Midwestern Dental Plans, Inc. (in Liquidation)
"PROOF OF CLAIM" INSTRUCTIONS

YOUR PROOF OF CLAIM MUST BE FILED IN ACCORDANCE WITH THESE INSTRUCTIONS AND POSTMARKED NO LATER THAN June 30, 2021 (THE "**Bar Date**") FOR YOU TO PARTICIPATE IN THE DISTRIBUTION OF ASSETS FROM THE LIQUIDATION ESTATE OF MIDWESTERN DENTAL PLANS, INC. ("MIDWESTERN DENTAL"). 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 Midwestern Dental.
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. You may use an electronic signature to sign the proof of claim form. **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 Midwestern Dental.
6. Claim Processing Procedures. Claims will be adjudicated, as applicable, in accordance with Midwestern Dental business rules, policy or contract terms, and/or the Liquidation Order entered by the Liquidation Court. Appeal guidelines are outlined in paragraph B., below.

   EXCEPT FOR FILING THIS PROOF OF CLAIM, THE LIQUIDATION ORDER ENJOINS AND PROHIBITS ALL CREDITORS OF MIDWESTERN DENTAL FROM INSTITUTING OR CONTINUING TO PROSECUTE ANY ACTIONS OR PROCEEDINGS TO DETERMINE, ENFORCE, COLLECT, OR ASSERT ANY CLAIMS AGAINST MIDWESTERN DENTAL, ITS ASSETS, POLICYHOLDERS, OFFICERS, DIRECTORS, OR EMPLOYEES. PROVIDERS ARE PROHBITED FROM SEEKING PAYMENT OF COVERED SERVICES FROM MIDWESTERN DENTAL MEMBERS EXCEPT FOR CO-PAYMENTS UNDER THE CERTIFICATE OF COVERAGE.
7. Deadline ("**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 Bar Date of **June 30, 2021**:

   Midwestern Dental Plans, Inc.
   PO Box 428
   Sterling Heights, MI 48311

   Inquires only:
   E-mail: liquidation@mwdpi.com
   Phone: 517-284-8664

Claim Determination Process and Timing

A. Upon receipt of your Proof of Claim, the Liquidator will attempt to determine and notify you within thirty (30) 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 a written objection with the Liquidator within sixty (60) days after the date the notice of claim denial is mailed, pursuant to MCL 500.8139(1). 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 Liquidation 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 form 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 or on behalf of Midwestern Dental, its policyholders, members, contract holders, claimants, and/or creditors.

Ingham Co. Circuit Court Case No. 20-452-CR **For Office Use Only**

Date Proof Received: _____

Proof of Claim #:_____

"PROOF OF CLAIM"

MIDWESTERN DENTAL PLANS, INC. (In Liquidation)

DEADLINE FOR FILING: **June 30, 2021**

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM. EACH SECTION MUST BE FULLY COMPLETED. INSTRUCTIONS ARE ATTACHED. IF ADDITIONAL COPIES ARE NEEDED, PLEASE PHOTOCOPY OR DOWNLOAD THE FORM at www.michigan.gov/difs, then click on the Quick Link "Who We Regulate," then "Receiverships," then "Midwestern Dental," then "Proof of Claim Instructions and Form." FILE A SEPARATE "PROOF OF CLAIM" FORM FOR EACH UNRELATED CLAIM.

PERSON OR ENTITY MAKING CLAIM AGAINST MIDWESTERN DENTAL:

1. NAME: _____
2. MAILING ADDRESS: _____
3. TELEPHONE NUMBER (DAYTIME): _____
4. CLAIM IS FROM: (Check "X" or specify below)

   A. ( ) Trade Creditor or Vendor –Social Security or Federal Tax I.D. Number: _____

   B. ( ) Agent Commission – Agent I.D. Number: _____

   C. ( ) Insured/Member – _____

   Policyholder I.D. Number: _____; Social Security Number of Payee:_____

   D. ( ) All other claims – please describe & provide Social Security or Federal Tax I.D. Number:

   _____

   _____

5. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if required.

6. **NUMBER OF RELATED CLAIMS:____ AND TOTAL AMOUNT OF YOUR CLAIM(S)**: $_____. If amount of claim is unknown, insert words "Unstated Amount." You may amend your timely filed claim up until the final date that your claim is adjudicated. Please attach all documents, contracts, and invoices supporting your claim. If they are voluminous, please attach a summary.
7. No part of the debt has been paid, except: _____
8. There are no setoffs, counterclaims, or defenses to the debt, except: _____

   _____
9. There is no security for the debt, except (identify the security and the amount secured): _____

   _____
10. Legal and factual basis for any claimed right of priority of payment:

    _____

The undersigned claimant affirms that the representations and information contained in this Proof of Claim are true and correct to the best of his, her, or its knowledge and that the claimed debt is justly owing. The claimant further understands that any statements or representations contained herein which knowingly present a false claim constitutes a criminal offense punishable under Michigan Law.

Dated:_____ _____

Claimant's Name (please print or type)

Signature_____

Claimant's Attorney (if any):_____

Title (if applicable)_____

SEE INSTRUCTIONS TO COMPLETE AND SUBMIT THE PROOF OF CLAIM FORM