GENERAL CASUALTY SETTLEMENT
P.O. BOX 2804
FARIBAULT, MN 55021-8609

IMPORTANT LEGAL MATERIALS

* 0 1 2 3 4 5 6 7 8 9 *

FOR OFFICIAL USE ONLY

03

REQUEST FORM

To make a claim for a settlement payment, you must complete, sign and submit this Request Form, along with the required documentation, no later than October 12, 2012.

A. YOUR INFORMATION

Name: _____

Address: _____

City: _____ State: ____ ____ Zip: ____ ____ ____ ____ ____

Telephone: (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

Social Security Number: ____ ____ ____ - ____ ____ - ____ ____ ____ ____ OR Tax Id Number: ____ ____ - ____ ____ ____ ____ ____ ____ ____

B. CLAIM INFORMATION

To be eligible in accordance with the full terms and conditions of the Settlement Agreement to receive a payment of up-to forty percent (40%) of the amount of the PPO Reduction(s) applied by Defendants General Casualty Company of Wisconsin or General Casualty Company of Illinois, n/k/a General Casualty Insurance Company, on medical bills submitted to the Defendants for payment under a workers' compensation policy, you must supply all required information and documentation, answer the following questions, and sign this Form to certify the information provided. Your claim is subject to review, audit and challenge, and any payment for which you are approved is subject to any applicable policy limits, and to offset by payments you received from any other source for the medical services. Your claim may also be subject to a pro-rata reduction based upon the Aggregate Cap set forth in the Settlement Agreement.

Along with this form, you must submit documentation that itemizes all applicable charges for which PPO Reductions were purportedly taken. This documentation must include a copy of the explanation of review(s) ("EOR") or explanation of benefits ("EOB") forms or similar documents you received from Defendants or Defendants' bill review company. Such documentation must include the full name of the patient/claimant, the applicable General Casualty claim number, the date of injury, the date of service, the amount of the billed charge, and the amount of the PPO Reduction. You must also complete Section C of this Request Form.

The documentation shows $_____ in PPO Reductions applied by the Defendants between February 16, 1995 and November 13, 2007.	
Have you received payment for the medical services identified in the documentation from any source other than General Casualty Company of Wisconsin or General Casualty Company of Illinois?	☐ Yes ☐ No

If you answered "Yes," then Defendants may request additional information to confirm that you are eligible for benefits under the Settlement.

* 3 5 2 3 *

* C F W *

0123456789

C. ADDITIONAL INFORMATION

You must provide the following information for each claimant/patient identified in the documentation you are submitting with this Request Form. This information will be used solely to verify your claim and to comply with any applicable Medicare Secondary Payer Act reporting requirements.

Patient's First and Last Name:	
Patient's Date of Birth:	___ ___ / ___ ___ / ___ ___ ___ ___
Patient's Gender:	☐ Male ☐ Female
Patient's Social Security Number or Health Insurance Claim Number:	
Patient's Last Known Address:	
General Casualty Claim Number:	

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he or she verily believes the same to be true.

Signature: _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Mail a copy of this claim form and the required documentation, postmarked no later than October 12, 2012, to:

General Casualty Settlement
P.O. Box 2804
Faribault, MN 55021-8609