

Exhibit 5

Bauserman Plan of Allocation

Relevant Background

1. On September 9, 2015, Plaintiff Grant Bauserman filed this class action lawsuit on behalf of himself and other claimants who have applied for unemployment benefits and were erroneously determined by the State of Michigan (“SOM”) Unemployment Insurance Agency (“UIA” or “Agency”) of securing benefits through fraud. Specifically, Plaintiff alleged that the Agency’s use of a computer program known as the Michigan Integrated Data Automated System (MIDAS) violated his due process rights under Article 1, Section 17 of the Michigan Constitution because claimants were determined to have engaged in fraud based solely on a computer-based algorithm.
2. In the first appeal, the Michigan Supreme Court issued a decision in 2019 holding that while the complaint was timely filed under the Court of Claims Act, only those individuals that had money taken by the Agency for the *first time* within six months of the filing of Plaintiffs’ original complaint (on or after March 9, 2015) could maintain a claim against the Agency. *Bauserman et al v. Unemployment Agency*, 503 Mich. 169 (2019) (*Bauserman I*).
3. In the second appeal, the Michigan Supreme Court issued a decision on July 26, 2022, holding that the Plaintiffs had properly alleged a constitutional tort claim entitling them to a damage remedy for a violation of their due process rights. *Bauserman et al v. Unemployment Agency*, ____ Mich. ____ (2022), 2022 WL 2965921 (*Bauserman II*).
4. In July of 2021, while the litigation was pending before the Michigan Supreme Court, the Parties engaged the services of Megan P. Norris, an experienced and well-respected mediator. The Agency provided the Mediator with substantial information from its databases including the potential class members with timely claims, the amount of their loses, the manner in which the Agency collected payments from the identified class members, and the amount of Agency refund, if any.
5. On September 27, 2022, Mediator Norris recommended to the Parties that payment by the State of Michigan of \$20 million represented a fair and reasonable resolution of this case and encouraged the Parties to accept her recommendation. The Parties accepted the Mediator’s recommendation, and a term sheet was executed on September 27, 2022.

Preliminary Approval Order

6. On November 14, 2022, SOM and the Agency entered into a Settlement Agreement (“Agreement”) with the Class Representatives, Mr. Grant Bauserman and Mr. Teddy Broe, whereby the SOM agreed to a certified Settlement Class and a final settlement amount of \$20 million to cover all Class Representatives and Class member claims, administrative and litigation costs, and attorney fee obligations. In exchange for this payment, the SOM will receive a release of claims from each Class Member who receives compensation from Settlement Funds or will otherwise have their claims barred by entry of a Final Judgment. The parties agreed that

payments to Eligible Class Members would be subject to the terms of a Plan of Allocation (“POA”).

7. On December 16, 2022, Class Counsel filed a Motion for Preliminary Approval of the Settlement Agreement, Certification of a Settlement Class, Notice of Rights to Class Members, Plan of Allocation, approval of Claims Administrator, appointment of Megan Norris as Special Master and approval of litigation and administrative fees and attorney fees.
8. The Court conducted a hearing on the Motion for Preliminary Approval on January 11, 2023. On January 18, 2023, the Court entered its order preliminarily approving the Agreement as fair and reasonable, Certified a Settlement Class, approved the Plan of Allocation, approved the Notice to Class members, appointed attorney Megan Norris as Special Master and approved, approved attorney fees and administrative costs and authorized payment for a Claims administrator. Administrative and litigation costs and attorney fees will be deducted from the Compensation Fund to create a Net Compensation Fund available for distribution to Eligible Class Members.
9. As a result of the Court’s Preliminary Approval Order, a Net Compensation Fund of approximately \$12 million has been created to be distributed to Eligible Class Members who elect to make a Claim pursuant to the Court approved POA.

The POA Establishes Two Compensation Pools

10. The POA establishes the Net Compensation Fund is to be divided into two Pools to compensate Eligible Class Members for their losses. The first Pool (“Economic Loss Pool” or “ELP”) will compensate Eligible Class Members for their economic losses caused by a wrongful Agency Collection to be paid to each Claimant on a *pro rata* basis. The second Pool (“Hardship Impact Pool” or “HIP”) will compensate Eligible Class Members for the extraordinary impacts caused by a wrongful Agency Collection to be paid on a *pro rata* basis. Approximately 66.666% or \$8 million of the Net Compensation Funds will be set aside in separate Pool for the ELP. Approximately 33.334% or \$4 million of the Net Settlement Funds will be set aside in a separate Pool for the HIP.

Objectives of the POA

11. The objective of the Plan of Allocation is to equitably distribute the Net Compensation proceeds to those Eligible Settlement Class Members who have experienced an economic loss because of the wrongful Collection by the Agency and/or can establish that the impact of the wrongful Collection has caused a Hardship as defined in the POA. The POA has been designed to ensure that individuals who experience the same level of economic losses receive equal *pro rata* shares from the ELP. The POA has also been designed to ensure that Eligible Class Members experiencing greater hardships than their peers receive a higher award. The calculations made pursuant to the POA are not intended to be estimates of, nor indicative of, the amounts that Eligible Class Members might have been able to recover after a trial. The computations under the POA are only a method to weigh the claims of Eligibility Claimants against one another for the purposes of making *pro rata* allocations of the Net Settlement

Fund.

Role of Class List

12. The Agreement provides that the SOM and UIA will be obligated to establish a Class List For each individual in the Settlement Class, the Class List will contain: 1) first, last, and middle name; 2) date of birth; 3) mailing address; 4) email address (if available); 5) verification that the initial determination of fraud was the result of an auto-adjudication; 6) the date and type of Collection; 7) the amount of the Collection; 8) the date and amount of any Refund; and any other field of information the Parties determine is necessary to effectuate the Class Settlement.
13. Class Members who appear on the Class List will be deemed Eligible. Class Members who believe that they have been erroneously left off the Class List, may establish Eligibility in accordance with the terms of the POA.

Registration and Claim Process

14. Only Eligible Class Members will be permitted to make a Claim for compensation. To be Eligible, a Class Member must either be on the Class List or can establish that he/she received an initial Determination or Re-Determination of Intentional Misrepresentation issued by the Agency between October 1, 2013, and August 31, 2015, issued initially through the Agency's auto-adjudication process and suffered a first Collection on or after March 9, 2015, and who does not opt-out of the Settlement.
15. "Collection" is a term defined in the Agreement. It means a *first* economic loss experienced by an Eligible Class Member on or after March 9, 2015 because of a) State of Michigan tax refund intercept; b) elective payment made by a Class Member; c) Garnishment payment; d) payments from the Interstate Reciprocal Overpayment Recovery Act (IRORA); e) Recoupment Transfer Credit (meaning funds recouped from current benefit payments to offset prior overpayment debt); and f) other economic losses experienced by a Class Member because of a State of Michigan seizure.
16. Class Members who wish to make a Claim will be required to Register and may do so by completing a Registration Form online at www.UIAclassaction.com ("Website") or by submitting a completed form and timely transmitting it to the Court Appointed Claims Administrator, Analytics Consulting LLC by US Mail, fax, through a mobile phone application or as an email attachment. The Registration Form must be received by the Claims Administrator by April 5, 2023. If the Registration is sent by US Mail, it must be postmarked no later than April 5, 2023.

Contact information for the Claims Administrator is:

Bauserman v Michigan Unemployment Insurance Agency

c/o Analytics Consulting LLC
P.O. Box 2008
Chanhassen, MN 55317-2008

Phone: 833-438-5028
Fax: 952-404-5750
Email: info@UIAClassaction.com

17. Upon receipt of an executed Registration Form, the Claims administrator will notify the Class Member within 5 business days if he/she is on the Class List. If the Claimant is on the Class List, the Claims Administrator will provide the Eligible Class Member with the data compiled by the UIA relating solely to his/her Claim.

Class Members who appear on the Class List are automatically determined to be Eligible. Eligible Class members and Class members who believe they are Eligible must submit a Claim using the Forms provided by the Claims Administrator. The Claim Form must be received by the Claims Administrator by April 14, 2023. If the Claim Form is sent by US Mail, it must be postmarked no later than April 14, 2023. Class Members who have Registered and who are not on the Class List but believe they are Eligible, or dispute specific collection information found on the Class List, shall file a Claim no later than 7 days after they receive notice of an Eligibility determination or there is a determination regarding disputed specific collection found on the Class List. Unless otherwise provided by the Class Member, the Claims administrator will communicate with the Class Member via email or text message.

18. Once the accuracy of the Class List information is confirmed by the Claimant and a Claims Form has been submitted, no further action is required to pursue a claim from the ELP. The Claimant may make a further claim against the HIP by following the procedures set forth in this POA.

Eligibility and Dispute Resolution Protocol

19. Class Members who do not appear on the Class List but believe that they meet the definition of an Eligible Class Member are required to submit a Registration Form. The Class Member who believes he/she has been erroneously excluded from the Class List, will have 21 days from the notification of ineligibility to present evidence to the Claims Administrator supporting his/her claim for Eligibility. The Claims Administrator shall make an Eligibility determination within 7 days after receiving the Class Member's evidence supporting his/her Claim for eligibility. The Claims Administrator is authorized to determine that a Class Member's is eligible if the evidence presented is clear and convincing. "Clear and convincing evidence" means that the Eligible Class member has produced a document that directly or indirectly supports the claim for Eligibility and the submitted document was made or generated contemporaneously with the wrongful collection. Eligibility can be established by demonstrating with clear and convincing evidence that the first collection occurred on or after March 9, 2015.
20. After reviewing the supplemental information supplied by the Claimant, the Claims

Administrator within 7 days will issue either a Favorable or an Unfavorable Eligibility Notice. Unless otherwise provided by the Class Member, the Claims administrator will provide the Class member with the eligibility determination via email or text message.

21. If the Class Member receives an Unfavorable Eligibility Notice from the Claims Administrator, the Class Member may appeal to Special Master Norris by filing an Appeal within 7 days of receipt of the Unfavorable Eligibility Notice. The Special Master must decide the Appeal within 7 days and her decision is final and binding on the Class Member. Unless the Eligibility Determination was transmitted from the Claims Administrator via email or text message, the Special Master may require satisfactory proof that the Appeal is timely.
22. Class Members who are on the Class List but who dispute any of the Class member specific collection information contained on the Class List are required to file a Claim Form by April 14. However, the Class Member who disputes the accuracy of collection information will have 21 days from the filing of the Claim Form to demonstrate to the Claims Administrator that the collection information on the Class List is erroneous. The Claims Administrator is authorized to correct the information on the Class List if the evidence supporting the Class Member's contention is clear and convincing. "Clear and convincing evidence" means that the Eligible Class member has produced a document that directly or indirectly supports the claim for an information correction and was made or generated contemporaneously with the wrongful collection.
23. Class Counsel and the Claims Administrator will have access to the Agency larger database which may contain additional information which may assist the Claimant in establishing Eligibility or successfully disputing information contained on the Class List. The Agreement establishes an Agency Liaison who will assist Class Counsel and the Claims Administrator in securing additional information from the Agency databases. Claimants will have reasonable access to the larger Agency databases through Class Counsel and the Claims Administrator.
24. If the Class Member receives an Unfavorable Correction Notice from the Claims Administrator, the Class Member may appeal to Special Master Norris by filing an Appeal within 7 days of receipt of the Unfavorable Correction Notice. The Special Master must decide the Appeal within 7 days and her decision is final and binding on the Class Member.

Economic Loss Pool and Pour Over Feature

25. Eligible Class Members will recover losses based on the Net Collection amount reflected on the Class List or established by the Claimant with clear and convincing evidence. The Net Collection loss is calculated by subtracting from the Collection loss refunds paid to the Class Member by the SOM. If the refund exceeds the Collection Loss, the Class Member will not be required to return any excess refund. In claims involving an excess refund, the Collection Loss for the Class Member will be recorded as Zero.

26. After all Eligibility and Class List Disputes are final, the Claims administrator shall determine aggregate total of all Net Collections of all Eligible Class Members who have submitted Claims and determine the percentage of the aggregate claims against the \$8 million ELP. By way of example only, if the total aggregate ELP claims is \$15 million, each Class Member will receive 53.33% of his/economic loss. If the total aggregate of Collections is \$6 million, then each Claimant will receive 100% of his/her economic loss and the remaining \$2 million will pour over into the HIP.

Hardship Impact Pool

27. Only Eligible Class members may be considered for an HIP award. Class Counsel, with the assistance of the Claims Administrator, will administer the evaluation process for HIP awards. Class Counsel may request that the claims Administrator assist in the evaluation process. Class Counsel are authorized to hire subject matter experts to assist in the evaluation of bankruptcy or other types of claims requiring specialized knowledge. HIP awards will be based on a point system. Each Claim will receive a range of points from zero to 10. After all Claims have been assessed, Class Counsel will aggregate all awarded points and divide the total number of aggregated points into the available funds in the HIP (including pour over dollars, if any). This calculation will establish the value of a point. HIP Claimant awards will be based on the product of the number of awarded points and the value of each point.

28. Each Eligible Class Member pursuing a HIP Claim, shall complete Claim Form supplied by the Claims Administrator and the appropriate Supplemental Hardship Questionnaire which may be found as an Appendix to the POA. In absence of extraordinary circumstances, certain categories of harm have a maximum number of points which may be awarded. The Adverse Impact categories and the maximum number of points for each category is set forth below:

Hardship Impact Categories

1. Bankruptcy maximum points 10
2. eviction, maximum points 10
3. foreclosure, maximum points 10
4. repossession of a vehicle or other property, maximum points 7
5. credit rating declines, maximum points 1
6. loan declinations, maximum points 1
7. mental health impact and treatment, maximum points 10
8. job loss including failure to hire, maximum points 10
9. divorce, maximum points 5
10. impairment of family relationships, maximum points 2
11. other, maximum points 10

In addition to completing the appropriate Supplemental Hardship Questionnaire, the HIP Claimant must supply the required documentary evidence and may include a 2-page written narrative further explaining how the wrongful collection adversely impacted them. In evaluating HIP Claims, Class Counsel shall consider the totality of the Claimant’s circumstances including evidence that the Claimant’s refund exceeded his/her economic

losses stemming from the wrongful collection.

Within 7 days of receipt of a HIP claim, the Class Counsel, after a preliminary review of the HIP claim, will communicate with the Claimant the deficiencies which must be cured for the Claim to be fully considered. A Preliminary Deficiency Notice will be issued to the HIP Claimant. The HIP Claimant shall have 30 days to collect documents or provide additional information supporting the adverse impact claim. The Class Counsel, by issuing a Final Deficiency Notice, shall notify the HIP Claimant within 7 days of receiving the supplemental documentation and information whether the deficiencies have or have not been corrected.

HIP Claimants may submit evidence supporting more than one Hardship Impact Category. Class Counsel will award the HIP Claimant with the highest single Hardship Impact Category.

If the HIP Class Member receives a final Deficiency Notice from the Class Counsel, the HIP Class Member may appeal to Special Master Norris by filing an Appeal within 7 days of receipt of the Final Deficiency Notice. The Special Master must decide the matter within 7 days and her decision is final and binding on the Class Member.

Final Awards

The Claims Administrator shall issue Final Awards to Eligible Class members by June 21, 2023. No appeals of Final Awards will be permitted. All Final Awards will be reviewed by the Court at a Fairness Hearing scheduled for July 21, 2023. If the Court enters final approval of the settlement, and there are no appeals of the Court's final approval order, disbursements will take place from August 19, 2023, through September 8, 2023.

All dates found in the POA, and Notice are subject to change. Date changes will be published on the UIAClassaction.com website. You should consult the website regularly to stay informed of any schedule changes.

Questionnaire Direction Sheet

If you are interested in potentially receiving an award based on a Hardship you experienced in relation to the UIA's wrongful fraud determination and collection activity, you may fill out a Hardship Questionnaire. A team of evaluators consisting of Class Counsel and the Claims Administrator will review your hardship claim and award you an allocation of points accordingly. Please fill out the form for the category you feel would render you the highest award. While you may fill out more than one form, you will only be awarded the highest point allocation for which you are eligible. For example, a claimant who experienced a Bankruptcy (10 point maximum) as well as a Loan Declination (1 point maximum) and fills out both of those forms, will receive only the higher award of the two categories.

These forms can be accessed online at www.UIAClassAction.com. A request to obtain the forms in hard copy can be made to the Claims Administrator online at www.UIAClassAction.com, via email at info@UIAClassAction.com, or by telephone at 1-833-438-5028 Monday through Friday, 8:30 a.m. to 5:00 p.m. Central Standard Time.

The deadline to submit a Hardship Questionnaire to Class Counsel is Friday, April 14, 2023. You will be notified of any deficiencies in your submission by Friday, April 21, 2023. You will have until Monday, May 22, 2023, to provide the necessary documentation to Class Counsel to cure any deficiency in your original submission. Class Counsel will issue a determination by Tuesday, May 30, 2023. If you are unsatisfied with Class Counsel's determination, the deadline to appeal to the Special Master is Wednesday June 7, 2023. The Special Master will render a final and binding decision on your claim by Wednesday June 14, 2023. Please refer to pages 8-9 of the Notice for a more detailed timeline.

Bankruptcy

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a bankruptcy to which the UIA's wrongful fraud determination and collection activity contributed and/or because the UIA filed an adversary proceeding in your bankruptcy. To potentially receive a payment based on bankruptcy, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination:

Date UIA
wrongful
collection
activity:

Date filed for
bankruptcy:

Court:

Case number:

Date closed:

Outcome:

Attorney¹:

Specific Information

Question #1: Other than the amount the UIA alleged you owe, what debts or liabilities were included in your bankruptcy?

Response:

¹ Please be advised, evaluators are authorized to contact your bankruptcy attorney for verification of the information provided or for additional information.

Question #2: Was your UIA "debt" discharged as part of the bankruptcy?

Response: _____

Question #3: Did the UIA file an adversary proceeding to recover any debt as part of the wrongful fraud determination?

Additional Information

Please provide a brief explanation of how the UIA's wrongful collection activity was a contributing factor to your bankruptcy²:

² Please do NOT provide additional documentation. If evaluators need additional documentation, they will request it specifically.

Please provide a brief explanation of any other factors related to the impact of the UIA collection on your bankruptcy that you believe support your claim for a hardship allocation based on the bankruptcy:

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Eviction

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced an eviction to which UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing an eviction, please provide the following information.

Preliminary Information

Date of UIA's
wrongful fraud
determination: _____

Date of UIA's
wrongful
collection
activity: _____

Address of the
residence where
you were evicted: _____

How long did you
occupy the
property: _____

Monthly rent
payment: _____

Specific Information

Question #1: What reason(s) were you given for your eviction? _____

Response: _____

Question #2: Where did you stay after the eviction?

Response:

Additional Information

Please provide a brief explanation of how the UIA's wrongful fraud determination and collection activity contributed to your eviction.

Please provide a brief explanation of any other factors related to the impact of the UIA's wrongful fraud determination on your eviction that you believe support your claim for a hardship allocation based on the eviction.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Foreclosure

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a foreclosure to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing a foreclosure, please provide the following information.

Preliminary Information

Date of UIA's
wrongful fraud
determination: _____

Date of UIA's
wrongful
collection
activity: _____

Address of the
residence or
commercial
property: _____

How long did you
live at the
address: _____

Monthly mortgage
payment(s): _____ Mortgage lender(s): _____

Date when
foreclosure
proceedings
began: _____

Amount of
delinquency at
time of
foreclosure: _____

Specific Information

Question #1: Were you able to resolve the foreclosure through loan workout, modification, or other mitigating measure?

Response:

Question #2: What was the outcome/disposition of the foreclosure proceedings?

Response:

Additional Information

Please provide a brief explanation of how the UIA's wrongful fraud determination and collection activity contributed to the foreclosure.

Please provide a brief explanation of any other factors related to the impact of the UIA collection on your foreclosure that you believe support your claim for a hardship allocation based on the foreclosure.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Repossession of a Vehicle or Other Property

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a repossession to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing a repossession, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination: _____

Date of UIA
wrongful
collection: _____

Make/model,
year, description
of repossessed
property: _____

Purchase price: _____

Amount financed: _____ Amount of monthly
payment: _____

Amount of
delinquency at
time of
repossession: _____

Date of
repossession: _____

How long did you
have the vehicle or
property: _____

Specific Information

Question #1: Were you able to resolve the repossession through loan workout, modification, or other mitigating measures? If so, please describe.

Response:

Question #2: What was the outcome/disposition of the repossession?

Response:

Additional Information

Please provide a brief explanation of how the UIA's wrongful fraud determination and collection activity contributed to the repossession.

Please provide a brief explanation of any other factors related to the impact of the UIA's wrongful fraud determination and collection on the repossession that you believe support your claim for a hardship allocation based on the repossession.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Credit Rating Decline

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a decline in your credit rating to which the UIA's wrongful fraud determination and collection was a contributing factor. To potentially receive a payment based on experiencing a decline in your credit rating, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination: _____

Date of UIA
wrongful
collection activity _____

Your credit rating
prior to the UIA's
wrongful fraud
determination
and collection
activity: _____

The date your
credit rating began
to decline: _____

Your current credit
rating: _____

The amount of
delinquency at the
time collections
began: _____

The length of time
the collections
actions persisted: _____

Additional Information

Please provide a brief explanation of how the UIA's wrongful collection activity contributed to the decline in your credit rating.

Please provide a brief explanation of any other factors related to the impact of the UIA collection on your credit score that you believe support your claim for a hardship allocation based on the decline.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Loan Declination

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a rejection of your loan application to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing a loan rejection, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination: _____

Date of UIA
wrongful
collection
activity: _____

The date you
applied for the
loan(s): _____

The bank/
financial
institution from
whom you
applied for the
loan: _____

Type of loan
sought: _____ Amount you sought to
borrow : _____

Specific Information

Question #1: What was the reason provided by the bank or financial institution explaining why it rejected your loan application?

Response:

Additional Information

Please provide a brief explanation of how the UIA's wrongful fraud determination and collection activity contributed to the loan declination.

Please provide a brief explanation of any other factors related to the effect of the UIA collection on your in/ability to obtain the loan that you believe support your claim for a hardship allocation based on the rejection.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Mental Health

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a negative impact to your mental health to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing adverse mental health, please provide the following information.

Preliminary Information

Date of UIA's
wrongful fraud
determination: _____

Date of UIA's
wrongful
collection
activity: _____

Start date of your
mental health
issues: _____

Specific Information

Question #1: Please describe the nature of the mental health difficulties you've experienced.

Response: _____

Question #2: Have you been professionally diagnosed with a mental health illness?¹

Response: _____

If YES, please
identify the _____

¹ You do not have to have been formally diagnosed to qualify for this hardship category.

diagnosing
physician:

If YES, please
identify the
diagnosis(es):

Question #3: Have you sought treatment with a clinician, psychiatrist, counselor, therapist, other mental health professional, or spiritual advisor for your mental health difficulties?²

Response:

If YES, please
identify the
provider(s) and
when you
sought
treatment
from each
provider:

Question #5: Were you institutionalized in relation to your mental health difficulties?³

Response:

If YES, please
identify the
institution(s):

² You do not have to have sought professional treatment to qualify for this hardship category.

³ You do not have to have been institutionalized to qualify for this hardship category.

Additional Information

Please provide a brief explanation of how the UIA's wrongful fraud determination and collection activity contributed to your mental health difficulties.

Please provide a brief explanation of any other factors related to the effect of the UIA collection on your mental health.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Job Loss or Failure to Hire

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a job loss or failure to hire to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing adverse employment consequences, please provide the following information.

Preliminary Information

Date of UIA's
wrongful fraud
determination: _____

Date of UIA
wrongful
collection
activity: _____

Specific Information

Question #1: Were you employed at the time of the UIA's wrongful fraud determination and collection activity? If YES, please provide (a) the name of the employer and (b) explain the effect that the UIA's activity had on your employment. If NO, proceed to Question #2.

Response: (a)

(b)

Question #2: Did the UIA interfere with your ability to secure employment?

Response: _____

Question #3: Please explain how or whether the UIA's wrongful fraud determination and collection activity affected your ability to (re)acquire gainful employment.

Response:

Additional Information

Please provide a brief explanation of how the UIA's wrongful fraud determination and collection activity was a contributing factor to your employment status.

Please provide a brief explanation of any other factors related to the effect of the UIA collection on your employability.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Divorce

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a divorce to which the UIA's wrongful determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing a divorce, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination:

Date of UIA
wrongful
collection
activity:

Specific Information

Question #1: Please explain how the UIA's wrongful fraud determination and collection activity contributed to your divorce. Please be sure to include (a) the dates of UIA wrongful fraud determination and collection, (b) the general onset date of marital strife related to the collection, and (c) the date of divorce.

Please provide a brief explanation of any other factors related to the impact of the UIA's wrongful fraud determination and collection on your marriage that you believe support your claim for a hardship allocation based on the divorce.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Impairment of Family Relationship(s)

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced the impairment of a family relationship(s) to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing adverse familial consequences, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination: _____

Date of UIA
wrongful
collection
activity: _____

Specific Information

Question #1: Please explain how the UIA's wrongful fraud determination and collection action contributed to the impairment of your family relationship(s). Please be sure to include (a) the dates of UIA wrongful fraud determination and collection, (b) the general onset date of familial strife related to the collection, and (c) the present state of the relationship.

Response:

Please provide a brief explanation of any other factors related to the impact of the UIA's wrongful fraud determination and collection on the familial relationship that you believe support your claim for a hardship allocation based on the impairment.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____

Other Hardship (Unspecified)

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced a Hardship (other than bankruptcy, credit rating decline, divorce, eviction, foreclosure, impairment of family relationship, job loss or failure to hire, loan rejection, mental health, repossession of a vehicle or other property) to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing this Hardship, you must provide the following information.

Additional Information

Please provide a narrative (not to exceed two pages) explaining how the UIA's wrongful fraud determination and collection activity contributed to a hardship to your life.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____