

## **Tehum Personal Injury Settlement Trust Claim Submission Instructions**

**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](http://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](mailto: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](http://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](mailto:support@tehumcareservicessettlement.com), or (3) visiting the website at: [www.tehumcareservicessettlement.com](http://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

## **Choice of Trust Claim Process**

<b>Expedited Distribution</b>
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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.

<b>Trust Claim Submission</b>
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Claimants who did not return a ballot or did not elect to receive an *Expedited Distribution* on their ballot may pursue resolution of their Personal Injury Claim using the Trust Claim Submission process outlined in the TDP.

The TDP requires that each Personal Injury Claimant, in addition to satisfying the Threshold Eligibility criteria above, must complete and submit a Basic Trust Claim Submission, and must also provide:

- **Medical Records:** Medical records or other medical evidence that contain information sufficient to support a diagnosis or treatment of the injury for which the Personal Injury Claimant seeks compensation.
- **Description of Injury:** A written narrative or an audio or video recording detailing the Claimant’s injury or treatment, including a timeline of such injury or treatment. For Personal Injury Claims involving wrongful death, the narrative may be provided by an attorney, Personal Representative, or family member.
- **Location of Incarceration:** Evidence demonstrating that the Personal Injury Claimant was incarcerated at one or more facilities which Corizon Health Services, Inc./Tehum Care Services, Inc. operated and provided medical services and the approximate starting and ending dates, where applicable, of incarceration at each facility.
- **Wrongful Death:** To the extent that the submission involves a Personal Injury Claimant who is deceased, the decedent’s death certificate or a medical record providing proof of death.

**Important Note:** Claimants may not be able to access supporting documentation uploaded in support of their Trust Claim Submission after it is submitted. Claimants should maintain copies of their Trust Claim Submission for their records.

**Valuation of Allowed Personal Injury Claims-** Allowed Claims will be paid in accordance with the Plan and the TDP. A Claimant cannot submit multiple Trust Claims.

Tier	Type of Personal Injury	Base Matrix Value	Maximum Matrix Value
1	Wrongful Death	\$1,200,000	\$1,597,200
2	Amputation ( <i>e.g.</i> , Amputation of Limb or Loss of Testicle), Complete or Significant Loss of Mobility ( <i>e.g.</i> , Paralysis of Arms & Legs, Quadriplegia, Untreated Bone Breaks), Neurological and Cognitive Issues ( <i>e.g.</i> , Stroke, Parkinson's), Cancer ( <i>e.g.</i> , Failure to Treat/Diagnose Various Cancers), Organ Rupture / Failure ( <i>e.g.</i> , Colon Rupture, Renal Failure), Sexual Abuse or Assault.	\$600,000	\$798,600
3	Infections and Immunological Issues ( <i>e.g.</i> , Failure to Treat Resulting in Fibrosis, Meningitis, or Other), Cardiac and Vascular Problems ( <i>e.g.</i> , Heart Attack, Heart Damage), Extreme Pain and Suffering ( <i>e.g.</i> , Untreated Bowel Incontinence, Untreated Withdrawal).	\$200,000	\$266,200
4	Pain and Suffering ( <i>e.g.</i> , Untreated Pain, Emotional Distress), Digestive and Abdominal Issues ( <i>e.g.</i> , Untreated Crohns Disease, Hernia, Enlarged Prostate), Sensory Impairment ( <i>e.g.</i> , Complete or Incomplete Loss of Vision, Hearing), Injuries and Traumas ( <i>e.g.</i> , Bone Breaks, Joint Injuries).	\$50,000	\$66,550
5	Other Injuries ( <i>e.g.</i> , COVID-19).	\$5,000	\$5,000

**Note:** The Trust Claim valuation is not equal to the amount that Allowed Claimants may receive from the Trust. As estimated in the Disclosure Statement Regarding Joint Chapter 11 Plan of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor [Dkt. No. 1740-3], Allowed Claims may receive:

**TEHUM - ILLUSTRATIVE CHanneled PI/WD CLAIM RECOVERIES**

Tier	Est. Claims Count		TDP Values		Aggregate Claim Value		Nominal Avg. Recoveries per Channeled PI/WD Claim	
	High Recovery	Low Recovery	Base Matrix Value	Maximum Matrix Value	At Base Matrix Value	At Max. Matrix Value	High Recovery <sup>(1)</sup>	Low Recovery <sup>(2)</sup>
							At Base Matrix Value	At Max. Matrix Value
1	35	39	\$ 1,200,000	\$ 1,597,200	\$ 42,000,000	\$ 62,290,800	\$ 779,073	\$ 377,988
2	33	51	\$ 600,000	\$ 798,600	\$ 19,800,000	\$ 40,728,600	\$ 389,536	\$ 188,994
3	18	20	\$ 200,000	\$ 266,200	\$ 3,600,000	\$ 5,324,000	\$ 129,845	\$ 62,998
4	49	58	\$ 50,000	\$ 66,550	\$ 2,450,000	\$ 3,859,900	\$ 32,461	\$ 15,750
5	24	10	\$ 5,000	\$ 5,000	\$ 120,000	\$ 50,000	\$ 3,246	\$ 1,183
<b>Total</b>	<b>159</b>	<b>178</b>			<b>\$ 67,970,000</b>	<b>\$ 112,253,300</b>	<b>\$ 277,534</b>	<b>\$ 167,079</b>
<b>Estimated Payment Percentage</b>							<b>64.9%</b>	<b>23.7%</b>

[1] High Recovery assumes that claims that were dismissed or received a defense verdict and claims that did not name Corizon in pre-petition litigation are not compensable. All other claims are assumed compensable. High Recovery categorizes the 15 claims with unknown injuries in Tier 5. All claims are valued using Base Matrix Values.

[2] Low Recovery assumes only claims that were dismissed or received a defense verdict are not compensable. All other claims are assumed compensable. Low Recovery categorizes the 15 claims whose injury is unknown as Tier 2 claims. All claims are valued at the Maximum Matrix Values.

**TEHUM - ILLUSTRATIVE PAYMENT PERCENTAGE ANALYSIS**

(\$ in thousands)	Nominal	
	High Recovery	Low Recovery
1 Employee Retention Credits, gross	12,980	5,272
2 Causes of Actions Proceeds	1,500	-
3 Insurance and Third-Party Recoveries	10,000	1,000
4 Global Settlement, Including Interest	26,719	26,719
5 <b>Gross Proceeds from Estate Assets</b>	<b>\$ 51,199</b>	<b>\$ 32,991</b>
6 Less: Employee Retention Credits Setoff by Priority Federal Tax Claims	(4,120)	(4,120)
7 Less: Employee Retention Credits - Synergi Administrative Fee (Dkt 723)	(574)	(75)
8 <b>Proceeds Available for PI/WD Trust and GUC Trust</b>	<b>\$ 46,505</b>	<b>\$ 28,796</b>
9 Less: Plan Trusts' Professional Fees	(2,000)	(2,000)
10 Less: Post-Effective Date US Trustee Fees	(377)	(231)
11 <b>Channeled PI/WD Trust Claims Recoveries</b>	<b>\$ 44,128</b>	<b>\$ 26,566</b>
12 Channeled PI/WD Trust Claims	67,970	112,253
13 <b>Estimated Recovery Percentage for Channeled PI/WD Trust Claims</b>	<b>64.9%</b>	<b>23.7%</b>

**Scaling Factors-** Once the Trustee has assigned an Allowed Personal Injury Claim one of the five tiers in the Claims Matrix above, the value may be adjusted based on:

- **Nature and Circumstances of Personal Injury:** To account for particularly severe personal injury or aggravating circumstances, the Trustee may assign a Scaling Factor of up to 1.1 to each Allowed Personal Injury Claim.
- **Impact of Personal Injury:** To account for the particularly severe impact of the alleged personal injury on the Personal Injury Claimant's mental health, physical health, inter-personal relationships, vocational capacity or success, the Trustee may assign a Scaling Factor of up to 1.1.

- **Substantial Medical Expenses:** To account for Personal Injury Claims that result in substantial out-of-pocket medical expenses for which the Personal Injury Claimant has not received and does not expect to receive reimbursement, the Trustee may assign a Scaling Factor of up to 1.1.

For a detailed list of acceptable supporting documentation please see the Trust Claim Submission Form.

### **Ordering of Claims**

Allowed Personal Injury Claims received on or before 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. A Claimant that seeks recovery on account of an Exigent Claim shall be moved in front of the Trust’s FIFO processing of Allowed Personal Injury Claims no matter what the order of processing otherwise would have been under the TDP.

*More information on Exigent Claims can be found in section 5 of the Trust Claim Submission Form.*

### **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.

#### **Section 1: 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

## Section 2: Claim Process Election

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@tehumcareservicesettlement.com](mailto:support@tehumcareservicesettlement.com)

## Section 3: Personal Injury Claim and Description of Care

Please answer each of the questions to the best of your ability. If you do not know or recall, please indicate that in your Trust Claim Submission. Please include supporting medical documentation by uploading files using the appropriate fields in the Trust Claim Submission portal or by including a copy with your Basic Trust Claim Form if submitting by mail.

Before completing Section A, please indicate in the appropriate checkboxes if medical care was received while incarcerated and if the injury was diagnosed or supported by a provider other than Corizon Health Services, Inc. (which was renamed Tehum Health Services, Inc.).

**Personal Injury Resulting from Treatment-** Describe Claimant's Personal Injury Claim that was allegedly caused by Corizon Health Services, Inc. (renamed Tehum Health Services, Inc.) by using the chart and checking the box most closely associated with the Claimant's alleged injury. Please provide a brief description of the Claimant's alleged injury in the "Specify Injury" field and provide relevant details. If an Allowed Personal Injury Claim falls into more



than one tier, it will be placed in the highest applicable tier. A Personal Injury Claimant cannot have multiple Allowed Personal Injury Claims assigned to different tiers. To the extent that a Personal Injury Claim does not fit within any of the five tiers, the Trustee, at his discretion, will determine the tier.

**Nature and Circumstances of Personal Injury:** Please use this section to describe any severe personal injury or aggravating circumstances.

**Supporting documentation** should be submitted to substantiate these circumstances whenever possible. *Please see Section 3 of the Trust Claim Submission Form for examples of supporting documentation.*

**If Claimant was incarcerated when medical services were provided**, please provide:

- Name of facility and address
- Date when care was initiated
- Date when care was ended (if applicable)
- Relevant medical documentation

**If medical services were received from an outside provider**, please provide:

- Name of facility and address
- Date when care was initiated
- Date when care was ended (if applicable)
- Relevant medical documentation

**Narrative-** Please provide a detailed description of injur(y)(ies) including timeline/progression, treatment, outcome and any other relevant details.

#### **Section 4: Impact of Personal Injury**

Please use this section to describe the impact resulting from the treatment described in Part 3. Check the appropriate boxes if you experienced aggravating circumstances as a result of your injury. Please include supporting documentation and a narrative to provide context.

- a) Physical Health
- b) Psychological/Mental Health
- c) Inter-Personal Relationships
- d) Vocational (Job) Capacity or Success

Please submit any supporting documentation whenever possible. *Please see Section 3: Injury and Description of Care of the Trust Claim Submission Form for examples of supporting documentation.*

#### **Section 5: Exigent Claims**

Claimants may elect to submit their Personal Injury Claim as either an Exigent Health Claim or an Exigent Hardship Claim. An Exigent Claim will be moved to the front of the FIFO Processing Queue. Please note that Trust Claims will be evaluated upon review to determine if they meet the criteria of an Exigent Claim.

*More information on Exigent Claims can be found in Section 5 of the Trust Claim Submission Form.*

**Are you submitting an Exigent Hardship Claim?** – Please check Yes or No

- Please submit any supporting documentation, including medical records, medical bills, financial records, tax records, etc.

**Are you submitting an Exigent Health Claim?** – Please check Yes or No

- Please submit supporting medical records.

Examples of supporting medical records are listed in Section 5 of the Trust Claim Submission Form.

#### Section 6: 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.

#### Section 7: Bankruptcy

If you have any current or prior Bankruptcy cases, please check Yes and fill out the required information in the appropriate boxes. **If No, please skip to Section 8.**

#### Section 8: 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 Section 9.**

#### Section 9: 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