

Gardner v. Continental Casualty Co. Settlement  
P.O. Box 8060  
San Rafael, CA 94912-8060

**CGD**

<b>WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE THE NAME AND ADDRESS OF THE CLASS MEMBER HERE:</b>
Name:
Address:
City, ST, Zip
Phone Number:
Email Address:
Policy Number:

**CLAIM FORM**  
**GARDNER V. CONTINENTAL CASUALTY COMPANY SETTLEMENT**

Our records indicate you have or had a long-term care insurance policy with Continental Casualty Co. (CNA) that was (a) issued in Connecticut and (b) active as of December 27, 2007. You may be eligible for a monetary payment from this class action settlement if you previously had a claim(s) for benefits denied under your CNA long-term care insurance policy for a stay at a Managed Residential Community ("MRC") served by an Assisted Living Services Agency.

Under the terms of the settlement, your previously-denied claim will be reevaluated if you return this Claim Form **postmarked by February 20, 2017**. An envelope addressed to the Settlement Administrator has been provided for your convenience.

As described in more detail in the attached Notice and the Settlement Agreement (available at [www.CTLongTermCareInsuranceSettlement.com](http://www.CTLongTermCareInsuranceSettlement.com)), if it is determined that you are a Class I Member, you may be eligible for the following monetary payment if you submit a valid Claim Form:

- Cash payment of 80% of the daily facility benefit for claims that were submitted to, and denied by, CNA that fall within either the Category One, Category Two or Category Three benefit, as described in the attached Notice and in the Settlement Agreement. In order to be eligible for this benefit, the original claim must have been submitted in writing and/or denied by CNA in writing;
- Cash reimbursement of 80% of the premiums you paid that would have been waived if your claim(s) had originally been approved ("Waiver of Premium Benefit") for claims that fall within either the Category One, Category Two or Category Three benefit, as described in the attached Notice and in the Settlement Agreement;
- Cash payment of 50% of the policy's daily facility benefit, and 50% of the Waiver of Premium Benefit for claims that would fall into the Category One benefit, except that the Class I Member did not file a claim in writing and did not receive a claim denial in writing.

If you are not the policyholder but represent the interests of the policyholder, you must submit a valid power of attorney, trustee, executor/trix, estate administrator or guardianship documentation, or other documentation that would entitle you to receive confidential medical information about the policyholder under the provisions of the Health Insurance Portability and Accountability Act, 29 U.S.C. § 1181.

If you have any questions about this settlement or completing this Claim Form, visit [www.CTLongTermCareInsuranceSettlement.com](http://www.CTLongTermCareInsuranceSettlement.com) or call 1-888-251-7042 for more information. You may also call Class Counsel who represents your interests in this matter Sean K. Collins at 1-855-693-9256.

If you wish to submit a Claim Form to have your claim(s) reevaluated and potentially receive these benefits, please provide the following information. Print clearly in blue or black ink. This Form must be mailed, signed, and postmarked by **February 20, 2017**. A preaddressed envelope is included for your convenience. If you are a Class I Member and do not exclude yourself from Class I, you are releasing certain rights as described in the attached Notice and in more detail in the Settlement Agreement. If you want to exclude yourself from Class I, do not submit this claim form and follow the instructions in the attached Notice.

**1. NAME AND ADDRESS OF PERSON COMPLETING THIS FORM**

I am the Policyholder named above

I am completing this Form on Behalf of the Policyholder named above

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Policyholder \_\_\_\_\_

**2. NAME, ADDRESS, AND OTHER INFORMATION FOR ANY LEGALLY APPOINTED GUARDIAN, ATTORNEY-IN-FACT, EXECUTOR/TRIX, ESTATE ADMINISTRATOR, SOMEONE WITH POWER OF ATTORNEY OR THE LIKE FOR THE POLICYHOLDER**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Person is: \_\_\_\_\_ Legally Appointed Guardian  
\_\_\_\_\_ Attorney-in-Fact  
\_\_\_\_\_ Estate Administrator  
\_\_\_\_\_ Executor/Executrix of Estate  
\_\_\_\_\_ Power of Attorney  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**3. NAME AND DATES OF THE MANAGED RESIDENTIAL COMMUNITY (“MRC”) FOR WHICH COVERAGE WAS SOUGHT AND DENIED (IF AVAILABLE)**

MRC Name \_\_\_\_\_ Dates Resided there (if any) \_\_\_\_\_

MRC Name \_\_\_\_\_ Dates Resided there (if any) \_\_\_\_\_

MRC Name \_\_\_\_\_ Dates Resided there (if any) \_\_\_\_\_

MRC Name \_\_\_\_\_ Dates Resided there (if any) \_\_\_\_\_

**4. YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE ELIGIBLE FOR BENEFITS UNDER THIS SETTLEMENT.**

- All claims (whether Category One, Category Two or Category Three) must be supported with documentation evidencing days of, types of and payments for services. CNA may have some of this information already in its possession but it is your responsibility to compile any information that you want considered. You should provide as much information as possible that you believe will support your claim.
- Category Two claims must also be supported with: (a) documentation of payment for care received while residing in the MRC from a third party provider (e.g., bank statements, cancelled checks, receipts); (b) a sworn statement demonstrating that the provider’s daily or monthly cost from the third party provider was lower than the daily or monthly cost of the Assisted Living Services Agency (“ALSA”); and (c) a sworn statement confirming that the Class I Member would have engaged the ALSA if CNA had approved rather than denied the claim, but engaged the third party provider because of the claim denial and because it was less expensive than the ALSA. Draft sworn statements can be found on the settlement website at [www.CTLongTermCareInsuranceSettlement.com](http://www.CTLongTermCareInsuranceSettlement.com).
- Category Three claims must also be supported with: (a) documentation of payment for care received while residing in a private residence from a third party care provider (e.g., bank statements, cancelled checks, receipts); (b) a sworn statement averring that the Class I Member would have stayed at the MRC and engaged the ALSA to

provide care if CNA had approved the claim but instead moved to/remained in a private residence and engaged the third party care provider only because of the claim denial and because it was less expensive than remaining at the MRC and paying the MRC and ALSA. Draft sworn statements can be found on the settlement website at [www.CTLongTermCareInsuranceSettlement.com](http://www.CTLongTermCareInsuranceSettlement.com).

- Category One claims where the Class I Member did not file a claim in writing and was advised orally that a claim for coverage of an MRC stay would be denied must also be supported with a sworn statement averring that he or she was personally told by CNA or its claim representative on the telephone that MRCs were not covered under his or her policy and did not make a written claim for that reason. Draft sworn statements can be found on the settlement website at [www.CTLongTermCareInsuranceSettlement.com](http://www.CTLongTermCareInsuranceSettlement.com).

I have included attachments with this Claim Form

## 5. RELEASE

I AGREE TO BE BOUND BY ALL OF THE PROVISIONS IN THE SETTLEMENT AGREEMENT IN THIS CASE, INCLUDING GRANTING TO CONTINENTAL CASUALTY COMPANY ("DEFENDANT") A FULL AND COMPLETE RELEASE OF ALL RELEASED CLAIMS, AS DESCRIBED IN THE SETTLEMENT AGREEMENT AND THE COURT'S FINAL APPROVAL ORDER. I UNDERSTAND THAT I AM BOUND BY THIS RELEASE EVEN IF THE CLAIM(S) I HAVE SUBMITTED FOR RE-EVALUATION ARE NOT APPROVED AND I RECEIVE NO MONETARY BENEFIT FROM THIS SETTLEMENT. I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FOR SIGNERS WHO ARE NOT THE POLICYHOLDER: I CERTIFY THAT I AM LEGALLY AUTHORIZED BY THE POLICYHOLDER TO BIND HIM OR HER TO THE PROVISIONS OF THIS RELEASE.

\_\_\_\_\_  
*Signature (required)*

\_\_\_\_\_  
*Print Name*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month/Day/Year*

## 6. MAIL YOUR CLAIM FORM.

This Claim Form must be postmarked by **February 20, 2017** and mailed to:

**Gardner v. Continental Casualty Co. Settlement  
c/o KCC, Settlement Administrator  
P.O. Box 8060  
San Rafael, CA 94912-8060**

