

# EXHIBIT 3

**PROOF OF CLAIM FORM**  
**MERITUS MUTUAL – MERITUS HEALTH PARTNERS**

Read the enclosed instruction sheet carefully before completing this form. Complete each section of the form and attach documentation. **All Proof of Claim Forms must be presented or postmarked to the Receiver at the specified address by the Claims Filing Deadline of 11:59 p.m. on May 15, 2017.**

**Address for Submitting Claims:** Meritus, In Receivership  
Attention: Proof of Claims  
Raintree Corporate Center I  
15333 North Pima Road, Suite 305  
Scottsdale, AZ 85260

PLEASE PRINT – ATTACH SUPPORTING INFORMATION AS NECESSARY

**Section One – Claimant Contact Information**

Claimant's Full Legal Name: \_\_The United States\_\_

Social Security or EIN Number: \_\_N/A\_\_

Date of Birth: \_\_\_\_N/A\_\_\_\_\_

Claimant's Mailing Address: Sharon C. Williams, 1100 L St, N.W., Room 10016,  
Washington, D.C. 20005

Phone Number: \_\_(202) 353-0530 Fax Number: \_\_(202)307-0494

Email: \_\_sharon.williams@usdoj.gov\_\_

**Attorney Representation:**

If Claimant is represented by an attorney, please complete the following:

Claimant is represented by an attorney. Please direct all communication regarding this Proof Claim to Claimant's attorney using the following contact information:

Attorney's Name: \_Sharon C. Williams

Attorney's Mailing Address: \_\_1100 L St., Room 10016, Washington, D.C.  
20005

Phone Number: \_(202) 353-0530 Fax Number: \_\_(202) 307-0494

Email: \_\_sharon.williams@usdoj.gov\_\_

**Section Two – Information Regarding Claim**

1. Company. This claim is filed against: [check appropriate box(es) below]  
 Compass Cooperative Mutual Health Network, Inc., dba Meritus Mutual Health Partners  Compass Cooperative Health Plan, Inc. dba Meritus Health Partners
2. Claim Type and Amount. [check appropriate box(es) below and indicate amount]  
Type:  
a.  Policyholder, Insured or Member.  
b.  Agent, Vendor or other Creditor for goods or services provided.  
c.  Shareholders and/or Owners.  
d.  UNKNOWN All other claims.

Amount: UNKNOWN

Explanation of the Nature of the Claim:

UNKNOWN

[Attach additional sheets for explanation as necessary.]

Identify Attached Documentation, if any:

3. Security. If you are asserting a secured claim or otherwise asserting rights to any security, you must complete this section:  
 Yes. I am asserting a secured claim.  
If so and you hold or exercise any control over the cash, securities, trust funds, letters of credit or other assets of Meritus Mutual or Meritus Health Partners, you must explain the nature of your control and provide supporting documentation.

UNKNOWN

**Section Three – Affirmation of Claimant**

I affirm: (i) that I have read the foregoing Proof of Claim and understand the contents thereof; (ii) that this claim is justly due and owing; (iii) that I am entitled to file this claim; (iv) that the matters set forth above and in any accompanying statements and documents are true and correct to my own knowledge; and (v) that no payment of or on account of the aforesaid claim has been made, except as otherwise state in my claim.

Signature of person (or authorized agent) making claims: SC Williams

Printed Name: Sharon C. Williams

Title: (if applicable): Trial Attorney, United States

Department of Justice

Date Signed: 5/9/17

## **Attachment to Proof of Claim**

**Nature of claim:** Recovery of amounts owed to the United States and/or any federal agency or entity. These claims are entitled to first priority treatment pursuant to 31 U.S.C. § 3713.

**Set-offs:** The United States reserves the right to amend these claims to assert subsequently discovered liabilities. The United States may hold estimated debts owed to the estate that are subject to set-off and/or recoupment rights. The United States hereby expressly reserves its right to set-off or recoup any claim against debts owed to the estate by any federal agency or entity.

**Security for claim:** These claims are entitled to treatment as secured claims to the extent they are subject to set-off by a claim of the estate against any United States agency or entity. The United States is a unitary creditor for purposes of set-off and recoupment.