

PROOF OF CLAIM

MINUTEMAN HEALTH, INC. ("MHI")

The deadline for filing a Proof of Claim is **August 31, 2018**

IF YOUR CLAIM ARISES FROM AN MHI INSURANCE CONTRACT OR A PROVIDER HOLD HARMLESS OBLIGATION AND YOU SUBMIT IT TO MHI IN THE ORDINARY COURSE OF BUSINESS ON OR BEFORE **AUGUST 31, 2018**, THIS FORM NEED NOT BE COMPLETED.

IF YOU DO NOT SUBMIT A CLAIM BY THE FILING DEADLINE, YOU MAY NOT RECEIVE ANY PAYMENTS FROM MHI.

ADDITIONAL INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM. PLEASE PRINT OR TYPE.

1. Description of Claim(s). Provide a detailed description of the basis for your claim(s) against MHI. Include reference to any policy or member number(s), contract or agreement, claim or docket numbers, or amounts paid:

(If you have multiple claims or require additional space, you may attached additional pages as required.)

2. Amount of the claim. If the amount of the claim will increase, state the known amount and then add that the amount is "subject to increase." If you do not know the amount, state "unknown": \$_____.
3. Type of security. If your claim is secured, state the type and amount of such security. If none, state "none": _____.
4. Offsets/Reductions. Payments made by MHI that reduce the claim. If none, state "none": \$_____.
5. Priority. Right of priority to payment or other specific right asserted by the claimant. _____.
6. Attach copies of any documents that provide support for the claim.

Under penalties of law, I state that the facts set forth in this Proof of Claim are true to the best of my knowledge, that the sum claimed is justly owed, and that there is no known setoff, counterclaim or defense to the claim.

Your Name and Address:

Name and Address of your Attorney:

(To be completed by the Liquidator)

Signature: _____
Date: _____

MAIL THIS FORM TO:
J. David Leslie, Esq.
Rackemann, Sawyer & Brewster PC
160 Federal Street
Boston, MA 02110

The Liquidator of MHI acknowledges receipt of this Proof of Claim.
Date Received: _____
Proof of Claim No.: _____

NOTICE OF LIQUIDATION

By the Order of Liquidation of the Massachusetts Supreme Judicial Court for Suffolk County, dated April 25, 2018 (the "Liquidation Order"), the Massachusetts Commissioner of Insurance was appointed Liquidator of Minuteman Health, Inc. ("MHI"). The Liquidation Order directs, among other things, that the Liquidator settle MHI's affairs and distribute its assets and that creditors of MHI file claims on or before August 31, 2018.

IF YOU BELIEVE THAT YOU ARE PRESENTLY OWED MONIES BY MHI, OR MAY BE OWED MONIES AT ANY TIME IN THE FUTURE, YOU MUST SUBMIT YOUR CLAIM ON OR BEFORE AUGUST 31, 2018 OR YOUR CLAIM AGAINST MHI MAY BE BARRED.

IF YOUR CLAIM ARISES FROM AN MHI INSURANCE CONTRACT OR A PROVIDER HOLD HARMLESS OBLIGATION AND YOU SUBMIT IT TO MHI IN THE ORDINARY COURSE OF BUSINESS ON OR BEFORE AUGUST 31, 2018, THIS FORM NEED NOT BE COMPLETED.

INSTRUCTIONS FOR COMPLETION OF PROOF OF CLAIM FORM

If you believe that you have a claim now, or may have a claim in the future, against MHI for any reason, you must file a Proof of Claim form in order to preserve your claim. (There is a time-limited exception for claims arising out of MHI policies or health care provider member hold harmless requirements which may be submitted in the ordinary course of business until August 31, 2018.) If you wish to preserve your rights as to any claim that might be filed in the future, describe the claim as "unreported claim."

- You must print your name and address in the space provided and sign and date the Proof of Claim form. If you have an attorney, include his or her contact information.
- Your Proof of Claim must be postmarked on or before August 31, 2018 and mailed to the following address:

J. David Leslie, Esq.
Rackemann, Sawyer & Brewster PC
160 Federal Street
Boston, MA 02110
- Priority rights are governed by statute (Mass. Gen. Laws c. 175, § 180F, and c 176G, § 20). If you do not assert a right of priority or do not know the priority class that applies to your claim(s), write "none".
- You may be requested to submit supporting documentation to facilitate the Liquidator's determination of your claim(s).
- If you need more information or have any questions, you may mail your inquiry to the above address or contact Stuart Leslie at sleslie@rackemann.com or (617) 951-1130.
- If you file a Proof of Claim and your address changes, you are required to notify the Liquidator of such change.

After you file your Proof of Claim, the Liquidator will acknowledge receipt. If you do not receive an acknowledgement within three weeks, please call (617) 951-1130.