

Tehum Personal Injury Settlement Trust Claim Submission Instructions

Expedited Distribution

Disclaimer- The filing instructions are intended to assist Personal Injury Claimants and their representatives in submitting documents and information to support their Personal Injury Claim to the Tehum Personal Injury Settlement Trust (the “Trust”). These instructions do not replace or modify the requirements of the Trust Distribution Procedures (“TDP”) or the Order Confirming the First Modified Joint Chapter 11 Plan of Reorganization of the Tort Claimants’ Committee, Official Committee of Unsecured Creditors, and Debtor (“Plan”). Claimants should thoroughly review the TDP before their Trust Claim Submission.

Capitalized terms not otherwise defined herein shall have the same meaning as provided in the Joint Chapter 11 Plan of the Tort Claimants’ Committee, Official Committee of Unsecured Creditors, and Debtor filed as Dkt. # 1739, in Case No. 23-90086 in the United States Bankruptcy Court for the Southern District of Texas Houston Division.

A complete list of terms can be found on the Tehum Care Services Settlement Trust website here:

www.tehumcareservicessettlement.com

When and Where to Provide Your Trust Claim Submission

Claimants have two options for submitting their Trust Claim Submission:

- a) **Mail-** A paper submission with all supporting documents including any audio or video data may be submitted in support of your Personal Injury Claim. A paper form will be mailed directly to incarcerated Claimants. All other Claimants may request a paper copy of the Trust Claim Submission form by contacting the Trust Support Center at (866) 372-2884.

The Trust Claim Submission form should be submitted by either first class mail or courier to the address below so that it is received on or before August 8, 2025. If you are unable to submit your information before August 8, 2025, please call (866) 372-2884.

Tehum Care Services Settlement
PO Box 89
Wilmington DE, 19899

Note: This is the exclusive address for correspondence. Please do not send mail directly to the Trustee.

- b) **Online-** A Trust Claim Submission form can be completed on the website listed below on or before August 8, 2025 by 11:59 PM ET. If you are unable to submit your information before August 8, 2025, please call (866) 372-2884.

<https://www.tehumcareservicessettlement.com/>

Important Note: if you wish to submit a Trust Claim Submission form online, you **must have access to a current email address.**

Trust Claim Submission forms sent by email or fax will not be accepted.

Tehum Personal Injury Settlement Trust

Case Number: 23-90086

[Submit A Form](#)

[Log In](#)

[forgot password](#)

If you've already registered as a participant, you can [login here](#).

Otherwise register below using the Identification Number indicated on your compensation packet.

Account Set Up

To begin account registration, please complete the following form

Identification number* (Found on Page 1 of your settlement packet)

Last name*

[Register](#)

Tehum Personal Injury Settlement Trust

Case Number: 23-90086

[Log In](#)

[forgot password](#)

Important Notice:

The filing deadline is **July 31, 2025 at 11:59 PM (ET)**. Please be advised that Trust Claims Submissions must be received on or before July 31, 2025 by 11:59 PM (ET). If you are unable to meet this deadline, please contact (866) 372-2884 / (913) 382-2673.

Welcome to the Tehum Personal Injury Settlement Trust Claim Submission Portal

This portal was established to allow Claimants to complete, update and provide additional information/documents and track the status of their Trust Claim Submission.

To access the portal, you will first need to register for an account. To do so, please fill out the required information (Name, Email, Password) in the "Set Up Your Account" section and hit the "Register" button. You will receive an automatic email notification to your inbox asking you to verify your email. Once you reply to the notification verifying your email, you will be able to log in and begin modifying your Trust Claim Submission. You will need your unique "token" to begin the Trust Claim Submission process. You received your token via US Mail. Detailed instructions on how to properly fill out and submit the Trust Claim Submission were included in the same mailing as your token. Instructions are also available on our website: <https://www.tehumcareservicesettlement.com/>.

If you have already registered your account, you may log in at the top of the page or by clicking here: [Log In](#)

For any questions about the Trust Claim Submission process or for technical support requests, email support@tehumcareservicesettlement.com

Set Up Your Account

First name*

Last name*

Email*

Email confirmation*

Password*

Password confirmation*

[Register](#)

REMINDER – Failure to complete and return the Trust Claim Submission Form on or before August 8, 2025 may result in the inability to receive a distribution from the Tehum Care Services Settlement Trust.

Who Can Submit A Trust Claim Submission?

Only an Allowed Claim Amount can be paid by the Trust. To be eligible to receive compensation from the Tehum Personal Injury Settlement Trust, the following Threshold Criteria must be met:

- (1) Filed a timely Proof of Claim with the Bankruptcy Court;
- (2) Personally signed a Proof of Claim attesting to the truth of its contents under penalty of perjury, or supplements the filed Proof of Claim to provide such verification;
- (3) Filed a Proof of Claim that is complete and free of material defect and valid under applicable law;
- (4) Have not previously had his or her Trust Claim dismissed on the merits or have received payments on his or her Trust Claim so that no recovery would be permissible under the TDP.

Important Notes:

- Claimants who are represented by an attorney should not submit a claim on their own. The Claimant's attorney should submit the Trust Claim on the Claimants' behalf.
- A Personal Representative can submit a Trust Claim on behalf of a deceased or incapacitated Claimant if they are not represented by an attorney. Appropriate legal documentation will be required.

Claimants will receive a unique identifying number called a "token." This token is required to submit a Trust Claim Submission online. Claimants' attorneys on file will receive a unique token required to submit a Trust Claim on behalf of the Claimant. Claimants and Personal Representatives who are not represented by an attorney will receive a unique token required to submit their Trust Claim Submission online.

Note: Receipt of a token does not mean that you have an Allowed Claim that entitles you to receive payment from the Trust. The Plan and TDP control whether you are entitled to receive payment from the Trust.

Contact Information

For more information on submitting documentation in support of an Allowed Personal Injury Claim Submission or to see Frequently Asked Questions, please visit www.tehumcareservicessettlement.com.

Information may be obtained from the Claims Administrator by: (1) calling toll free at (866) 372-2884, (2) emailing at support@tehumcareservicessettlement.com, or (3) visiting the website at: www.tehumcareservicessettlement.com.

The Claims Administrator cannot and will not provide legal advice.

To speak with a representative of the Claims Administrator, please have the unique token associated with your Trust Claim Submission available.

Hours of Operation: 9:00am – 5:00pm ET

Trust Claim Process

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|-------------------------------|
| Expedited Distribution |
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You selected your claim process option when submitting your ballot. You elected to receive an Expedited Distribution.

Claimants who elected the Expedited Distribution option on their Bankruptcy ballots may be entitled to an Expedited Distribution of \$5,000, as outlined in the TDP. Trust Claimants seeking an Expedited Distribution must meet the following criteria:

- Elected Expedited Distribution on their ballot submitted before the Plan was confirmed;
- Satisfied Threshold Eligibility criteria; and
- Filed a Basic Claim Submission with the Trust.

The “Threshold Eligibility” requirements are:

(1) have timely filed, or have been deemed to have timely filed, a Proof of Claim with the Bankruptcy Court;

(2) have personally signed his or her Proof of Claim attesting to the truth of its contents under penalty of perjury, or supplements his or her Proof of Claim to so provide such verification;

(3) have filed a Proof of Claim that is free of material defect such that the Trustee is able to determine from the Proof of Claim that Trust Claim is prima facie valid and is not barred by any applicable federal or state statute of limitations or repose; and

(4) have not previously had his or her Trust Claim dismissed on the merits or have received payments on his or her Trust Claim so that no recovery from the Trust would be permissible under the TDP

Claimants who have elected to receive the Expedited Distribution and satisfy these requirements, shall be entitled to receive their expedited payment upon executing the Acceptance and Release (Personal Injury Claim). A Claimant who chooses to receive the Expedited Distribution shall have no other remedies with respect to his or her Trust Claim and will not be eligible to receive any further distribution from the Trust.

Note: Expedited Distributions may be reduced if the Claimant has medical liens, including government obligations, including but not limited to, Medicare, Medicaid, and other governmental liens.

Ordering of Claims

Allowed Personal Injury Claims received on or after August 8, 2025 will be ordered for processing on a first-in-first-out (“FIFO”) basis. A Claimant’s position in the FIFO Processing Queue shall be determined by the date that the Claimant’s Trust Claim Submission.

Preparing the Trust Claim Submission Form

The below instructions should be used for **Personal Injury Claimants, Personal Representatives of Claimants, or Claimants’ attorneys**. Please read these instructions carefully. They will help you fill out your Trust Claim Submission Form and will outline additional documents or evidence you may need to support your Personal Injury

Claim reflected in your filed Proof of Claim. Please be sure to refer to the [TDP](#) for complete guidelines before submitting your claim.

Disclaimer: All Trust Claim Submissions are subject to review. Submitting a Trust Claim Submission does not mean the PI/WD Claimant will be entitled to an Allowed Claim.

Identifying Information

One valid form of identification must be submitted for the **Claimant**. If you are filling out this form as a **Personal Representative**, you must also submit one form of ID. *Valid ID examples can be found at the bottom of these filing instructions.*

A. Identity of Claimant- This section is intended to collect the Claimant's personal information:

- **Name, SSN, DOB, and Gender** Please provide the Claimant's name and any applicable suffixes, aliases or other legal names in the appropriate fields. Please also include the Claimant's social security number, date of birth, and gender in the appropriate fields.
- **Is Claimant Living or Deceased?** If the Claimant is deceased, please provide their date of death. A death certificate or medical record proving proof of death is also required.
- **Current Contact Info** Please provide the current mailing address for the Claimant. If the Claimant is deceased or incapacitated, provide the address of the individual submitting the claim. Additionally, please provide an email address that is currently accessible by the filer and the best phone number. The email address will be the primary point of contact for all Trust Claim issues. If the Claimant does not have access to email or telephone, then please select US Mail in part B of this section.
 - **If Claimant is currently incarcerated**, provide the address of the detention facility.

B- Attorney

- **If you are represented by an attorney:** Your attorney should submit the Trust Claim Submission Form on your behalf. The law firm should provide their contact information. Please include the law firm's name, attorney's name, address, email address, phone number and/or fax number.
- **If you have not hired an attorney:** Please indicate how you would like to receive correspondence by checking the appropriate box. Correspondence can be received by either email, US mail, or telephone.

C- Personal Representative: Complete this section if the Trust Claim Submission Form is being completed on behalf of a Claimant or if you would like to designate another individual with whom we can discuss your Trust Claim. **The Trust Support Center will only discuss the status of a Trust Claim with authorized individuals. The Trust Support Center will not provide any legal advice.** Please complete the Personal Representative information and provide one form of acceptable ID. Please submit additional required documentation based upon the category that best describes your situation:

- **If you would like to designate another individual to discuss your Trust Claim**, please also provide:
 - Relevant Legal Documentation (Power of Attorney)
 - One form of acceptable ID for Personal Representative
- **If you are submitting on behalf of a deceased Claimant**, please also provide:
 - Claimant's death certificate
 - Relevant Legal Documentation (Certificate of Official Capacity, Letters Testamentary)
 - One form of acceptable ID for Personal Representative
- **If you are submitting on behalf of an incapacitated Claimant**, please also provide:
 - Relevant Legal Documentation (Power of Attorney, Living Will)
 - One form of acceptable ID for Personal Representative

Claim Process

More information regarding the choice of an Expedited Distribution or the Claims Allowance Process can be found above.

Note: A Personal Injury Claimant who elects to receive the Expedited Distribution shall have no other remedies with respect to his or her Personal Injury Claim against the Trust and will not be eligible to receive any further distribution on account of a Personal Injury Claim from the Trust.

Note: If you did not submit a ballot to vote on the Plan, your Personal Injury Claim will be processed as a Trust Claim Submission.

Please contact the Trust Support Center with any questions:
(866) 372-2884 or support@tehumcareservicessettlement.com

Lien Resolution

Please complete, sign, and date this section for identification and resolution of liens associated with the treatment of alleged injur(y)(ies).

The Trust may, but is not required, to account for all known outstanding governmental medical liens, if any, currently owed by the Claimant. The resolution of all such liens shall be an obligation of the Claimant although the Trust may determine to offset any payment on account of a Trust Claim to resolve any such liens.

Litigation

If a Personal Injury Claim was previously filed against Corizon Health Services Inc. or Tehum Care Services Inc. before February 13, 2023, please check Yes and fill out the information in the appropriate boxes. **If a Personal Injury Claim was not previously filed, please skip to Signature Section.**

Signature

Please check the appropriate box indicating you are one of the following:

- Claimant
- Claimant's Personal Representative
- Claimant's Attorney

Please then date, sign and print your name in the appropriate fields.

Valid ID Examples

- State Issued Driver's License or Photo ID
- Passport
- Prison ID Card
- Government Issued Social Security Number Card
- Additional Approved IDs