

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: _____