

**DATE:**

April 22, 2022

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve KSBIT-WC Proof of Claim

**APPLICABLE BOARD POLICY:**

01.11 General Powers & Duties of the Board

**HISTORY/BACKGROUND:**

The Franklin Circuit Court has ordered the final liquidation of the Kentucky School Boards Insurance Trust Worker's Compensation Self-Insurance Fund ("KSBIT-WC"). Pursuant to that order, the Liquidator is requesting all entities that may have a claim against the remaining KSBIT-WC assets to file a Proof of Claim form before May 31, 2022. As an assessed member of KSBIT-WC, the district is eligible to file a claim for a portion of any final distribution of funds.

**FISCAL/BUDGETARY IMPACT:**

Undetermined

**RECOMMENDATION:**

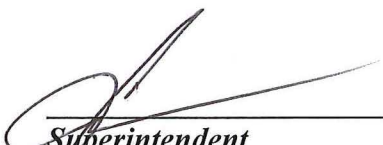
Approval of filing a Proof of Claim in the matter of KSBIT-WC

**CONTACT PERSON:**

Susan Bentle, Exec Director Finance

\_\_\_\_\_  
Principal/Administrator

  
\_\_\_\_\_  
District Administrator

  
\_\_\_\_\_  
Superintendent

**NOTICE OF LIQUIDATION OF**  
**KENTUCKY SCHOOL BOARDS INSURANCE TRUST WORKERS'**  
**COMPENSATION SELF-INSURANCE FUND**

**From the Liquidator of the Kentucky School Boards Insurance Trust Workers'  
Compensation Self-Insurance Fund and her Special Deputies**

The Franklin Circuit Court has issued an Order authorizing the Commissioner of the Kentucky Department of Insurance to liquidate the Kentucky School Boards Insurance Trust ("KSBIT") Workers' Compensation Self-Insurance Fund ("KSBIT-WC"). Under the Court's order, the Commissioner, as Liquidator, is directed to take possession of all assets (wherever located) of KSBIT-WC and to administer those assets under the general supervision of the Court. A copy of the Liquidation Order and FAQ's are on the websites of the Kentucky Department of Insurance, and KSBIT-WC's website, [www.ksbit-wc.com](http://www.ksbit-wc.com)

The Liquidator and her Special Deputies are authorized to deal with the property, business and affairs of KSBIT-WC for the benefit of KSBIT-WC's policyholders and creditors and to take any and all necessary actions to effectuate an orderly and timely liquidation.

**PLEASE NOTE: ALL KSBIT-WC POLICY OBLIGATIONS FOR PAYMENT OF INJURED WORKERS' CLAIMS WERE ASSUMED BY KENTUCKY EMPLOYER'S MUTUAL INSURANCE IN OR AROUND MAY, 2014. ACCORDINGLY THIS LIQUIDATION DOES NOT AFFECT THE PAYMENT OF INJURED WORKERS' CLAIMS.**

This notice is being sent to all individuals, partnerships, corporations, associations, estates, trusts, governmental bodies or other entities which KSBIT-WC's books and records reveal may have either claims (contingent or otherwise) against KSBIT-WC or property or assets of KSBIT-WC. **Enclosed is a proof of claim form which may be presented to the Special Deputy in accordance with KRS 304.33-370. (See proof of claim instructions).**

Claims presented against KSBIT-WC will be reviewed by the Liquidator in accordance with KRS 304.33. Notices of the Liquidator's determination on claims presented against KSBIT-WC will be given to claimants or their specified counsel. Contested claims will be resolved in accordance with KRS 304.33-400.

*No claim, suit or other proceeding against KSBIT-WC or against any of its assets may be made except through the filing of a claim with the Liquidator or in a proceeding brought in the liquidation court. **THE DEADLINE FOR FILING PROOFS OF CLAIM IS MAY 31, 2022***

**POTENTIAL CLAIMANTS**

Any person or entity who may have a claim of any nature is directed to complete the proof of claim form available enclosed herewith or provided on KSBIT-WC's website. All proof of claim forms must be postmarked not later than May 31, 2022 to be considered by the Liquidator.

<b>PROOF OF CLAIM ("POC") IN THE MATTER OF:</b> <b>KSBIT-WC ("KSBIT")</b>  <b>READ INSTRUCTIONS ON REVERSE CAREFULLY BEFORE COMPLETING THIS FORM</b> <b>PLEASE PRINT OR TYPE</b>	<b>FOR OFFICE USE ONLY</b> POC RECEIVED DATE:  CLAIM NO.																		
<b>CLAIMANT NAME AND ADDRESS</b> <u>Kenton County Board of Education</u> <u>1055 Eaton Drive</u> <u>Ft. Wright, KY 41017</u>																			
<b>An Attorney is not required to complete this form. However, if one assisted you with this claim, please provide CLAIMANT'S ATTORNEY NAME AND ADDRESS</b>   																			
<p><small>*To participate in any distributions on timely claims, all of your claims must be received by the Liquidator on or before the filing Deadline of May 31, 2022. No persons having a contingent claim against KSBIT-WC shall participate in any distribution of assets unless such claims are received by the Liquidator on or before the Claim Filing Deadline of May 31, 2022. If you do not receive a notice of receipt of your claim within 30 days of submitting, please contact the Liquidator.</small></p>																			
<b>EACH PROOF OF CLAIM MUST HAVE ATTACHED ALL SUPPORTING DOCUMENTATION OR REFER TO DOCUMENTATION PREVIOUSLY FILED WITH KSBIT-WC TO BE CONSIDERED.</b>  <b>CHECK EACH APPLICABLE BASIS OF YOUR CLAIM AND LIST EACH AMOUNT IN THE FAR RIGHT COLUMN:</b>  <b>POLICYHOLDERS:</b> <input type="checkbox"/> Policyholder claim for benefits to employees under a KSBIT-WC policy <input type="checkbox"/> Policyholder claim for unearned premiums <input type="checkbox"/> Employee of KSBIT-WC policyholder receiving or due benefits under a KSBIT-WC policy issued to my employer  <b>CLAIMANTS (Other than Policyholders):</b> <input type="checkbox"/> Secured claim. <input type="checkbox"/> Salary or wages for services performed. <input type="checkbox"/> Governmental entity claim for penalties or forfeitures. <input type="checkbox"/> Unpaid legal or professional expenses. <input type="checkbox"/> Unpaid commissions or general creditor invoices. <input checked="" type="checkbox"/> Assessed Members of KSBIT-WC or KSBIT-PL due funds from Rehabilitation Settlement (no additional documentation required, the amount should be stated as "Amount TBD") <input type="checkbox"/> All other claimants (On a separate sheet describe nature, amount and consideration related to each claim).  <div style="text-align: right;"><b>TOTAL AMOUNT OF CLAIM</b></div>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;">Amount TBD</td></tr> </table>	\$		\$		\$		\$		\$		\$		\$		\$		\$	Amount TBD
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Describe any prior payments made on the debt: _____																			
Are there set-offs, counterclaims or defenses to the debt? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe here: _____ Use separate sheets as																			
Is there security for the debt? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe the underlying security and its estimated current value: _____																			
<b>STATUS OF CLAIM:</b> <input type="checkbox"/> Claim is based on a court judgment or settlement, dated: _____, (attach judgment or agreement) <input type="checkbox"/> Claim is currently pending in court (provide details and documentation or reference items previously provided to KSBIT-WC). <input type="checkbox"/> Claim has not been filed in court.																			
Undersigned subscribes and affirms as true as follows in filing this claim: That he/she has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to claimant; that there are no setoffs, counterclaims or defense to the claim, except as those noted above and that the matters set forth in any accompanying documents are true to the best of his/her knowledge and belief.																			
Sworn by me this _____ day of _____																			
<b>NAME OF CLAIMANT (Please print or type)</b> _____																			
<b>DATE SIGNED</b> _____																			
Signature of Individual, Partner or Officer																			
Telephone ( ) _____																			
E-mail: _____																			



## CLAIMS NOTICE

By Order of the Franklin Circuit Court, all persons who may have claims against KSBIT-WC ("KSBIT-WC") shall present the same to the Liquidator by the claims bar date of May 31, 2022 through a proof of claim. A proof of claim shall consist of a statement in writing, signed by the claimant, setting forth the claim, the consideration therefor, and whether any, and if so, what security are held therefor, and whether any, and if so, what payments have been made thereon, and that the sum claimed is justly owing from the company to the claimant. Whenever a claim is founded upon an instrument in writing, such instrument, unless lost or destroyed, shall be filed with the proof of claim, unless such was previously filed with the company. If such instrument is lost or destroyed, a statement of such fact and of the circumstances of such loss or destruction shall be filed under oath with the claim.

**PLEASE NOTE: ALL KSBIT-WC POLICY OBLIGATIONS FOR PAYMENT OF INJURED WORKERS' CLAIMS WERE ASSUMED BY KENTUCKY EMPLOYER'S MUTUAL INSURANCE IN OR AROUND MAY, 2014. ACCORDINGLY THIS LIQUIDATION DOES NOT AFFECT THE PAYMENT OF INJURED WORKERS' CLAIMS.**

## INSTRUCTIONS

Enlisting the help of an attorney is not required. However, if your claim is completed and/or submitted on your behalf by an attorney, please provide their contact information. Attach copies (**do not send original documents**) of supporting documents to your proof of claim. If the documents are voluminous, attach a summary. If the documents are not available, please explain. If you have other types of claims against the company provide a brief explanation of the claim and the amount claimed.

You must sign the Proof of Claim form. Please retain a copy for your records and mail the original of the form to:

KSBIT-WC  
Joseph N. Pope, Jr. Special Deputy Liquidator  
P.O. BOX 767  
Pewee Valley, KY 40056

If you do not receive notice from the Liquidator that your Proof of Claim has been received within thirty (30) days of submission, please contact the Liquidator.

## CHANGE OF ADDRESS

If you move after you send in your claim form, you must provide us with your new address. Failure to do so may result in a loss of rights to obtain a distribution on your claim or to object to a denial in whole or in part of your claim.

## GENERAL INFORMATION

No documentation is required for assessed members. Assessed Members of KSBIT-WC or KSBIT-PL due funds from Rehabilitation Settlement are not required to submit documentation of their claim other than this form.

Claims presented against KSBIT-WC will be reviewed by the Liquidator in accordance with KRS 304.33. The Liquidator will either approve the claim as filed or shall deny the claim in whole or in part. A written notice of approval or denial in whole or in part will be given to the claimant or counsel. Whenever the Liquidator denies the claim in whole or in part and the claimant objects within 60 days to all or any portion of the contested amount, the contested claim shall be resolved in accordance with KRS 304.33-430.

When all claims against the company are liquidated and approved by the Court, claims will be paid based on available general assets. The amount of payment will depend on the percentage of total assets to total claims in each particular claims class. This process will take a number of months after the May 31, 2022 deadline for filing claims has passed.

The Liquidator's acceptance of this Proof of Claim form is not intended to nor does it constitute any waiver or relinquishment by the Liquidator of any defense, setoff or counterclaim that he may have against any person, entity or governmental agency.