

  
**WELLPOINT**  
**UNCLAIMED PROPERTY CLAIM FORM**  
**NEW YORK POST ADVERTISEMENT RESPONSE**  
**DUE BY AUGUST 15, 2009**

<b>Name/Payee</b> (as listed in the NY Post advertisement)		
<b>Name*</b> (if different from above—include documentation):		

Are you responding on your own behalf?     Yes    No

If not, who are you representing?     Company    Deceased    Other (i.e. dependent, Power of Attorney)

<b>Current Address of Payee</b>	
<b>Previous Address of Payee</b>	
<small>(if you have resided at your current address less than three years)</small>	
<b>Daytime Phone Number</b>	
<b>Last four digits of the payee's Tax Identification Number (SSN or EIN )*</b> (required for identification purposes)	
<p><b>By signing, I agree I am the intended payee, or if the payee is deceased that I am an authorized payee, and the obligation has not been settled or paid previously. I also agree, that if the original check is found, I will return it to the issuer. It is a Federal offense to intentionally deceive an insurer, or misrepresent facts in order to induce an insurance company to pay benefits or otherwise act in a manner inconsistent with the way it would otherwise act if the true facts were known.</b></p>	

Name	Signature - Required	Date	Title (if representing a company)

<p><b>In order to verify your entitlement of the funds, please include the following items with your completed form:</b></p> <p><input type="checkbox"/> A photocopy of your driver's license or similar state-issued ID that matches your current address</p> <p><input type="checkbox"/> If you have moved <b>within the last 3 years</b>, provide a copy of a document that matches that address. (i.e. Check copy, Remittance Advice, Explanation of Benefits, utility bill, tax return, etc.).</p> <p><input type="checkbox"/> *If your name changed, please send evidence of the change (i.e., marriage certificate, adoption records, etc.).</p>
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**Please return this completed form with the documentation listed above to:**

<p><b>MAIL</b>          Escheat Dept          Mail Stop CAT101-F009          4553 La Tienda Dr          Thousand Oaks, CA 91362</p>	<p><b>EMAIL</b>  <a href="mailto:escheat@wellpoint.com">escheat@wellpoint.com</a></p> <p><b>Questions</b>          805-557-4200</p>
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**In order to ensure that the unclaimed funds are not transferred to New York State, your response must be postmarked no later than August 15, 2009.**

\* See FAQs Information Sheet

**OFFICE USE ONLY**

<b>Account:</b> _____	<b>Amount</b> _____
<b>Check No:</b> _____	<b>USN</b> _____