

IMPORTANT - READ CAREFULLY

INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM LIQUIDATION OF DAYMED HEALTH MAINTENANCE PLAN, INC. / HEALTH CHOICES

1. **Health Choices** is a trademark name used by DayMed Health Maintenance Plan, Inc. On March 4, 1999, DAYMED HEALTH MAINTENANCE PLAN, INC., was determined to be insolvent and ordered liquidated by Judge Michael Watson of the Franklin County Court of Common Pleas of Ohio, 369 S. High St., Columbus, Ohio 43215 (hereinafter referred to as the "Liquidation Court"). The Ohio Superintendent of Insurance was appointed as Liquidator. Pursuant to statute and court order, all policies of insurance and other similar obligations or contracts were canceled no later than 12:01 a.m. April 4, 1999.

The Liquidation Order enjoins all persons who have claims against DayMed Health Maintenance Plan, Inc., from (1) instituting or continuing to prosecute any civil action or claim against DayMed Health Maintenance Plan, Inc. or the Liquidator, (2) from in any way interfering with the possession, control, title, rights, and interests of the Liquidator as provided by Ohio Revised Code Sections 3903.01 to 3903.99, inclusive, or (3) taking any action which tends to give rise to waste of assets, a preference, judgment, attachment, lien or the making of a levy against DayMed Health Maintenance Plan, Inc. or its property or assets subject to the possession or control of the Liquidator.

2. Receipt of a Proof of Claim does not mean you have a claim. The Proof of Claim is sent to any person who might have a claim. Do not return a Proof of Claim unless you are aware of a specific claim with a specific claim amount and can factually support it. If you have no known claim, keep your Proof of Claim and file it immediately should you become aware of a claim. **IF YOU SUBMIT THE PROOF OF CLAIM AND FAIL TO ADEQUATELY DESCRIBE AND DOCUMENT YOUR CLAIM, YOUR PROOF OF CLAIM WILL BE REJECTED OR DENIED.**
3. **ALL MEMBERS / POLICYHOLDERS / INSUREDS:**
 - a. If your claim is for a specific unpaid claim, you must provide an explanation of the claim being asserted. You can submit all of your claims on one Proof of Claim.
 - b. If your claim is for the return of unearned premium, you must submit all documentation evidencing proof of premium payment. If the premium was financed, you must provide the name of the premium finance company.
4. **ALL OTHER CLAIMANTS** should check the appropriate box, enter the amount claimed, and provide full documentation to support the claim. If you have more than one claim against DayMed, you only need to submit one Proof of Claim with documentation for all your claims attached.
5. **THE PERSON FILING THIS CLAIM** (the "claimant") must fill in their Social Security or FEIN number, phone number, and **must sign** and date the Proof of Claim. An authorized representative of the company must sign claims filed by corporations. If an attorney represents you in this matter, you should provide your attorney's name and address in the space provided.
6. All written instruments, including but not limited to, collection notices, letters of intent to sue, summons and complaints, and your description or explanation of the claim must be filed with your Proof of Claim. If such instruments are lost or destroyed, a statement of that fact and the circumstances of such loss or destruction must be filed under oath.
7. **THE DEADLINE FOR RECEIPT OF CLAIMS BY THE LIQUIDATOR IS DECEMBER 1, 1999.** If a replacement Proof of Claim is needed, please make your request in writing with sufficient information to locate our file at least twenty (20) days prior to the deadline.
8. **CHANGE OF ADDRESS:** If you move after sending in your claim form, please provide the Liquidator with your new address. Failure to do so may result in your claim being barred from participating in any distribution of assets. Be sure to include the Liquidator Number with your correspondence.
9. **GENERAL INFORMATION.** All claims will be independently evaluated by the Liquidator during the normal course of the Liquidation proceeding. After all claims have been evaluated and approved by the Liquidation Court, allowed claims will be paid by priority level based on available funds. The amount paid will depend on the ratio of assets to total allowed claims. The Liquidator will not know the distribution percentage that can be paid on any individual claim until all claims are evaluated and all assets converted to cash. This process will take a number of months after the deadline for filing Proofs of Claim and the Liquidator cannot state at this time whether or when any distribution of assets will be made on allowed claims.

RECEIVING OR FILING A PROOF OF CLAIM DOES NOT IMPLY COVERAGE OR A VALID CLAIM IN THE LIQUIDATION

Return Your Proof of Claim & Supporting Documentation To:

DAYMED HEALTH MAINTENANCE PLAN, INC., IN LIQUIDATION
1952 W. BROAD STREET, SUITE B, COLUMBUS, OHIO 43223
614 995-0855