



STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
LANSING

PATRICK M. McPHARLIN
DIRECTOR

Consumers Mutual Insurance of Michigan (in Liquidation)

“PROOF OF CLAIM” INSTRUCTIONS

IMPORTANT: DO NOT FILE A PROOF OF CLAIM FOR HEALTHCARE SERVICES

YOUR “PROOF OF CLAIM” MUST BE FILED IN ACCORDANCE WITH THESE INSTRUCTIONS AND POSTMARKED NO LATER THAN AUGUST 10, 2016 (THE “CLAIM BAR DATE”) FOR YOU TO PARTICIPATE IN THE DISTRIBUTION OF CONSUMERS MUTUAL INSURANCE OF MICHIGAN’S ASSETS. FAILURE TO TIMELY RETURN THE COMPLETED “PROOF OF CLAIM” FORM IN ACCORDANCE WITH THESE INSTRUCTIONS WILL RESULT IN DENIAL OF YOUR CLAIM.

1. General Instructions. Please print legibly in ink or type. All blanks must be completed; if requested information is not available, please mark the blank “not available.” You must attach to your “Proof of Claim” all supporting documents, contracts, and invoices. If documentation is voluminous, please attach a summary. If you have more than one claim, a “Proof of Claim” form must be completed and submitted for each claim. **Retain a copy of your “Proof of Claim” form and any supporting documents that you submit. You may wish to keep proof of mailing or delivery as well.**
2. Additional Pages. If the space provided for any item is inadequate, note “continued” in the appropriate place(s) and continue the item(s), preceded by the item number, on an additional 8½ x 11 inch sheet of paper. Be sure to attach securely all additional pages to the form before filing.
3. Setoffs or Counterclaims. Enter the amount of all payments or debts, if any, which you currently owe to Consumers Mutual Insurance of Michigan.
4. Signatures. All claims must be verified to be true and correct by the claimant or someone authorized to act on the claimant’s behalf and having knowledge of the facts. **KNOWINGLY PRESENTING A FALSE CLAIM MAY RESULT IN THE IMPOSITION OF CRIMINAL PENALTIES.**
5. Change of Address. You are required to notify the Liquidator of address changes. If changes are made to any payee information, attach a W-9 form. Failure to do this may jeopardize your chance of receiving a recovery from Consumers Mutual Insurance of Michigan.
6. Claim Processing Procedures. Claims will be adjudicated, as applicable, in accordance with Consumers Mutual Insurance of Michigan’s business rules, provider manual, provider contracts, insurance policies, the Certificate of Coverage approved by the Michigan Department of Insurance and Financial Services for specific employer groups, and/or the Liquidation Order and any subsequent orders entered by the Liquidation court. Appeal guidelines are outlined in paragraph B., below. **PROVIDERS ARE PROHIBITED BY THE LIQUIDATION ORDER FROM BILLING CONSUMERS MUTUAL INSURED’S DIRECTLY FOR ANY COVERED SERVICE.**
7. Deadline (“Claim Bar Date”) and Where to File the “Proof of Claim”. The completed and signed “Proof of Claim” Form must be filed with the Liquidator by first class mail or overnight mail sent to the following address and postmarked on or before the Claim Bar Date of **August 10, 2016**:

Consumers Mutual Insurance of Michigan
2601 Coolidge Rd., Suite 200
East Lansing MI 48823

Inquiries only:
Email: customerservice@consumersmutual.org
Fax: 517-492-9042
Phone: 1-855-492-9020

Claim Determination Process and Timing

A. Upon receipt of your Proof of Claim, the Liquidator will attempt to determine and notify you within ninety (90) days after receipt whether the claim is denied or allowed and, if allowed, the amount allowed. Final claim recommendations must be reported to and approved by the Liquidation court. The Liquidator may request the claimant to present information or evidence supplementary to that required by these Instructions and the Proof of Claim form at any time and may take testimony under oath, require production of affidavits or depositions, or otherwise obtain additional information or evidence to determine the validity and/or amount of any claim.

B. If the Liquidator denies a Proof of Claim in whole or in part, the claimant may file an objection with the Liquidator within sixty (60) days after the date the notice of claim denial is mailed. The objection must include all additional information relevant to the reconsideration of the Proof of Claim. If the Liquidator does not alter the denial of the claim, the Liquidator shall ask the Liquidation court for a hearing as soon as practicable and shall notify the claimant of the hearing date not less than ten (10) nor more than thirty (30) days before the hearing on the court’s determination of the claim.

C. After the total amount of all allowed claims against the estate is determined, and in accordance with the priority of distribution of claims under MCL 500.8142, the Liquidation court will decide the Liquidator’s claim recommendations based on the available funds remaining in the estate. The Liquidator will not know the amount to be paid on an individual claim until all claims are evaluated, all available assets in the estate are recovered, and the Liquidation court makes its decision.

NOTE: The Liquidator’s acceptance of a Proof of Claim does not constitute a waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity, or governmental agency regarding any actions pursued or defended by the Liquidator on behalf of Consumers Mutual Insurance of Michigan, its insureds, providers, claimants, and/or creditors.