EXHIBIT C

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In Re Flint Water Cases

No. 5:16-cv-10444-JEL-MKM

HON. JUDITH E. LEVY

MAG. MONA K. MAJZOUB

EXHIBIT 2

FLINT WATER SETTLEMENT CLAIM FORM

This explains what you must do to make your claim for a payment from the Flint Water Settlement.

This form is different from the original Registration Form that you previously completed. By submitting that form, you registered for the settlement. Now, you must choose a Settlement Category and submit qualifying information to make your claim. This Claim Form will allow you to choose a Settlement Category and to apply for payment.

PLEASE CAREFULLY READ ALL THE INSTRUCTIONS BEFORE SUBMITTING YOUR CLAIM

INSTRUCTIONS AND DOCUMENT REQUIREMENTS

Documents You Must Provide: To be eligible to receive a settlement payment, you must submit the following documents ("Claim Materials") by [INSERT DATE]:

- This completed and signed Claim Form, with the specific Settlement Category forms applicable to Claimant. You must complete all applicable blanks in this form.
- Records or documentation required for the Settlement Category you have selected in this Claim Form in section 4 below. Please refer to section 4 below, the attached Compensation Grid, and the forms accompanying the Settlement Category you selected to see what specific documentation you will need to provide. The Settlement Grid is also available on the website: officialflintwatersettlement.com.
- Copy of Claimant's (or representative's, if applicable) identification document, such as State-issued ID card, driver's license, birth certificate, or similar document.
- Completed and signed Release form. The form is attached, and also available on the website officialflintwatersettlement.com.
- Completed and signed Lien Disclosure form. The form is attached, and also available on the website officialflintwatersettlement.com.
- If you are representing a deceased person, Court documentation showing that you have been appointed to represent the deceased person's estate and/or interest. If you already provided these documents when registering, you do not need to provide them again.
- If you are representing a legally incapacitated person or minor, Court documentation showing that you have been appointed by the Court to represent that person, or documents proving that you have the relationship to that person described in section 2 of this form. If you already provided these documents when registering, you do not need to provide them again.

1. Claimant Information

In this section, fill in the information for the person who is the Claimant. If you are submitting this form for yourself, then you are the "Claimant." Each person or entity must fill out his, her, or its own Claim Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated, or minor person. That person is the "Claimant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 2 of this form and provide the documents described there (unless you already provided those documents with the Registration Form).

Claimant	Last	First	Middle
Social Security Number	☐☐☐■☐☐■☐☐☐☐	**Date of Birth** ____/____/_____(Month/Day/Year)	
Current Address of Claimant	Street/P O Box		Apt /Suite
	City	State	Zip
	Dates resided at this address:	From	To
All other Claimant Addresses since April 25, 2014 (if not the same as current address)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To
Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information.	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address:	From	To

Claimant's Contact Information. If Claimant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 2 below.	Phone	☐ Work ☐ Mobile ☐ Home
	Alt Phone	☐ Work ☐ Mobile ☐ Home
	Email	

2. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION
(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

Is the Claim being brought by a next friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person?

YES ☐ **NO ☐**

If Yes, **complete this section 2.**

Relationship to Claimant Attach documents proving that you have the relationship to, or the legal appointment for, the Claimant in the box(es) you check. If you already provided these documents when registering, you do not need to provide them again. The chart included with the instructions identifies the documents you need to provide. You must also provide notice to the Claimant's other relatives or court-appointed representatives listed that you are submitting this Claim for the Claimant. For example, if you are the Claimant's sibling, you must notify Claimant's other siblings, parents, aunts,	**Check all that apply**: ☐ Spouse ☐ Parent ☐ Stepparent ☐ Adult Child ☐ Adult Sibling ☐ Grandparent ☐ Adult Aunt ☐ Adult Uncle ☐ Legal Guardian or other court-appointed representative ☐ Estate Administrator ☐ Other (specify):

uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are submitting this Claim for the Claimant.			
Representative's Name	Last	First	Middle
Representative's Address	Street/P O Box		Apt /Suite
	City	State	Zip
Representative's Social Security Number	☐☐☐■☐☐■☐☐☐☐	**Date of Birth** ___/___/___(Month/Day/Year)	
Date of Death of Claimant (if applicable)	___/___/___ (Month/Day/Year)		
Representative's Contact Information	Phone	☐ Work ☐ Mobile ☐ Home	
	Alt Phone	☐ Work ☐ Mobile ☐ Home	
	Email		

3. ATTORNEY INFORMATION

Did you hire an attorney to represent or assist you?

YES ☐ **NO** ☐

If Yes, **complete this section 3.**

Attorney's Name	Last	First	
Firm Name	Law Firm		
Address	Street		
	City	State	Zip
Phone and Email	Phone	Email	

4. SETTLEMENT CATEGORIES

THE ATTACHED COMPENSATION GRID, ALONG WITH ITS ACCOMPANYING FORMS, EXPLAINS THE SETTLEMENT CATEGORIES AND THE PROOF REQUIREMENTS. THE NUMBERS IN THE CHART BELOW ARE THE SETTLEMENT CATEGORY NUMBERS IN THE COMPENSATION GRID. FOR EXAMPLE – THE NUMBER 1 BELOW MEANS SETTLEMENT CATEGORY 1 IN THE COMPENSATION GRID. PLEASE IDENTIFY THE SETTLEMENT CATEGORY OR CATEGORIES THAT APPLY TO THE CLAIMANT.

CHECK ALL THAT APPLY - IF CLAIMANT QUALIFIES FOR MORE THAN ONE CATEGORY IN CATEGORIES 1 - 27, THEY WILL RECEIVE THE ONE HIGHEST PAYING CATEGORY FOR WHICH THEY QUALIFY

	MINORS				
	Minors 6 years old or younger on the date the individual was first exposed to Flint water:		**Minors age 7-11 years old on the date the individual was first exposed to Flint water:**		**Minors age 12-17 years old on the date the individual was first exposed to Flint water:**
□	1 - high lead level	□	8 - high lead level	□	15 - high lead level
□	2 - lead level or cognitive deficit	□	9 - lead level	□	16 - lead level
□	3 - lead level, cognitive deficit, preterm birth or low birth weight	□	10 - lead level or cognitive deficit	□	17 - lead level or cognitive deficit
□	4 - lead level or formula-fed infant	□	11 - lead level	□	18 - lead level
□	5 - residential water lead or lead/galvanized steel service lines	□	12 - residential water lead or lead/galvanized steel service lines	□	19 - residential water lead or lead/galvanized steel service lines
□	6 - no blood or bone lead level	□	13 - no blood or bone lead level	□	20 - no blood or bone lead level
□	7 - exposed to Flint water only after July 31, 2016	□	14 - exposed to Flint water only after July 31, 2016	□	21 - exposed to Flint water only after July 31, 2016
	ADULTS - 18 and over on the date the individual was first exposed to Flint water:		**Residential Property Claims (Owners/Renters): (Includes those who paid or were legally liable for water bills)**		**Business Property and Economic Loss Claims:**
□	22 - high lead level	□	28 - residential property claim	□	29 - business property damage (Includes those who paid or were legally liable for water bills)
□	23 - lead level or serious personal injury			□	30 - business economic loss
□	24 - physical injury				
□	25 - exposed to Flint water only after July 31, 2016, and have a lead level or physical injury				
□	26 - women miscarriages				
□	27A - legionnaires', non-death				
□	27B - legionnaires' death				

The descriptions in the above chart are only headings to help direct you to the Compensation Grid categories. The actual descriptions in the Compensation Grid categories are more detailed and have specific requirements that must be met for a Claimant to qualify for a payment under a particular category. The Compensation Grid also describes the proof that is required from the Claimant for each category. An additional form for each category chosen by the Claimant will need to be completed and submitted by or for that Claimant with this Claim Form. A complete description of the forms required is attached in the Instructions and can also be found at the website: officialflintwatersettlement.com. To the extent that an affidavit is required, a form is attached and can also be found on the website.

For example, Category 3 of the Compensation Grid is for individual Claimants age 6 and younger when they were first exposed to Flint water. The next friend for that individual Claimant must certify and provide supporting documents that the Claimant for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016, resided, dwelled, or attended school or day care in Flint, or was otherwise exposed to Flint water. Documented blood or bone lead test results within certain dates showing certain lead levels must also be provided for that Claimant. Alternatively, a report could be provided from an expert within a certain time period showing a cognitive deficit of that Claimant and meeting the report requirements specified in the Compensation Grid. Alternatively, infants whose mothers were exposed to Flint water for certain periods, and where the infant was born preterm or with low birth weight within certain time periods, are in this category. Medical records and other documents specified in the Compensation Grid and the accompanying form for this Category 3 will need to be provided to support the individual Claimant's qualification for this category.

5. VERIFICATION

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; all information submitted in support of this Claim, including the information contained within and submitted with this Claim Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 2 above, I have notified all persons who have the identified relationship with the Claimant and who might qualify to act as a Next Friend for the Claimant, that I am submitting this Claim Form on behalf of the Claimant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law.

Claimant or Representative's Signature		**DATE**	/ / (month) (day) (year)
Printed Name	First	MI	Last

Attached are instructions to complete this form as well as any additional related forms that you may need to complete your Claim.