

ADMINISTRATIVE EXPENSE CLAIM FORM

Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from May 1, 2019 through August 31, 2019 ONLY.

Name of Creditor (The person or other entity to whom the debtor owes money or property): <i>India Samuels</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: <i>India Samuels 4355 Bellchime Dr Indpls, IN 46235</i>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
Name and address where payment should be sent (if different):	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <i>317 506-1560</i>	RECEIVED OCT 18 2019

Last four digits of account or other number by which creditor identifies debtor: *5026* **BMC GROUP**

1. Basis for Administrative Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: <i>5026</i> Unpaid compensation for services performed from <u><i>05/01/19</i></u> - to <u><i>08/02/19</i></u> <small>(date) (date)</small>
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2. Date(s) debt was incurred: *05/01/19 - 08/02/19* 3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____

If all or part of your claim is secured, also complete Item 5 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Please identify the property of the Debtor that secures the claim. Description of Property: _____ Basis for Perfection: _____ Value of Property: _____	6. Offsets, Credits and Setoffs: <input type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:
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7. This Administrative Proof of Claim: <input type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein. <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	8. Assignment <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto. <i>- health savings - removed from check - no access</i> <i>- fluctuating in pay with no adequate insurance coverage despite pay of service</i> <i>- pay reduced 10%</i>
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9. Supporting Documentation:
 Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Date: <i>10/15/18</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>India Samuels</i>
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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

CO. FILE DEPT. CLOCK VCHR. NO. 020
2ET 054147 000635 0000200128 1

Earnings Statement



FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Period Beginning: 04/28/2019
Period Ending: 05/11/2019
Pay Date: 05/17/2019

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
IN: 0,\$25 Additional Tax

INDIA L SAMUELS
4355 BELLCHIME DR
INDIANAPOLIS IN 46235

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	4807.70		4,807.70	33,653.90
Gross Pay			\$4,807.70	33,653.90

<u>Deductions</u>	<u>Statutory</u>		
	Federal Income Tax	-732.33	5,635.47
	Social Security Tax	-276.16	2,064.62
	Medicare Tax	-64.58	482.85
	IN State Income Tax	-168.87	1,250.61
	Marion R Income Tax	-89.97	672.69
	<u>Other</u>		
	Dental	-17.57*	17.57
	Health Ins Pret	-77.00*	77.00
	Health Savings	-250.00*	250.00
	Vision Pretax	-9.01*	9.01
	Net Pay	\$3,122.21	
	Checking 1	-750.00	
	Checking 2	-2,372.21	
	Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$4,454.12

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FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Advice number: 0000200128
Pay date: 05/17/2019

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
INDIA L SAMUELS	xxxxx9656	xxxx xxxx	\$750.00
	xxxx2378	xxxx xxxx	\$2,372.21

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 020
2ET 054147 000635 0000280178 1

Earnings Statement



FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Period Beginning: 06/23/2019
Period Ending: 07/06/2019
Pay Date: 07/12/2019

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
IN: 0.525 Additional Tax

INDIA L SAMUELS
4355 BELLCHIME DR
INDIANAPOLIS IN 46235

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	4807.70		4,807.70	52,884.70
Gross Pay			\$4,807.70	52,884.70

<u>Deductions</u>	<u>Statutory</u>		
	Federal Income Tax	-817.19	8,889.65
	Social Security Tax	-298.07	3,253.16
	Medicare Tax	-69.71	760.82
	IN State Income Tax	-180.29	1,969.80
	Marion R Income Tax	-97.12	1,059.92
	Other		
	Dental		70.28
	Health Ins Pret		308.00
	Vision Pretax		36.04
	Net Pay	\$3,345.32	
	Checking 2	-3,345.32	
	Net Check	\$0.00	

Your federal taxable wages this period are
\$4,807.70

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FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Advice number: 00000280178
Pay date: 07/12/2019

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
INDIA L SAMUELS	xxxx2378	xxxx xxxx	\$3,345.32

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 020
2ET 054147 000635 0000180133 1

Earnings Statement



FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Period Beginning: 04/14/2019
Period Ending: 04/27/2019
Pay Date: 05/03/2019

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
IN: 0.525 Additional Tax

INDIA L SAMUELS
4355 BELLCHIME DR
INDIANAPOLIS IN 46235

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	4807.70		4,807.70	28,846.20
Gross Pay			\$4,807.70	28,846.20

<u>Deductions</u>	<u>Statutory</u>		
	Federal Income Tax	-817.19	4,903.14
	Social Security Tax	-298.07	1,788.46
	Medicare Tax	-69.71	418.27
	IN State Income Tax	-180.29	1,081.74
	Marion R Income Tax	-97.12	582.72
	Net Pay	\$3,345.32	
	Checking 1	-750.00	
	Checking 2	-2,595.32	
	Net Check	\$0.00	

Your federal taxable wages this period are
\$4,807.70

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FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Advice number: 00000180133
Pay date: 05/03/2019

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit</u>	<u>ABA</u>	<u>amount</u>
INDIA L SAMUELS	xxxxx9656	xxxx	xxxx	\$750.00
	xxxxx2378	xxxx	xxxx	\$2,595.32

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 020
2ET 054147 000635 0000260124 1

Earnings Statement



FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Period Beginning: 06/09/2019
Period Ending: 06/22/2019
Pay Date: 06/28/2019

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
IN: 0.525 Additional Tax

INDIA L SAMUELS
4355 BELLCHIME DR
INDIANAPOLIS IN 46235

Earnings	rate	hours	this period	year to date
Regular	4807.70		4,807.70	48,077.00
Gross Pay			\$4,807.70	48,077.00

Deductions	Statutory		
Federal Income Tax	-792.33		8,072.46
Social Security Tax	-291.66		2,955.09
Medicare Tax	-68.21		691.11
IN State Income Tax	-176.94		1,789.51
Marion R Income Tax	-95.02		962.80
Other			
Dental	-17.57*		70.28
Health Ins Pret	-77.00*		308.00
Vision Pretax	-9.01*		36.04
Net Pay	\$3,279.96		
Checking 1	-750.00		
Checking 2	-2,529.96		
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$4,704.12

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FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Advice number: 00000260124
Pay date: 06/28/2019

Deposited to the account of	account number	transit	ABA	amount
INDIA L SAMUELS	xxxxx9656	xxxx	xxxx	\$750.00
	xxxxx2378	xxxx	xxxx	\$2,529.96

THIS IS NOT A CHECK

NON-NEGOTIABLE

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE:)
) Case No. 18-07762-JJG-11
FAYETTE MEMORIAL HOSPITAL)
ASSOCIATION, INC. d/b/a FAYETTE)
REGIONAL HEALTH SYSTEMS,)
Debtor.)

**NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING
DURING THE PERIOD BETWEEN MAY 1, 2019 AND AUGUST 31, 2019**

PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the “**Bar Date Order**”) setting **October 18, 2019** (the “**Claims Bar Date**”) as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the “**Debtor**”) that arose **during the period between May 1, 2019 and August 31, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an “**Administrative Expense Claim**”).

Pursuant to 11 U.S.C. § 503, “after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate. . .”

Any person or entity asserting an Administrative Expense Claim against the Debtor’s bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the **Administrative Proof of Claim Form attached to this Notice**. Proofs of Claim may be filed by sending them to Debtor’s Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, so as to be **RECEIVED on or before October 18, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.

YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: September 6, 2019

/s/ Wendy D. Brewer
Wendy D. Brewer (#22669-49)
FULTZ MADDOX DICKENS PLC
333 N. Alabama Street, Ste. 350
Indianapolis, IN 46204
Tel: (317) 215-6220
E-Mail: wbrewer@fmdlegal.com

-and-

Laura M. Brymer (#30989-10)
FULTZ MADDOX DICKENS PLC
101 S. Fifth Street, Ste. 2700
Louisville, KY 40202
Tel: (502) 588-2000
E-mail: lbrymer@fmdlegal.com
Attorneys for the Debtor