

Oregon's Health CO-OP  
PO BOX 40048  
Portland, OR 97240

**NOTICE OF LIQUIDATION OF OREGON'S HEALTH CO-OP  
AND DEADLINE TO FILE PROOF OF CLAIMS BY SEPTEMBER 30, 2017**

Member Smith  
Po Box 123456  
Portland, OR 95661

Oregon's Health CO-OP (OHC) was ordered by the Circuit Court for Marion County to be liquidated on March 2, 2017 with a deadline (Absolute Final Bar Date) to file proof of claims of September 30, 2017. The Proof of Claim form must be properly completed and sent to the office designated in the form with a postmark of no later than September 30, 2017 by 11:59:59 p.m. (Pacific Daylight Time).

You may view a copy of the Court's Liquidation Order and the court-approved Plan of Liquidation by going to the OHC website at <http://www.ohcoop.org/>. The Director of the Department of Consumer and Business Services (Department) was appointed by the Court as Receiver of OHC.

You are receiving this Notice and the attached Proof of Claim form because you, your company or organization may have a claim against OHC. If you are an OHC member, service provider or agent/broker you may have received previous notices from OHC that requested you to provide claims related information. In that event, you should carefully read the provisions in the attached Proof of Claim form to determine if you need to file a Proof of Claim for any unpaid items. If you are a service provider that was or are now involved in the handling or processing of any OHC premiums, the Liquidation Order contains instructions on what you are required to report to the receiver, and you should immediately review the Order available at the OHC website. You must file the Proof of Claim form as instructed by the directions provided on that form on or before the September 30, 2017 date set by the Court in order to have your claim fully evaluated. Only include amounts that you claim are unpaid and for which OHC has not provided a payment or credit to your account. You should provide as much specific information as possible in order for your claim to be properly evaluated and to avoid additional delay. Please note that if you were retained by the OHC Receiver and provided services or commodities after OHC was placed into Rehabilitation, or after the entry of the Liquidation Order, you do not need to file a proof of claim form for these amounts.

As referenced on the website for OHC, a lack of available funding to pay claims and expenses led to placing OHC into rehabilitation proceedings to determine if its financial problems could be remedied. The Receiver for OHC determined that these financial deficiencies could not be remedied, resulting in the Circuit Court ordering OHC into Liquidation in order to protect the interests of all creditors of OHC.

In order to pay all valid claims presented by timely filed Proof of Claim forms, the Receiver must undertake several tasks. These include collecting all funds due to OHC, converting assets to cash, evaluating all claims and assigning a priority to each claim, and then determining what percentage of each claim can be paid to enable a distribution to claimants. Completing these tasks is a time consuming process that typically takes several years to complete. It is therefore imperative that you keep the Receiver of OHC informed as to any changes in your address and other contact information after you have sent your proof of claim form to the OHC office. A contact information change form is also posted on the OHC website and can be used for other claimant information updates.

The contact information for OHC is provided on the attached proof of claim form, which also includes specific details on how to complete the form.

Thank you for your patience, and please be assured the Receiver will make every effort to expeditiously evaluate your claim and finalize a distribution of funds to all OHC claimants based on the requirements of Oregon law.

Oregon's Health CO-OP

The Proof of Claim Form is assigned a unique Receiver Claim Number (RCN). Therefore, the Form is not available for reproduction.

**PROOF OF CLAIM FORM AND NOTICE OF ABSOLUTE BAR DATE  
OREGON'S HEALTH CO-OP  
DATE OF LIQUIDATION: March 2, 2017  
ABSOLUTE BAR DATE AND CLAIMS FILING DEADLINE: September 30, 2017**

<b>FOR OFFICIAL USE ONLY</b>	Receiver Claim Nbr. (RCN):
Date Postmarked:	Policy #:
Date Received:	Liquidator Allowed Amount:

**If you do NOT have a claim against Oregon's Health CO-OP, no action is required by you.** If you have a claim, you must fill out this form according to the instructions on page four of this form and return pages one, two and three of the form to the Liquidator no later than the absolute bar date and claims filing deadline indicated above. Failure to complete and return pages one, two and three of this form to the Liquidator by the claims filing deadline may result in your claim being denied in full or in part. Please submit **all** documentation that supports your claim. If your claim consists of multiple invoices, please provide an itemization table with your submission.

[Anyone that has not received a proof of claim form by May 1, 2017 who believes they have a valid claim against OHC may contact the Receiver at \[customersupport@ohcoop.org\]\(mailto:customersupport@ohcoop.org\)](#)