



\* G3591CAA \*

CIGNA Physician Settlement

Settlement Administrator

P.O. Box 3170

Portland, OR 97208- 3170

For Official Use Only

UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION

MDL NO.: 1334

IN RE: MANAGED CARE LITIGATION

THIS DOCUMENT RELATES ONLY TO  
PROVIDER TRACK CASES

CIGNA HEALTHCARE PHYSICIAN SETTLEMENT  
PROOF OF CLAIM FORM  
FOR CATEGORY A SETTLEMENT FUND CLAIM

DEADLINE FOR SUBMISSION: POSTMARKED BY FEBRUARY 18, 2005.

THE CATEGORY A SETTLEMENT FUND

**The Payment:** CIGNA HealthCare has established the Category A Settlement Fund in the amount of Thirty Million Dollars (\$30,000,000) as one part of the consideration provided to Class Members under the CIGNA HealthCare Physician Settlement. Each Class Member has the option of electing to receive a share of the Category A Settlement Fund by submitting this Proof of Claim Form. **If you elect to receive payment from the Category A Settlement Fund, you are not eligible to submit claims for Category One Compensation, Category Two Compensation or Medical Necessity Denial Compensation.**

**The Formula:** After the deadline for submission of Category A Settlement Fund Proofs of Claim, the Settlement Administrator will determine the total number of Class Members filing Valid Proofs of Claim. The Settlement Administrator will also determine the total number of Valid Proofs of Claim filed: 1) by or on behalf of retired and deceased Physicians and 2) by Physicians in active practice. The total number of valid claim submissions by or on behalf of retired and deceased Physicians will be doubled to reflect the fact that each such claimant will receive twice the share of the Category A Settlement Fund than Physicians in active practice. Retired and deceased Physicians will receive this doubled amount because they will not receive the benefit of the prospective relief provided by CIGNA HealthCare under the terms of the Settlement. The Settlement Administrator will add the total number of Physicians in active practice submitting Valid Proofs of Claim to the doubled number of retired and deceased Physician submitting such claims. That total will be divided into Thirty Million Dollars (\$30,000,000). The result is the base amount to be distributed to each Class Member submitting a Valid Category A Settlement Fund Proof of Claim, with twice the base amount to be distributed to each retired or deceased Physician.

**Election of Payment:** If you decide to submit a claim for payment from the Category A Settlement Fund, you may elect:

- 1) to receive your share of the Fund; or
- 2) to direct that your share be contributed on your behalf to the Foundation described below or to a foundation established by any Signatory Medical Society on your behalf. (A list of eligible foundations appears at the end of this form. This list is also available at [www.CIGNAPhysicianSettlement.com](http://www.CIGNAPhysicianSettlement.com) and from the Settlement Administrator by calling toll-free 1-877-683-9363.)

If you do not make an election on the Proof of Claim Form, the payment will be made directly to you. Payment will be made approximately two weeks after the Claims Period ends.

THE FOUNDATION

As part of the Settlement Consideration, CIGNA HealthCare has provided Fifteen Million Dollars (\$15,000,000) in initial funding for a not-for-profit Foundation (described in more detail in the first mailed notice and at www.CIGNAPhysicianSettlement.com, www.hmosettlements.com, www.hmocrisis.com, www.milbergweiss.com, www.archielamb.com, www.kttlaw.com and www.whatleydrake.com).

Each Class Member who chooses to file a Proof of Claim for payment from the Category A Settlement Fund has the option to elect that his, her or its share of the Category A Settlement Fund be contributed to the Foundation or to a foundation established by any Signatory Medical Society on his, her or its behalf.

GUIDELINES

- Payment from the Category A Settlement Fund is available to all Class Members, including (1) Physicians in active practice, (2) retired Physicians who were in practice on or after August 4, 1990 and (3) the heirs or legal representatives in the case of deceased Class Members.
• This Proof of Claim Form should be used by all Class Members who wish to submit a claim for payment from the Category A Settlement Fund.
• This Proof of Claim Form should also be used by Class Members who submit a claim for payment from the Category A Settlement Fund and elect to contribute their share of the Category A Settlement Fund to the Foundation or to a foundation established by any Signatory Medical Society on their behalf.
• Physician Groups and Physician Organizations may submit Proofs of Claim on behalf of Physicians employed by or otherwise working with them at the time the form is submitted, without the necessity of individual signatures from the individual Physicians.
• PLEASE NOTE: If you submit a Category A Settlement Fund Proof of Claim Form, you are not eligible for Category One Compensation, Category Two Compensation or Medical Necessity Denial Compensation.
• Capitalized terms used in this Proof of Claim Form that are not otherwise defined herein have the meaning assigned to them in the Settlement Agreement.

COMPLETE ALL SECTIONS AND SIGN THE CERTIFICATION IN SECTION III.

SECTION I: PHYSICIAN INFORMATION

Name of Physician: [First Name] [MI] [Last Name]

Name of Physician Group or Physician Organization (if applicable): [Organization Name]

CIGNA HealthCare Provider Number (if applicable): [Provider Number]

Physician Tax Identification Number: [EIN] OR [Social Security Number (if TIN unavailable)]

Address: [Address Line 1] [Address Line 2]

[City] [State] [Zip]

Country (if not U.S.): [Country]

E-mail Address (optional): [Email Address]



**ORIGINAL SIGNATORY MEDICAL SOCIETY FOUNDATION LIST**

---

Arlington County Medical Society Foundation  
John P. Bowler, MD, Memorial Library (New Hampshire Medical Society)  
California Medical Association Foundation  
CSMS Physicians' Health and Education Fund (Connecticut State Medical Society)  
El Paso County Medical Society Foundation  
Florida Medical Foundation (Florida Medical Association)  
The Institute of Medicine and Public Health of New Jersey, Inc. (Medical Society of New Jersey)  
Louisiana State Medical Society Educational and Research Foundation  
Medical Association of Georgia Institute for Excellence in Medicine, Inc.  
Medical, Educational and Scientific Foundation of New York, Inc. (Medical Society of the State of New York)  
Medical Society of Northern Virginia Foundation  
Nebraska Medical Foundation (Nebraska Medical Association)  
North Carolina Medical Society Foundation, Inc.  
South Carolina Medical Association Foundation  
Tennessee Medical Foundation (Tennessee Medical Association)  
Texas Medical Association Special Funds Foundation  
Vermont Medical Society Education and Research Foundation, Inc.  
Washington State Medical Education and Research Foundation (Washington State Medical Society)

**ADDITIONAL SIGNATORY MEDICAL SOCIETY FOUNDATION LIST**

---

American Association of Practicing Psychiatrists  
American Psychoanalytic Association  
Clear Creek Valley Medical Society Scholarship Fund  
Colorado Medical Society Education Foundation  
Delaware Foundation for Medical Services, Ltd. (Medical Society of Delaware)  
Emergency Medicine Foundation (American College of Emergency Physicians)  
The Foundation of the Pennsylvania Medical Society  
Houston Academy of Medicine (Harris County Medical Society)  
Massachusetts Medical Society and Alliance Charitable Foundation  
Massachusetts Psychiatric Society, Inc.  
Medical Education Foundation for Arkansas (Arkansas Medical Society)  
The Medical Foundation of Alabama (Medical Association of the State of Alabama)  
Medical Society and Alliance Foundation, Inc. (Medical Society of the District of Columbia)  
Medical Society of Virginia Foundation  
Mississippi State Medical Association Foundation, Inc.  
Ohio Medical Education Foundation (Ohio State Medical Association)  
Rhode Island Medical Society Foundation

If contributing to a foundation other than the one described on page two, please enter the name of the foundation of your choice in Section III exactly as it appears here. You may omit the affiliations in parentheses, which are provided for informational purposes.