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4107 1 AV 0.545
SOREN ARCHIBALD
212 THOMPSON SQ
MOUNTAIN VIEW CA 94043-4219

5138726522

June 20, 2025

THE STATE OF CALIFORNIA REQUIRES US TO NOTIFY YOU THAT YOUR UNCLAIMED PROPERTY MAY BE TRANSFERRED TO THE STATE IF YOU DO NOT CONTACT US.

Dear Customer,

In reviewing our records, we may have identified a payment that you have not cashed. **State laws require funds from checks that remain uncashed for stipulated periods of time to be turned over to the appropriate state.** If we do not receive a response postmarked by **05/25/2026**, the funds will be turned over to the state of CA as unclaimed abandoned property. This is a state requirement to report these funds for any property that the owner has failed to respond by the stipulated date. If you miss this deadline, you will need to file a *claim directly with the state*, several months after the due date listed above in order to allow the state time to process the files.

Listed below and on the attached page is the specific uncashed check(s) information, including check number, issue date, and amount of the check. Please complete the attached form, indicating your response with an "X" in either box A or B, include your signature and date, as well as the additional information requested.

| Acct No. | Check No | Issue Date | Amount | Payment Description |
|-------------|------------|------------|----------|---------------------------------|
| 00000958571 | 0303811071 | 2/3/2022 | \$ 94.52 | Grp Policy Ben or Claim Payment |
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PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Sincerely,
Unclaimed Property Specialist

This attached Due Diligence Response Form must be completed, signed, dated and mailed to the address listed at the top of this letter and postmarked by 05/25/2026.

For more information, please see the FAQ on the back of this letter.

Independent Licensee of the Blue Cross Blue Shield Association



OHCD-OL

Revised Mar 2010

DUE DILIGENCE RESPONSE FORM

Listed below is the specific uncashed check(s) information, including check number, issue date, and amount of the check. Please complete the information requested below indicating your response with an "X" in either box A or B including your signature and date. Due to state law this completed response form must be postmarked by 05/25/2026 .

Please note, that due to the age of the original check, corporate mergers and system changes, often there is limited or no additional information available regarding dates of service, patient names or any other payment related information.

PAYEE INFORMATION:

SOREN ARCHIBALD
212 THOMPSON SQ
MOUNTAIN VIEW CA 94043-4219

CHECK INFORMATION:

| Acct No. | Check No. | Issue Date | Amount | Payment Description |
|-------------|------------|------------|---------|---------------------------------|
| 00000958571 | 0303811071 | 2/3/2022 | \$94.52 | Grp Policy Ben or Claim Payment |
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SELECT ONE OPTION ONLY:

- A. ☐ **PROVIDER/BUSINESS:** I have reviewed our books and records and do show an open receivable for this business transaction. I am also attesting that I am an authorized representative of the company to claim these funds. **Please reissue the payment(s)**, which can take 8-12 weeks to process and be delivered.
- ☐ **MEMBER/INDIVIDUAL/NON BUSINESS:** I am entitled to the above check and certify I am the intended payee and the obligation has not been settled or previously paid. **Please reissue the payment(s)**.
- B. ☐ Upon review of our books and records, I do not show an outstanding obligation due, **please do not reissue**.

Signature of payee* (see reverse side of page 1)

Last four digits of SSN or EIN*
(verification purposes only)

Daytime Phone Number*

Print Name

Date

Mailing address (if different from above)

Suite/ Apt

City

State

Zip Code

* Required fields

Return this Completed Form by 05/25/2026 to:

To respond online use the website below
and keep this letter for your records.
https://www.myhealthplan-financeresponse.com/

Blue Cross of California
dba Anthem Blue Cross
Mail Stop GA081E-0014
P O Box 84000
Columbus, GA 319084000

YOUR REQUEST WILL NOT BE PROCESSED IF THE DEADLINE HAS PASSED



OHCD-OL

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20250619 000598 Env [4, 107] 2 of 2

FREQUENTLY ASKED QUESTIONS (FAQs)

Why am I receiving this notification? A payment we mailed to you was never cashed. It is possible that it was lost in the mail, had an incorrect address, or was misplaced upon receipt. This notification is an attempt to locate the owner and deliver these funds. If your notice contains a "Due Diligence Response Form," then state law requires we remit the amount of the un-cashed check to the state as unclaimed property if you do not respond before the deadline.

Why was this check issued? Checks are issued for several different reasons. Most commonly, checks are for claim payments or premium refunds. If additional information is needed, you may submit a request for a remittance or EOB in writing. Please note, if the check was issued more than three years ago, specific information regarding claims or refunds may no longer be available.

How do I complete the form if my name changed? You must respond via mail. Please send legal documentation of the name change. Examples include, but are not limited to: Marriage Certificate, Divorce Decree, or Adoption records.

The payee is a minor. How do I complete the form? Please provide the minor's Date of Birth on the form. If you have questions about cashing the replacement check, contact your bank.

The payee has since deceased. How do I complete the form? You must respond via mail. You must submit a copy of the Death Certificate. We will reissue the payment to the Estate of the original payee. If there is not an Estate, please contact us at the phone number listed on the form for additional forms to complete. If you have questions about cashing the replacement check, contact your bank.

The payee is unable to respond (POA, conservator). How do I complete the form? You must respond via mail. Please provide the signature of the party completing the form on behalf of the payee. Please send legal documentation of signer's authority, such as a Power of Attorney, Conservatorship letter, etc.

If you have additional questions, please call the number listed on the form.

Notice: 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 are known.