

# Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873) Phase One Special Needs Claims Form

**CLAIM SUBMISSION DEADLINE: 45 DAYS AFTER SUBMITTING THE ACTION FUND CLAIM FORM**

## INSTRUCTIONS

*All capitalized terms not otherwise defined herein shall have the meanings set forth in the Settlement Agreement, available for review at [www.PFASWaterSettlement.com](http://www.PFASWaterSettlement.com)*

Please follow the instructions below to submit a Special Needs claim for the AFFF Products Liability Litigation Settlement Program. A completed copy of this Special Needs Claims Form must be submitted no later than 45 days after submitting the Phase One Action Fund Claim Form. Late Special Needs Claims Forms will not be considered.

A Public Water System (PWS) may receive compensation for actions taken to reduce or eliminate the risk of supplying contaminated water. Special Needs may include, but are not limited to, drilling new wells, purchasing supplemental water, taking wells offline or rerouting pipes. Detailed supporting documentation must be submitted.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIMS FORM. THIS CLAIMS FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [www.PFASWaterSettlement.com](http://www.PFASWaterSettlement.com).

For any questions about this Special Needs Claims Form, you may contact a Claim Representative at 1-855-714-4341 or [info@pfaswatersettlement.com](mailto:info@pfaswatersettlement.com). Claims Forms submitted by mail should be sent to the Claims Administrator at the following address:

AFFF Public Water System Claims  
PO Box 4466  
Baton Rouge, LA 70821

## SECTION 1. PUBLIC WATER SYSTEM (PWS) INFORMATION

Public Water System (PWS) Name			
PWS Identification Number (PWSID)		Employer Identification Number	_____ - _____

## SECTION 2. SPECIAL NEEDS CLAIM INFORMATION

### NARRATIVE OF NEED/ISSUE

--	--

<b>Total Amount Claimed</b>	\$ _____ . _____
-----------------------------	------------------

*Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873)*  
Phase One Special Needs Claims Form

**SECTION 3. CERTIFICATION AND SIGNATURE**

By signing this Claims Form, Authorized Representative represents and warrants the following on behalf of the Settlement Class Member:

- The Authorized Representative has authority to submit a claim and to release all Released Claims on behalf of the Settlement Class Member and all other Persons who are Releasing Persons by virtue of their relationship or association with the Settlement Class Member.
- The Settlement Class Member has tested each of its Water Sources for PFAS.
- The Settlement Class Member authorizes the Claims Administrator and/or Special Master to provide all Claims Form information, including PFAS test result details, to the relevant Parties as required by the terms of the Settlement Agreement.
- The Settlement Class Member has consulted with any other entity that has incurred costs in connection with efforts to removed PFAS from, or prevent PFAS from entering, Settlement Class Member's Public Water System, and that Settlement Class Member's claim is on behalf of any such other entity.

I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided within this Claims Form and its attachments are true and correct to the best of my knowledge, information, and belief.

Authorized Representative's Signature:	
----------------------------------------	--

Authorized Representative's Printed Name:	
-------------------------------------------	--

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ (County), \_\_\_\_\_ (State).

**DOCUMENTATION REQUIREMENTS**

Please submit **ALL** documentation reflecting the information provided above.