

Flint Lien Questionnaire

I. INSTRUCTIONS

If you wish to participate in the Flint Water Settlement Program and be potentially eligible for an award in the Program, you **MUST** complete and submit this Lien Disclosure Form under Section 15.2 of the Flint Water Settlement Agreement. as part of the Claim Package on or before **insert deadline**. Review and complete all information contained therein to the best of your ability. Incomplete or illegible information may result in delays in processing. **Any information written in document margins or attached to this form as a supplement will be disregarded.**

II. CLAIMANT / INJURED PARTY INFORMATION

Injured Party Name

First Name

Jane

Middle Initial

Last Name

Smith

Injured Party Date of Birth

01/01/1901

Injured Party SSN **incorrect SSN's will cause delays in processing and award distribution.*

None

Injured Party Gender

Male

Female

III. GOVERNMENTAL HEALTH PLAN INFORMATION

To comply with the settlement agreement and protocol established by the Lien Resolution Administrator, you must provide health plan information for all governmental health plans effective on the date of your ingestion or contact with water from the Flint Water Treatment Plant but only if:

1. You were covered by a non-Medicare or non-Medicaid Government Plan

Health plans that the LRA may notify, include TRICARE; Veterans Affairs; and Indian Health

Services. The only health plan information you do **not** need to provide here is for Medicare Parts A and B and Medicaid because the Lien Resolution Administrator must verify that information directly with those agencies. If you had more than one health plan at the time of your injury/diagnosis, please indicate all applicable insurer information. Under the Settlement Agreement, the State of Michigan has agreed not to pursue its right to reimbursement for any costs paid by the State of Michigan through the State-funded portion of the Michigan Medicaid program.

Please note that you must complete all requested information for the Section III to be considered valid.

Were you covered at your date of ingestion or contact by a government health plan other than Medicare or Medicaid?

Yes

No

If you were enrolled in TRICARE or Veterans Affairs you must indicate:

Military Branch

If claimant is a military dependent, indicate:

Sponsor First Name

Sponsor Middle Initial

Sponsor Last Name

Sponsor Date of Birth

Last 4 of Sponsor's SSN

If you received treatment covered by the Veterans Administration, you must indicate Hospital or Health Facility Where Treated:

Hospital or Facility Name

Street

City

State

ZIP Code

Country

If you received treatment through Indian Health Service (IHS), you must provide Tribal Affiliation and City/State Where Treated:

Tribal Affiliation

City

State

IV. Private and Medicare Part C Lien Resolution

The Lien Administrator (“LA”) may administer several Private Lien Resolution Programs (“PLRPs”) with private health insurance plan representatives to identify and resolve private health insurance liens, including those with Medicare Part C liens, private insurance plans and employer sponsored self-funded ERISA plans. All Flint Water settling claimants are automatically enrolled in the PLRPs.

The PLRP terms are currently being negotiated but are historically advantageous for the vast majority of claimants in mass tort settlements like Flint Water because the programs offer pre-negotiated discounts on lien amounts, (after the LRA’s audit review for injury-related claims) and caps on reimbursement amounts in high medical claim situations. The programs also provide specified timelines for resolution. And finally, the PLRPs can only assert liens where the law permits.

The PLRPs already take state laws into account.

1. The Common Fund Doctrine: reductions for attorney’s fees and costs are factored into the applicable automatic lien reduction percentage.
2. The Made Whole doctrine: Some states contain laws dictating that a claimant does not have a lien obligation until they have been fully compensated, or “made whole,” by their award. The determination of whether a claimant has been made whole is made under a fact-specific determination by a Judge or Jury. This legal concept is already factored into the lien cap terms.

If you had more than one health plan at the time of your ingestion or contact with Flint Water, please indicate all applicable plan names. Be certain to provide **complete** health plan names. For example, do not just indicate “Blue Cross.” Indicate which Blue Cross, for example, “Blue

Cross of Michigan.”

Complete Health Plan Name:	Health Plan ID:	Health Plan Type:	If you selected Group Health, Provide Employer Name:	Have you ever received a notice from your health insurance plan, or from a health care provider, of a medical lien related to your Flint Water related injuries?

Signature

By signing below, I acknowledge and agree to the lien provisions in Article XV of the settlement agreement.
