physical history, and an x-ray (or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating that the claimant had tuberculosis, PMF, or silico-proteinosis), or diagnosis of rheumatoid arthritis, scleroderma or lupus by a board-certified doctor of rheumatology, based upon a physical examination of the claimant, a physical history, and an x-ray (or, if the claimant is deceased, a pathology report by a

board-certified pathologist indicating that the claimant had rheumatoid arthritis, scleroderma or lupus), and

- (iii) medical documentation stating that the claimant's complicating disease was caused by exposure to silica (or, if the claimant is deceased, a pathology report by a board-certified pathologist indicating the same).

Statutes of Limitation on Filing a Claim:

To be eligible for a place in the FIFO Processing Queue, a claim must meet either:

- (i) For claims first filed in the tort system against one or more of the Halliburton Entities or the Harbison-Walker Entities prior to the DII Industries Petition Date, the applicable federal, state, and foreign statute of limitation and repose that was in effect at the time of the filing of the claim in the tort system, or
- (ii) For claims not filed against one or more of the Halliburton Entities or the Harbison-Walker Entities in the tort system prior to the DII Industries Petition Date, the applicable statute of limitation that was in effect at the time of the filing with Silica PI Trust. However, the running of the relevant statute of limitation shall be tolled as of the earliest of:
 - a. The actual filing of the claim against one or more of the Halliburton Entities or the Harbison-Walker Entities prior to the DII Industries Petition Date, whether in the tort system or by submission of the claim to one or more of the Halliburton Entities or the Harbison-Walker Entities pursuant to an administrative settlement agreement;
 - b. The filing of the claim against another defendant in the tort system prior to the DII Industries Petition Date if the claim was tolled against one or more of the Halliburton Entities or the Harbison-Walker Entities at the time by an agreement or otherwise;
 - c. The filing of a claim after the DII Industries Petition Date but prior to the DII Industries Effective Date against another defendant in the tort system;

- d. The filing of a proof of claim with the requisite supporting documentation with the Silica PI Trust after the DII Industries Effective Date.

If a Silica Unsecured PI Trust Claim meets any of the tolling provisions described in the preceding sentence and the claim was not barred by the applicable statute of limitation at the time of the tolling event, it will be treated as timely filed if it is actually filed with the Silica PI Trust within three (3) years after the DII Industries Effective Date. In addition, any claims that were first diagnosed after the DII Industries Petition Date, irrespective of the application of any relevant statute of limitation or repose, shall be filed with the Silica PI Trust within three (3) years after the date of diagnosis or within three (3) years after the DII Industries Effective Date, whichever occurs later.

Questions and Assistance:

If you have questions concerning these filing procedures or forms, you may reach the Silica PI Trust in a variety of ways. The Silica PI Trust has established an automated helpline and website to report on the status of Trust operations and respond to frequently asked questions. The helpline may be reached at (800) 705-7148, and the Internet web site address is *www.DIISilicaTrust.com*.

Sincerely,

Silica PI Trustee

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