

# **Exhibit B**

## Receivership Management, Inc.

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510 Hospital Drive, Suite 490 Madison, TN 37115 (615) 370-0051 Fax (615) 373-4336

DATE

PROVIDER NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

RE: **AEU BENEFIT PLAN MOTION TO APPROVE PLAN OF DISTRIBUTION INTERIM DISTRIBUTION AND RELATED RELIEF**

Dear PROVIDER NAME:

**YOU ARE RECEIVING THIS NOTICE BECAUSE YOU ARE A MEDICAL PROVIDER CLAIMANT IN THE AEU BENEFIT PLAN LIQUIDATION LISTED TO RECEIVE AN INTERIM DISTRIBUTION OF \$5.00 OR MORE.**

On \_\_\_\_\_, 2021, the Independent Fiduciary filed a Motion to Approve Plan of Distribution, Interim Distribution and Related Relief ("Motion") with the U.S. District Court for the Northern District of Illinois (#1:17-cv-07931), which includes exhibits listing the distributions, prorata or otherwise, and requests a court order prohibiting medical providers, if they receive and cash a distribution check, from pursuing amounts still owed from the AEU Benefit Plan and from reporting negative credit or pursuing collection activity as to Participants relating to amounts still owed by the AEU Benefit Plan. Pursuant to the Court Order, the deadline for filing an objection to the Motion is \_\_\_\_\_. A failure to timely file an objection will result in your waiving objections to the Independent Fiduciary's Motion.

You may review the Motion and attendant filings and the referenced Order at:

<https://www.receivermgmt.com/aeubenefitplan.htm>

Upon the Court entering an order approving the distribution plan and upon that order becoming final and non-appealable, our office will issue pro rata payments based on the total plan responsibility of your medical claim(s). Please review the following payee details: (Insert Tax ID Number, Payee Name and Payee Address). If changes need to be made before payments are issued, please provide a signed IRS form W-9 no later than 30 days from the date of this letter. The W-9 can be emailed to [aeu@receivermgmt.com](mailto:aeu@receivermgmt.com) or faxed to 615-373-4336. When sending correspondence to our office, please reference your Tracking Number(s) (as shown on the earlier provided Medical Claims Determination Statement), Contact Name, Contact Phone Number and Federal Tax ID Number. **Please Note:** If the Payee details (Tax ID Number, Payee Name and Address) are correct, it is **not** necessary to contact our office to confirm.

**IMPORTANT: The referenced Motion affects your rights of receiving payments and rights of collection.**

Sincerely,

Receivership Management Inc.

615-370-5733 Phone

615-373-4336 Fax

Email: [aeu@receivermgmt.com](mailto:aeu@receivermgmt.com)

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**Exhibit B to Motion to Approve Plan of Distribution**