

Q1: What role will the Life Services Network Trust Board of Directors take on a going forward basis?

A1: The legacy Board has been continuing to periodically meet and confer and has provided valuable input and advise to the Rehabilitator in planning for the rehabilitation and administration of the Trust.

Q2: Why is ClaimsOne still handling claims and IPMG still performing in their pre-receivership role?

A2: The Rehabilitator must endeavor to develop a Plan of Rehabilitation for approval by the Circuit Court of Cook County, Illinois, which will ultimately ensure that all claims against the Trust are appropriately addressed, resolved and equitably paid with minimal interruption to the timing, performance and amount of payment. In support of this goal, the Rehabilitator has entered into a new agreement, subject to the approval of the Court, with IPMG and ClaimsOne to perform certain claims and administrative functions in support of the rehabilitation of the Trust. By continuing to work with IPMG and ClaimsOne, the Rehabilitator will achieve efficiencies and avoid transaction costs – ultimately increasing the amounts available to pay claims. At all times, however, the Rehabilitator through his Special Deputy remains responsible for the administration and oversight of the estate, including the administration and supervision of claims.

Q3: When will the Trust begin making payments on all claims?

A3: A Rehabilitation Plan, addressing all categories of outstanding claim obligations will be finalized and presented to the Court for approval in February 2010, based upon the receipts from the January 2010 assessment billings.

Q4: We have a claim that is very close to settling; if our facility pays the claim will we be reimbursed? Also, if our facility chooses to pay medical bills for our injured worker, will we be reimbursed?

A4: Claims should continue to be adjusted and settled through ClaimsOne. If an employer chooses to directly fund any portion of a claim settlement and obtain an assignment of rights against the Trust, the Trust will reimburse the employer at the ultimate percentage of payment that is approved in the Rehabilitation Plan. Employers should keep detailed records and receipts of any payments made.

Q5: Will there be future assessments?

A5: The answer to this question is specific to periods of time. The Trust cannot levy any future assessments for the policy periods between January 1, 2002 and September 30, 2008, since the 25% of premium maximum has been reached with the 2009 announced assessment. Regarding the policy period of October 1, 2008 to September 30, 2009, an assessment has not been announced. If your organization participated in this policy period you should be aware that the same assessment exposure of 25% of premium remains. We continue to monitor the development of the Trust's claims obligations for this policy period. At this point, it is uncertain whether any assessment will be needed.

Q6: What is the process for determining what claims will be paid currently?

A6: Until the Rehabilitation Plan is approved, the Court has only authorized the payment of hardship claims at a rate of 70% of the total due. Hardship claims include temporary total disability or temporary partial disability (both are referred to as lost time) as well as prospective emergency medical treatment. The process for claims payment is as follows: The ClaimsOne adjuster continues to service the claim as though there were no

restrictions in place. Those claims that include lost time and/or prospective emergency medical are identified and submitted to claims adjusters at the Special Deputy's office for review and approval. With regard to prospective medical, typically a claimant or medical provider will seek advanced authorization from ClaimsOne to perform a medical procedure. This request is received by ClaimsOne and forwarded to the Special Deputy Rehabilitator and his staff for review and approval/denial.

- Q7: Who do I communicate with at ClaimsOne and what is the contact information?
- A7: You should continue to communicate with the ClaimsOne adjuster that you have been working with in the past. The main phone number is 877-616-0504. You may also contact Unice Yancey, the manager of the unit, who is overseeing the handling of all LSN Trust claims. Unice may be reached at 630-485-5855 or unicey@claimsone.net. ClaimsOne works very closely with the Special Deputy Rehabilitator and his staff and must obtain their approval for all claim payments.
- Q8: Is it possible to negotiate a different interest rate with regards to reimbursing outstanding assessment balances billed by the Trust?
- A8: No. It is very important that this entire process be fair and consistent across the board, showing no partiality or preference in any way. The pay plan and rates have been approved by the Rehabilitator.
- Q9: Are there additional contacts available who can address these or additional specific questions in further detail?
- A9: If you have additional questions or need clarification, feel free to contact Dahla Brown (630-485-5839) or Mike Miller of IPMG with billing/assessment questions or Michael Cosentino of the OSD with questions regarding the Rehabilitation Plan itself.