ATTENTION NEEDED - RESPONSE REQUESTED

CASE # 3:13-00119 CASE NAME: US v. POSEY, et al

The following information is needed to support your financial loss for premiums and fees paid as a victim in this prosecution. (Note: This is independent of any prior proof of claim notice you may have received in the Liquidation proceeding by the State of Tennessee.)

This relates to your purchase of health insurance through American Trade Association/ Smart Data Solutions or a related entity.

<u>Please make all entries in capital letters with block print. Please do not enter any</u> other information on this document.

1)	Dates of membership / health insurance enrollment: (sample - 01012009)			
	Begin Date		End [Date
2)	Total amount paid in premiums / fees during the above dates (less any refund received)			
	(sample - 1235.00)			
	Total Paid			
	Provide supporting documents (cancelled checks, money order receipts, bank statements for drafts etc.). The following page is a cover sheet to be used when submitting any documents.			
3)	Are you age 55 or older (circ	le choice)	YES	NO
PRINT	TED NAME	SIGNATURE		DATE
STRE	ET ADDRESS OR PO BOX			
CITY,	STATE, ZIP			
TELEPHONE (HOME / CELL)			EMAIL ADDRESS	
UPON COMPLETION, PLEASE EMAIL OR MAIL THIS SHEET AND ANY SUPPORTING DOCUMENTS TO:				
<u>USAT</u>	NM.ServeAmerica@usdoj.gov	or or	VICTIM ASS POB 148323	

NASHVILLE, TN 37214-8323