

IMPORTANT - READ CAREFULLY

INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM IN THE LIQUIDATION OF HEALTHOHIO, INC. dba HEALTHFIRST

1. On July 24, 2000, HealthOhio, Inc., dba HealthFirst ("HealthFirst") was determined to be insolvent and ordered liquidated by Judge McGrath of the Court of Common Pleas of Franklin County, Ohio, 369 S. High St., Columbus, Ohio 43215 (hereinafter referred to as the "Liquidation Court"). The Ohio Superintendent of Insurance was appointed as Liquidator. All policies of insurance and other similar obligations or contracts were canceled no later than 12:01 a.m. November 1, 1999.

The Liquidation Order enjoins all persons who have claims against HealthFirst, from (1) instituting or continuing to prosecute any civil action or claim against HealthFirst or the Liquidator, (2) interfering in any way 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 HealthFirst 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 OR IF YOU FAIL TO SIGN THE PROOF OF CLAIM WITH A REAL PERSON'S NAME, 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. Proper documentation would include HCFA-1500 or UB-92 billing statements from your providers.
 - 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 MEDICAL PROVIDERS**
 - a. If you were provided a list of claims with this Proof of Claim and you agree that the listing represents your claim against HealthFirst, you can enter the total amount from the report, answer all the questions on the Proof of Claim, have the Proof of Claim signed by an authorized person, and return the proof of claim with the listing attached.
 - b. If you did not receive a listing with the Proof of Claim or if you have additional claims, that are not on the listing, that have not been previously paid or declined by HealthFirst, you should attach the additional claim(s), only, to the Proof of Claim, enter the total amount of all your claims on the Proof of Claim, answer all the questions on the Proof of Claim, have the Proof of Claim signed by an authorized person, and return the Proof of Claim.
5. **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 HealthFirst, you only need to submit one Proof of Claim with documentation for all your claims attached. This group of claimants would include former HealthFirst employees, agents/brokers, trade vendors, groups, etc.
6. **ANY PERSON FILING A CLAIM** (the "claimant") must fill in his/her Social Security or FEIN number, phone number, and must sign and date the Proof of Claim with his/her actual name. An authorized representative of a partnership/ company/ corporation must sign the Proof of Claim with his/her actual name. If an attorney represents you in this matter, you should provide your attorney's name and address in the space provided.
7. 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.
8. **THE DEADLINE FOR RECEIPT OF CLAIMS BY THE LIQUIDATOR IS JANUARY 31, 2001.** If a replacement Proof of Claim is needed, please make your request in writing stating your name and address at least twenty (20) days prior to the deadline.
9. **CHANGE OF ADDRESS:** If you move after sending in your Proof of Claim form, please provide the Liquidator, in writing, 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's Number with your correspondence.
10. **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 levels established under Ohio law and to the extent the estate has available funds. 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:
HEALTHFIRST, IN LIQUIDATION
SUITE B, CENTRE SCHOOL, 1952 W. BROAD STREET, COLUMBUS, OHIO 43223
(614) 995-0855