

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In Re Flint Water Cases

No. 5:16-cv-10444-JEL-MKM

HON. JUDITH E. LEVY

MAG. MONA K. MAJZOUB

EXHIBIT 10

FWC Lien Disclosure Form			
I. INSTRUCTIONS			
<p>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.</p>			
II. CLAIMANT / INJURED PARTY INFORMATION			
Injured Party Name	First	M.I.	Last
Injured Party Date of Birth	____/____/____ (month) (day) (year)		
Injured Party Social Security Number (“SSN”) <small>*incorrect SSN’s will cause delays in processing and award distribution.</small>			
Injured Party Gender (M or F)			
III. GOVERNMENTAL HEALTH PLAN INFORMATION			
<p>To comply with the settlement agreement and protocol established by the Lien Resolution Administrator (“LRA”), 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:</p> <p>1. You were covered by a non-Medicare or non-Medicaid Government Plan</p> <p>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 LRA 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 only the State-funded portion of the Michigan Medicaid program.</p> <p><i>Please note that you must complete <u>all</u> requested information for this Section III to be considered valid.</i></p>			
Were you covered at your date of ingestion or contact by a government health plan <u>other than</u> 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:	Plan Sponsor Name:	First	M.I.	Last
		Plan Sponsor Date of Birth:	____/____/____ (month) (day) (year)		
Plan Sponsor Last 4 digits of SSN:	XXX-XX-				
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	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 LRA 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.

<p>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."</p>	
<p>Complete Health Plan Name:</p>	
<p>Health Plan ID:</p>	
<p>Health Plan Type: (Group Health or Medicare Part C or Government)</p>	
<p>If you selected Group Health, Provide Employer Name:</p>	
<p>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?</p>	<p>*Yes _____ No _____</p> <p>** If YES, please e-mail that notice to liennoticesubmission@archersystems.com</p>

<p>By signing below, I acknowledge and agree to the lien provisions in Article XV of the Flint Water Settlement Agreement.</p>	
<p>Signature</p>	
<p>Date</p>	