

**Fill in this information to identify the case:**

Debtor TECT Aerospace Group Holdings, Inc.

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number 21-10670

## Official Form 410

## Proof of Claim

04/19

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or 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.

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.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Aetna Life Insurance Company and Its Affiliates</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b> See summary page  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should payments to the creditor be sent? (if different)</b> Aetna, Inc. c/o David Scott 1425 Union Meeting Road, Mail Code U23S Blue Bell, PA 19422  Contact phone <u>312-849-8256</u> Contact email <u>amccollough@mcguirewoods.com</u>  Contact phone <u>215-775-3057</u> Contact email <u>ScottD4@aetna.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>MSA-834981</u>
<b>7. How much is the claim?</b>	<b>\$ <u>Unliquidated -- See Ex. A</u></b> <b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8. What is the basis of the claim?</b>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p><u>Self-Funded Employee Welfare Benefit Plan -- See Exhibit A</u></p>
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☒ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☒ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ See summary page

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/28/2021  
MM / DD / YYYY

/s/David G. Scott  
Signature

Print the name of the person who is completing and signing this claim:

Name David G. Scott  
First name Middle name Last name

Title Supervisor, Litigation Services

Company CVS Health Corp.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7523 | International (424) 236-7237

<b>Debtor:</b> 21-10670 - TECT Aerospace Group Holdings, Inc.		
<b>District:</b> District of Delaware		
<b>Creditor:</b> Aetna Life Insurance Company and Its Affiliates Aaron McCollough McGuireWoods LLP 77 West Wacker Drive, Suite 4100 Chicago, IL, 60601  <b>Phone:</b> 312-849-8256 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> amccollough@mcguirewoods.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Disbursement/Notice Parties:</b> Aetna, Inc. c/o David Scott 1425 Union Meeting Road, Mail Code U23S  Blue Bell, PA, 19422  <b>Phone:</b> 215-775-3057 <b>Phone 2:</b>  <b>Fax:</b>  <b>E-mail:</b> ScottD4@aetna.com <b>DISBURSEMENT ADDRESS</b>		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Self-Funded Employee Welfare Benefit Plan -- See Exhibit A	<b>Last 4 Digits:</b> Yes - MSA-834981	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> Unliquidated -- See Ex. A	<b>Includes Interest or Charges:</b> None	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(5): Unliquidated -- See Ex. A	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> David G. Scott on 28-Jun-2021 7:19:08 p.m. Eastern Time <b>Title:</b> Supervisor, Litigation Services <b>Company:</b> CVS Health Corp.		

**EXHIBIT “A”**  
**(Statement of Claim)**

1. This proof of claim (“Claim”) is submitted by Aetna Life Insurance Company and Its Affiliates (“Aetna”) against the debtor identified on the foregoing proof of claim form, as well as the jointly administered debtors (“Debtor”), as a contingent, unliquidated claim.

2. Aetna is a provider of medical coverage and other health insurance products.

3. The Claim arises out of certain claims administration and related services and/or insurance coverages provided to Debtor (and/or its affiliates or subsidiaries) or its employees under or related to Debtor’s self-funded employee welfare benefit plan(s) (collectively, the “Plans”) pursuant to certain agreements between Aetna and Office Support Services, LLC, including, without limitation, that certain Master Services Agreement, MSA-834981, effective as January 1, 2021 (“MSA”), and related insurance policies and agreements (collectively, “Additional Agreements or Policies”). Pursuant to the MSA, Aetna may have advanced funds for payment of approved Plans benefits and then periodically debited a certain account, thereby obtaining reimbursement for such Plans obligations.

4. Aetna asserts this Claim for any damages resulting or that may result in connection with any funds advanced by Aetna pursuant to the Plans, the MSA or the Additional Agreements or Policies, for which Aetna has not been or may not be reimbursed.

5. Aetna also asserts this Claim for any damages resulting from the reprocessing of claims relating to dates of service in the period before the Petition Date or before any termination or rejection of any document to which it is a party, including MSA, Plans, Additional Agreements or Policies, or otherwise.

6. Aetna also asserts this Claim for any service fees, premiums or related charges accrued but unpaid by Debtor and coming due before any termination or rejection of any document to which it is a party, including the MSA, Plans, Additional Agreements or Policies, or otherwise.

7. Aetna also asserts this Claim for any damages that may be incurred by it as a result of or in connection with the Debtor’s rejection of any document to which it is a party.

8. Aetna expressly reserves the right to amend this proof of claim to assert any and all such amounts (against each Debtor in the jointly administered cases separately, if required) when such amounts are determined.

9. Further documentation supporting the Claim contains confidential or proprietary information, including protected health information that cannot be publicly disclosed, and thus is not attached hereto. Further information regarding this Claim is available upon written request to:

McGuireWoods LLP  
Attn: Aaron G. McCollough, Esq.  
77 West Wacker Drive, Suite 4100  
Chicago, IL 60601  
+1 312 849 8256  
F: +1 312 698 4522  
amccollough@mcguirewoods.com

10. Filing of this Claim does not constitute an election of remedies and cannot be construed as a waiver or release of any claims Aetna has or may have against any non-debtor third party that may be responsible for all or a portion of the amounts asserted in this Claim. Filing this Claim shall not limit or affect any setoff or recoupment rights Aetna may have with respect to the Claim amount, which rights are fully preserved. Aetna expressly reserves the right to amend or supplement this Claim, including to assert that all or part of the Claim is secured by a contingent right of setoff. By filing this Claim, Aetna does not waive (a) its right to have final orders in non-core matters and other matters in which the bankruptcy court lacks constitutional power to enter final orders entered by the district court, (b) its right to trial by jury in any proceedings so triable herein or in any case, controversy, or proceeding related hereto, (c) its right to have the reference withdrawn in any matter subject to mandatory or discretionary withdrawal, or (d) any other rights, claims, actions, defenses, setoffs, or recoupments to which Aetna may be entitled under agreements, in law, or in equity, all of which rights, claims, action, defenses, setoffs, and recoupments are expressly reserved.