

# Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873)

## Phase Two Testing Compensation Claims Form

**CLAIM SUBMISSION DEADLINE: 01/01/2026**

### 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 Testing Compensation claim for the AFFF Products Liability Litigation Settlement Program. A completed copy of this Claims Form must be submitted no later than January 01, 2026. Late Testing Compensation Claims Forms will not be considered.

A Public Water System (PWS) should ONLY fill out this claim form if ALL testing of all Water Sources as of June 22, 2023 indicated no detection of PFAS at any level OR the PWS has not yet completed Baseline Testing. Compensation from the Testing Fund is limited to one payment per Water Source owned and operated by the PWS.

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 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

#### SECTION 1.1 PWS GENERAL INFORMATION

<b>Public Water System (PWS) Name</b>			
<b>PWS Identification Number (PWSID)</b>		<b>Employer Identification Number</b>	_ _ _ - _ _ _ _ _ _
<b>PWS Facility Address</b>	Street		
	City	State	Zip

#### SECTION 1.2 PWS CONTACT INFORMATION

*\*Please note that communication for this Settlement may extend into the year 2030. Please provide contact information with this in mind and contact the Claims Administrator if any updates are required.*

<b>Name of PWS Primary Contact</b>		<b>Job Title of PWS Primary Contact</b>	
<b>Telephone Number for Primary Contact</b>		<b>Fax Number</b>	
<b>Email Address for Primary Contact</b>		<b>PWS "General" Email (if available)</b>	
<b>Name of PWS Secondary Contact</b>		<b>Job Title of PWS Secondary Contact</b>	
<b>Telephone Number for Secondary Contact</b>	( _ _ _ ) _ _ _ - _ _ _ _	<b>Email Address for Secondary Contact</b>	
<b>PWS Mailing Address</b> <small>*Payments will be sent to this address</small>	Street/PO Box		
	City	State	Zip

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SECTION 1.3 LAWSUIT INFORMATION (CHECK YES OR NO)		YES	NO
Has PWS filed a lawsuit to recover damages associated with PFAS contamination of its public drinking water wells or surface water systems?			
If yes, is the lawsuit currently pending/filed in the AFFF MDL?			
If the lawsuit is NOT currently in the AFFF MDL, in which court is it pending?			
Case Number			
Date Filed			
SECTION 1.4 ATTORNEY INFORMATION (IF APPLICABLE)		YES	NO
Is the PWS Represented by an Attorney? (Check Yes or No)			
Attorney Name		Law Firm Name	
Telephone Number	( _ _ _ ) _ _ _ - _ _ _ _	Email Address	
Law Firm Employer Identification Number			
SECTION 2. QUALIFYING PWS INFORMATION			
QUALIFYING QUESTIONS (CHECK YES OR NO)		YES	NO
Is the PWS required to test under UCMR-5?			
Is the PWS required to test for PFAS by state law?			
Does the PWS serve at least 15 service connections used by year-round residents?			
Does the PWS serve at least 25 year-round residents?			
Does the PWS serve fewer than 3,300 people according to SDWIS as of June 30, 2023?			
Is the PWS in the United States of America or one of its territories?			
Is the PWS owned or operated by a state (or territory of the United States) or the federal government?			
PWS CODES WITHIN THE SAFE DRINKING WATER INFORMATION SYSTEM (SDWIS)			
<b>What is the PWS Owner Type Code as listed in SDWIS?</b> <i>*Please enter one of the following: "L-Local Government" or "M-Public/Private" or "P-Private" or "N-Native American" or "S-State Government" or "F-Federal Government"</i>			
<b>If the PWS has an Owner Type Code of "P-Private", what is the operation type of the PWS?</b> <i>*Please enter one of the following: "Private For-Profit Utility", "Nonprofit Utility", or "Ancillary Utility"</i>			
<b>If the PWS Owner Type Code is listed in SDWIS as either "S-State Government" or "F-Federal Government," does the PWS have the authority to sue or be sued in its own name?</b> <i>*Please enter one of the following: "Yes" or "No"</i>			
<b>What is the PWS Facility Activity Code as listed in SDWIS?</b> <i>*Please enter one of the following: "Active", "Inactive", "Change from public to non-public", "Merged with another system" or "Potential future system to be regulated"</i>			
<b>What is the PWS classification as listed in SDWIS?</b> <i>*Please enter one of the following: "Community Water System" or "Non-Transient Non-Community Water System" or "Transient Non-Community Water System"</i>			
<i>Note: If (1) your type code is "Transient Non-Community Water System" OR (2) your type code is "Non-Transient Non-Community Water System" AND the PWS serves 3,300 people or fewer, skip to Section 4.</i>			

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**SECTION 3. WATER SOURCE SUMMARY INFORMATION**

*Please answer the following questions for all Water Sources that are (a) owned or operated by the PWS, (b) are NOT purchased water connections, AND (c) have ever been used as Drinking Water.*

How many groundwater wells are owned or operated by the PWS and have never had a Qualifying Test Result showing a Measurable Concentration of PFAS?	
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How many surface water systems are owned or operated by the PWS and have never had a Qualifying Test Result showing a Measurable Concentration of PFAS?	
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**SECTION 4. 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 Testing Compensation Claims Form and its attachments are true and correct to the best of my knowledge, information, and belief.

Authorized Representative's Signature:	
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Authorized Representative's Printed Name:	
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Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ (County), \_\_\_\_\_ (State).