

EXHIBIT H

FLINT WATER SETTLEMENT
DECLARATION OF EXPOSURE

1. My name is _____ and I am making this Declaration based upon my personal knowledge and information.

2. I am making this declaration on behalf of _____ (write in either “myself” or the name of Claimant. The word “Claimant” is used hereafter in this Declaration to refer to either yourself or the name of the Claimant written on the line above in this paragraph.).

3. The Claimant listed above is:
 - An adult
 - A legally incompetent or incapacitated adult
 - Deceased
 - A minor

4. The Claimant resided, dwelled, or lived in the City of Flint at the following addresses during the following periods of time:

Current address of Claimant	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To
This residence is owned/leased by:		Name	Relationship to Claimant
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. Include month, day and year:	From	To
This residence is owned/leased by:		Name	Relationship to Claimant
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates resided at this address. Include month, day and year:	From	To

This residence is owned/leased by:	Name		Relationship to Claimant	
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite	
	City	State	Zip	
	Dates resided at this address. Include month, day and year:	From	To	
This residence is owned/leased by:	Name		Relationship to Claimant	
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite	
	City	State	Zip	
	Dates resided at this address. Include month, day and year:	From	To	
This residence is owned/leased by:	Name		Relationship to Claimant	

5. The Claimant worked, attended school or day care, or was exposed to water in the City of Flint at the following addresses during the following periods of time:

Address of water exposure	Street/P.O. Box		Apt./Suite	
	City	State	Zip	
	Dates exposed to water at this address. Include month, day and year:	From	To	
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care		
Describe why Claimant was at this location or how Claimant was exposed to the Flint water:				
_____ _____ _____				
All other addresses of water exposure since April 25, 2014 (if not the same as above address)	Street/P.O. Box		Apt./Suite	
	City	State	Zip	
	Dates exposed to water at this address. Include month, day and year:	From	To	

Is this a business, school or day care:	<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care		
Describe why Claimant was at this location or how Claimant was exposed to the Flint water:			
_____ _____ _____			
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care	
Describe why Claimant was at this location or how Claimant was exposed to the Flint water:			
_____ _____ _____			
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To
Is this a business, school or day care:		<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care	
Describe why Claimant was at this location or how Claimant was exposed to the Flint water:			
_____ _____ _____			
Addresses (if more than one address during relevant time period)	Street/P.O. Box		Apt./Suite
	City	State	Zip
	Dates exposed to water at this address. Include month, day and year:	From	To

Is this a business, school or day care:	<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Day Care
Describe why Claimant was at this location or how Claimant was exposed to the Flint water:	
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6. During the time that the Claimant resided, dwelled, lived, worked, attended school or day care, or was exposed to water, in the City of Flint at the address(es) listed in paragraphs 4 or 5, the Claimant was exposed to Flint water for at least 21 days during any 30-day period between April 25, 2014 and July 31, 2016.
 Yes No

7. If the answer to paragraph 6 is “No”, during the time that the Claimant resided, dwelled, lived, worked, attended school or day care, or was exposed to water, in the City of Flint at the address(es) listed in paragraphs 4 or 5, the Claimant was exposed to Flint water for at least 21 days during any 30-day period between August 1, 2016 and November 16, 2020.
 Yes No

8. FOR CATEGORY 27 CLAIMANTS ONLY: Was the Claimant exposed to water in the City of Flint at the address(es) listed in paragraphs 4 or 5 during any of the period between April 25, 2014 and December 31, 2018.
 Yes No

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, and all information submitted in this above form is true, correct, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this form and my Claim may result in fines, imprisonment, and/or any other remedy available by law.

Date

Signature of Claimant, Next Friend, or other fiduciary