

**SENIORSURE HEALTH PLANS, INC**

(the "Company")  
3613 NW 56<sup>th</sup>, Suite 330  
Oklahoma City, OK 73112

**PROOF OF CLAIM**

District Court of Oklahoma County  
State of Oklahoma  
Case No. CJ-2017-3547

**PLEASE READ INSTRUCTIONS CAREFULLY. DEADLINE FOR FILING PROOF OF CLAIM IS OCTOBER 27, 2017.**

**PART 1 Person Making Claim (Claimant)**

Name _____	Claimant's Telephone Number: Home _____
Mailing Address _____	Claimant's Telephone Number: Work _____
City, State Zip Code _____	Claimant's SSN or Federal Tax ID _____
Policy Number _____	
Are you represented? _____ State attorney's name, address and telephone number: _____	

**PART 2 Claim Information**

a. Insured's Name: _____		
b. Type of Claim <input type="checkbox"/> Policy Claim <input type="checkbox"/> Reinsurance <input type="checkbox"/> Other _____	c. Amount of Claim \$ _____ \$ _____ \$ _____	d. Describe claim: _____ _____ _____ e. Name and address of parties, other than the Company, who may have any responsibility for the claim: _____ _____ _____
<b>TOTAL</b> \$ _____		

- PART 3** a. Have you received any payments on the claim which is the subject of this Proof of Claim from any source? \_\_\_\_\_ If yes, specify the total amount received: \$ \_\_\_\_\_ And identify all sources: \_\_\_\_\_
- b. Do you owe any money to the Company? \_\_\_\_\_ If yes, specify the amount: \$ \_\_\_\_\_  
And reason: \_\_\_\_\_
- c. Is this a secured claim? \_\_\_\_\_ If yes, specify all security for such claim: \_\_\_\_\_
- d. Is this claim the subject of legal action? \_\_\_\_\_ If yes, specify Court: \_\_\_\_\_  
Case Number: \_\_\_\_\_ And all parties and attorneys: \_\_\_\_\_
- e. Is this claim contingent or unliquidated? \_\_\_\_\_ If yes, specify the reason: \_\_\_\_\_

**THE AFFIRMATION ON THE REVERSE SIDE MUST BE COMPLETED.**

PLEASE READ INSTRUCTIONS CAREFULLY. THE REVERSE SIDE MUST BE COMPLETED.

**PROOF OF CLAIM  
SENIORSURE HEALTH PLANS, INC.  
In Receivership (the "Company")**

District Court of Oklahoma County, State of Oklahoma; Case No. CJ-2017-3547

**AFFIRMATION**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss:

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that he or she has read the foregoing Proof of Claim and knows the contents thereof; that this claim in total amount of \$\_\_\_\_\_ against the Company is justly owing to the Claimant; that the matters set forth and in any accompanying statements and supporting documents are true and correct; that no payment of or on account of the aforesaid claim has been received except as above stated; and that there are no set offs or counterclaims thereto except as above stated.

\_\_\_\_\_  
Claimant (signature)

\_\_\_\_\_  
Title or Official Capacity (if any)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**IMPORTANT NOTICES**

- A. Proof of Claim must be properly signed and sworn to before a Notary Public or person authorized to administer oaths.
- B. Deadline for filing Proof of Claims is **OCTOBER 27, 2017.**
- C. **If you have a change of address, you are required to inform the Receiver of the new address in order to receive any payment that might be due.**
- D. Return your completed form to: DONNA L. WILSON, CIR-ML  
ASSISTANT RECEIVER  
SENIORSURE HEALTH PLANS, INC.  
3613 NW 56<sup>TH</sup>, SUITE 330  
OKLAHOMA CITY, OK 73107

## **PROOF OF CLAIM INSTRUCTIONS**

### **General**

- 1.The Proof of Claim must be typed or legibly printed in ink.
- 2.The Proof of Claim must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in blank. Your Proof of Claim will be returned to you if any items are left blank. Please review the entire form for completion prior to mailing.
- 3.If you need additional space to fully answer any question, please do so on a separate sheet of paper and attach to your Proof of Claim.
- 4.You must attach to the Proof of Claim documents or evidence supporting your proof of loss. **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL THEREOF.**
- 5.You have an ongoing duty to supplement your Proof of Claim with supporting documentation as additional information is received. This requirement includes notice of any change of address.
- 6.The Proof of Claim must be signed by the Claimant who is named in Part 1, or by a representative of the Claimant who has knowledge of the matters set forth in the Proof of Claim and in any accompanying statement and supporting documents.
- 7.If you are a beneficiary or an assignee of the insured's rights to distribution from the receivership, you should complete a Proof of Claim and cause the insured to execute an Unconditional Assignment and deliver same to the address reflected in paragraph 14. Unconditional Assignment forms can be downloaded from [www.okaro.org](http://www.okaro.org) under the Forms tab.
- 8.All Proofs of Claim must be sworn to before a notary public or person authorized to administer oaths.
- 9.All Proofs of Claim must be postmarked no later than **October 27, 2017**. The Receiver is not responsible for undelivered mail. To protect your claim, the Receiver recommends certified mail.
- 10.The Receiver suggests you keep a copy of the completed Proof of Claim for your records.
- 11.All future correspondence, amendments, or attachments must include the Policy Number from the front of the Proof of Claim form to ensure proper identification. For a claim for other than policy benefits, a copy of the Proof of Claim form should be attached to the correspondence.
- 12.The Receiver may, at her discretion, permit a claimant to file a Proof of Claim after the deadline. However, such late-filed claims are subject to certain provisions of Oklahoma's Insurance Code, including, but not limited to, provisions discussing the possible loss of priority.
- 13.Mail your completed Proof of Claim and supporting documentation to Donna L. Wilson, CIR-ML Assistant Receiver, Seniorsure Health Plans, Inc., 3613 NW 56<sup>th</sup>, Suite 330, Oklahoma City, OK 73112. Telefaxes of Proof of Claims and supporting documentation will not be accepted.
- 14.If you have any questions about the Proof of Claim procedure, you may call (405) 947-0022.

### **Part 1**

- 15.State the name and address of party completing Proof of Claim.

**INSTRUCTIONS CONTINUED ON REVERSE SIDE**

## INSTRUCTIONS CONTINUED FROM REVERSE SIDE

### Part 1 (continued)

16. List the SSN or Federal Tax ID and telephone numbers for party completing the Proof of Claim.

17. If the party completing the Proof of Claim is represented, you must state the attorney's name, address and telephone number.

### Part 2

18. Indicate the type of claim you are submitting and the amount of your claim. If the claim is contingent or unliquidated, indicate the amount of claim as "undetermined".

19. You must indicate the total amount due to you. If claim is contingent or unliquidated, indicate the amount of claim as "undetermined".

20. If there are any other persons, insurance coverage, health plans, or other entities who may have any responsibility for your claim, identify as completely as possible such persons(s) or entity(ies) in Part 2(e).

### Part 3

21. If you have received any payments from any source relating to your claim, you must identify the source in Part 3(a).

22. If you owe the company any money, whether related to this claim or not, you must identify the reason in Part 3(b).

23. A "secured claim" is one for which you hold an interest in Company property as collateral for such claim. If you assert your claim is secured by any assets or property of the Company, you must attach all documents evidencing your security interest.

24. If your claim is the subject of legal action, you must specify the Court, case number and parties and their attorneys in Part 3(d).

25. If all or any portion of your claim is contingent or unliquidated (for example, the amount of your claim can not yet be determined), you must answer yes to the first portion of Part 3(e) and provide a brief explanation why your claim is contingent or unliquidated in any respect.

### Affirmation

26. You *must* insert the total amount of your claim as indicated in Part 2(c) in the affirmation. If your claim is contingent or unliquidated, indicate the amount of claim as "undetermined".

27. You are signing the Proof of Claim under penalties of perjury. Please read the affirmation carefully before signing the Proof of Claim.

### Allowance Procedures

28. Within such period as the Court may establish, the Receiver will prepare and file a report setting forth the claimant, amount and Receiver's recommendation with respect to each Proof of Claim.

29. Upon filing of report, the Court will schedule a time for hearing the report. If you file a Proof of Claim, you will receive notice of the hearing and other information concerning the report and hearing as the Court deems appropriate under the circumstances. In addition to other information which may be provided, if, for any reason, the Receiver does not recommend acceptance of a claim as filed by the claimant, claimant will be advised of the Receiver's recommendation regarding claim.

30. After all claims have been allowed, disallowed or estimated, the Receiver will seek Court approval to begin making distributions to the claimants from the assets of the Company.