



\* G 8 2 7 1 C A W \*  
 CIGNA Physician Settlement  
 Settlement Administrator  
 P.O. Box 3170  
 Portland, 97208-3170

For Official Use Only

**UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF FLORIDA  
 MIAMI DIVISION**

**MDL NO.: 1334**

**IN RE: MANAGED CARE LITIGATION**

**THIS DOCUMENT RELATES ONLY TO  
 PROVIDER TRACK CASES**

**CATEGORY A CLAIM FORM WITHDRAWAL**

**DEADLINE FOR SUBMISSION OF WITHDRAWAL FORM: POSTMARKED BY FEBRUARY 1, 2005  
 DEADLINE FOR SUBMISSION OF PROOF(S) OF CLAIM AGAINST THE CLAIM DISTRIBUTION FUND: POST-  
 MARKED BY FEBRUARY 18, 2005**

**General Information:** Class Members under the CIGNA HealthCare Physician Settlement may elect to withdraw their Category A Proof of Claim Submission and submit Proof(s) of Claim against the Claim Distribution Fund.

Class Members' Category A Withdrawal forms must be postmarked by **February 1, 2005** in order to be considered valid. Please be advised that if Class Members elect to withdraw their Category A Proof of Claim(s), they will **no longer** be entitled to payment from the Category A Settlement Fund **unless** they re-submit claim(s) under Category A by the claim submission deadline of **February 18, 2005**.

If Class Members withdraw their Category A Proof of Claim submission by the **February 1, 2005** deadline, they must submit a valid Proof(s) of Claim against the Claim Distribution Fund by the **February 18, 2005** deadline. It is important that Class Members check their records to ensure that they have all of the necessary documentation to file valid Proof(s) of Claim against the Claim Distribution Fund **before** withdrawing their Category A claim(s).

If you do not withdraw your Category A Proof of Claim submission by the February 1, 2005 deadline, and then submit a valid Proof(s) of Claim against the Claim Distribution Fund by the February 18, 2005 deadline, you will remain ineligible to submit Proof(s) of Claim against the Claim Distribution Fund.

**Guidelines:**

- Withdrawal from a previously filed Category A Proof of Claim is available to all Class Members, including: (1) Physicians in active practice; (2) retired Physicians who were in practice on or after August 4, 1990; and (3) the heirs or legal representatives in the case of deceased Class Members.
- This Category A Claim Form Withdrawal is an option for Class Members who previously submitted a Category A Proof of Claim Form but now would like to withdraw that submission and submit Proof(s) of Claim against the Claim Distribution Fund.
- Physician Groups and Physician Organizations may submit a Category A Withdrawal on behalf of Physicians included in their original Category A Proof of Claim submission, without the necessity of individual signatures from the individual Physicians.
- **PLEASE NOTE: If you submit a Category A Proof of Claim Withdrawal and do not file any Proof(s) of Claim against the Claim Distribution Fund, you will NOT receive compensation from the Category A Settlement Fund. You may, however, re-submit a Category A Proof of Claim if you do not submit a Proof of Claim for Category One, Two or Medical Necessity Denial Compensation. All claims must be postmarked by February 18, 2005.**
- Capitalized terms used in the Category A Withdrawal Form that are not otherwise defined herein have the meaning assigned to them in the Settlement Agreement.
- Please attach a copy of your original Category A Proof of Claim form if it is available.

**COMPLETE ALL SECTIONS AND SIGN THE CERTIFICATION IN SECTION III**

**SECTION I: PHYSICIAN INFORMATION**

Name of Physician: [First Name] [MI] [Last Name]

Name of Physician Group or Physician Organization (if applicable): [Organization Name]

CIGNA HealthCare Provider Number (if applicable): [Provider Number]

Physician Tax Identification Number: [EIN] OR [Social Security Number]

Address: [Address Line 1] [Address Line 2] [City] [State] [Zip]

Country (if not U.S.): [Country]

E-mail Address (optional): [Email Address]

**SECTION II: LIST OF PHYSICIANS INCLUDED IN PHYSICIAN GROUP OR ORGANIZATION.**

Table with 2 columns: Healthcare Provider, SSN or TIN

**Section III: CERTIFICATION**

Failure to sign this Certification will result in denial of your Category A Proof of Claim Withdrawal. I hereby certify the following: 1. I am a Class Member... 2. I understand that I am not eligible...

Signature [Signature Box]

Name [First Name] [MI] [Last Name] [Date (MM DD YYYY)]

**SECTION V: SUBMISSION OF PROOF OF CLAIM TO SETTLEMENT ADMINISTRATOR**

Mail your completed Category A Settlement Fund Withdrawal Form, along with your previous Category A Proof of Claim Form if available to the Settlement Administrator at the following address: CIGNA Physician Settlement Settlement Administrator P.O. Box 3170 Portland, OR 97208-3170

Any request for withdrawal from the Category A Settlement Fund postmarked after February 1, 2005 is not a valid withdrawal request, will not be processed by the Settlement Administrator, and any Proof(s) of Claim against the Claim Distribution Fund will be denied.