

PROOF OF CLAIM

MONTANA NONPROFIT ASSOCIATION GROUP BENEFIT TRUST, A SELF-FUNDED MULTIPLE EMPLOYER ARRANGEMENT (MNAGBT), IN LIQUIDATION

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 PM MOUNTAIN STANDARD TIME ON March 1, 2021. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK

FOR OFFICE USE ONLY:		
Date Postmarked:	Interested Party Name:	
Date Received:	Address:	
Proof of Claim No:	ID#:	Policy#:
Liquidator Allowed Amount:	Liquidator Denied Amount:	Court Allowed Amount:
CLAIMANT INFORMATION		
Claimant Please Complete – Print (black ink) or Type		
Name:	Policy Period, if applicable:	
Address: (Include City, State & Zip Code)	Member, if applicable:	
Home Phone:	Existing Claim Number (if any):	
Work Phone:	Date Claim Incurred:	
SSN or TIN:		
CLAIM INFORMATION		
All supporting documentation must be attached to Proof of Claim in order to be considered.		
Claim is for:	Amount of Claim	
Member/ Provider		
<input type="checkbox"/> Claim is made for a specific loss or occurrence arising under coverage of the following type:		
<input type="checkbox"/> Unpaid benefits arising under the coverage of a MNAGBT policy or contract		
<input type="checkbox"/> Other – Specify Type: _____		
<input type="checkbox"/> Claim is made for the return of premium due to overpayment or unearned premium due to early cancellation (If amount is unknown, Liquidator will calculate). Amount of premium/consideration paid to date _____. Attach copies of cancelled checks or other proof of payments. Was Premium financed? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, provide premium finance company and details of premium financing: _____		
All Other Claimants:		
<input type="checkbox"/> U.S. Government claim		
<input type="checkbox"/> Secured claim		
<input type="checkbox"/> Salary or wages for services performed		
<input type="checkbox"/> Governmental entity claim for fees, taxes, penalties or forfeitures		
<input type="checkbox"/> Unpaid legal or professional expenses		
<input type="checkbox"/> Unpaid commissions or general creditor invoices.		
<input type="checkbox"/> All others: state particulars of claim, including consideration given for this claim and attach supporting documentation, including a copy of written instrument which is the foundation of the claim.		
Please provide the exact amount of your claim and each component. Attach supplemental documentation, if available, to support your claim.		
TOTAL AMOUNT OF CLAIM:		
For below, please provide an explanation. Use separate sheets if necessary.		
What payments have you received for this claim, if any, from MNAGBT? _____		
Is there security for this debt? _____		
Do you assert any right of priority pursuant to Mont. Code Ann. § 33-2-1371 or other specific right with respect to your claim? _____		
Are there set-offs, counterclaims or defenses to this debt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. _____		
STATUS OF CLAIM		
<input type="checkbox"/> Claim is based on a court judgment or settlement (attach judgment or agreement).	Name and address of your attorney if any:	
<input type="checkbox"/> Claim currently pending in court (provide details and documentation).	Name: _____	
<input type="checkbox"/> Claim was filed prior to Liquidation and is pending with MNAGBT.	Company: _____	
<input type="checkbox"/> New claim not previously reported to MNAGBT.	Address: _____	
<input type="checkbox"/> Other insurance is available to cover this claim.	City: _____ State: _____	
	Zip Code: _____ Phone: _____	
VERIFICATION		
The undersigned subscribes and affirms as true under penalty of civil and criminal law as follows:		
I have read the foregoing Proof of Claim and know the contents thereof: that this claim of \$ _____ against Montana Nonprofit Association Group Benefit Trust is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true to my knowledge except as matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.		
Date Signed: _____	_____	
Subscribed and sworn to me this ____ day of _____, 20____.	Print or Type Name of Claimant, Partner, Officer or Legal Representative	
Signature of Notary Public/Commissioner of Oaths	_____	
_____	Signature of Individual, Partner, Officer, or Legal Representative	
State of _____ County of _____	_____	
My commission expires: _____	Title or Official Capacity	
	Home Phone (____) _____	
	Work Phone (____) _____	

	Social Security Number or FEIN of Claimant	
(Seal)		

See reverse side for mailing and other instructions

PROOF OF CLAIM INSTRUCTIONS

All Claims

This Proof of Claim ("POC") should be completed in its entirety and all questions answered.

Please note certain instructions and requirements are contained in the POC itself. A separate POC form should be completed for each claim asserted against Montana Nonprofit Association Group Benefit Trust, a self-funded Multiple Employer Welfare Arrangement (MNAGBT). Additional forms may be obtained from the website (www.mnagbt.com). For questions that do not apply to your claim situation, your response should be indicated with an "NA" or "not applicable."

You must explain in detail the basis of your claim and provide as an attachment all supporting documentation.

If your claim is for return of premiums, you do not have to calculate the amount. However, you may enter the amount, if known. You must include proof of payment of last premium(s).

If your claim is for health plan benefits, please provide the explanation of benefits (EOB). For other types of claims against MNAGBT, provide a brief explanation of the claim, the amount claimed, and any documentation that supports the claim. If you do not know the amount of the claim, write "unstated amount."

You must sign this POC form and have it notarized. Please refer to the instructions in the attached "Notice" as to who should sign the claim form.

Please retain a copy of your completed POC form and mail the original to:

Claimant Services
Montana Nonprofit Association Group Benefit Trust
8701 E. Vista Bonita Dr., Ste. 200
Scottsdale, AZ 85255

POC copies will not be accepted.

THE LAST DAY FOR FILING TIMELY CLAIMS AGAINST MONTANA NONPROFIT ASSOCIATION GROUP BENEFIT TRUST IN LIQUIDATION IS 5:00 pm Mountain Standard Time on March 1, 2021. Claims must be postmarked (not postage meter stamped) no later than 5:00 PM Mountain Standard Time on March 1, 2021.

You will receive written advice of our receipt of your completed POC and your POC number. You will be notified some time thereafter of the Liquidator's decision regarding your claim. If your claim is denied in whole or in part by the Liquidator, and you dispute the Liquidator's findings, you will have the opportunity to present your dispute to the Liquidation Court in Lewis & Clark County, or a forum designated by the Court.

The Liquidator's acceptance of the POC is not intended to, nor does it constitute, a waiver or relinquishment by the Liquidator of any defense, set-off or counterclaim which the Liquidator may have against any person, entity or governmental agency.

All claimants are required to keep the Liquidator advised of address changes. Inquiries as to the status of your claim should be made in writing. Please specifically identify your POC number in all correspondence to permit ease of identification and an expedited response.

MNAGBT's website (www.mnagbt.com) is a source for news and information regarding the ongoing liquidation.