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1 to the right there's a number 95,729. Did you have an  
2 understanding as to what the first column of numbers  
3 was for?  
4 MR. SHEA: Object to the form.  
5 THE WITNESS: No, not the first column.  
6 BY MR. DARRAS:  
7 Q. Let me ask it differently. Was the first  
8 column of numbers, if you know, the total pay-out and  
9 the second column of numbers the reserve?  
10 MR. SHEA: Object to the form.  
11 BY MR. DARRAS:  
12 Q. If you know.  
13 A. My only understanding was that this total  
14 here of 3 million, if you add all of these together,  
15 this is the amount company saved, to use your word, by  
16 denying the claim. That's all I understood.  
17 MR. SHEA: Motion to strike.  
18 BY MR. DARRAS:  
19 Q. I'm reading upside down, so I'm at a bit of  
20 disadvantage -- thank you very much. The numbers to  
21 the right of the names of the claim people within the  
22 gen med unit, was it your understanding that these  
23 numbers, these six digit numbers were the claim  
24 numbers?  
25 MR. SHEA: Object to the form.

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1 THE WITNESS: No, the claim number is  
2 there (indicating).  
3 BY MR. DARRAS:  
4 Q. Okay. And if we added up the numbers to the  
5 right, and it's 3,098, 748, at the top of the document,  
6 someone has written in hand, these are the ones  
7 considered for closure. Who wrote that?  
8 MR. SHEA: Object to the form.  
9 THE WITNESS: Me. I wrote that.  
10 BY MR. DARRAS:  
11 Q. And what did you mean by that?  
12 MR. SHEA: Object to the form.  
13 THE WITNESS: These are the ones that  
14 were prepared by the claims representatives to present  
15 to their claims consultant that were deniable or  
16 closeable, whatever term you want, deniable is more  
17 managed care term, and resolution or a closing is the  
18 UnumProvident term, and that these are the ones --  
19 this is what their claim representative could produce  
20 for the consultant.  
21 BY MR. DARRAS:  
22 Q. For the month of December?  
23 MR. SHEA: Object to the form.  
24 THE WITNESS: For the month of December  
25 As you see, this Boothby was a very -- was pretty

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1 prolific as was Mr. Foster.  
2 MR. SHEA: Motion to strike.  
3 BY MR. DARRAS:  
4 Q. When you say pretty prolific, you meant what  
5 in terms of the numbers of listings there?  
6 MR. SHEA: Objection to form.  
7 THE WITNESS: When you add them  
8 together, you know, if you compare it with Mr. Estes  
9 who didn't get any, he's no -- hasn't produced  
10 anything that month, it appears, I don't know if he had  
11 or not, but here, there's large, large amounts in Mr.  
12 Foster's which are 150 grand, 213 grand, 171, 117. So  
13 the higher the amount in that individual claimant's, or  
14 sorry, claim representative's column, you know, that's  
15 -- you know, and these people were the ones that were  
16 portrayed as the great performers. I mean, they are  
17 the senior -- well, Ms. Boothby was getting there,  
18 but Mr. Foster was one of the most senior and actually  
19 Ms. Boles, the senior of the claim representatives.  
20 MR. SHEA: Motion to strike.  
21 BY MR. DARRAS:  
22 Q. When you said that these people were the ones  
23 that were portrayed as the great performers, performers  
24 how?  
25 MR. SHEA: Objection to form.

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1 THE WITNESS: Well, they were allowed to  
2 talk more at round tables, you know. They were senior  
3 and they belonged often longer with the company, and it  
4 just appeared that they -- everybody was trying to  
5 compete with them. Everybody was trying to say, you  
6 know, can I use first names of people? That Chris is  
7 -- you know, Grace is doing well and Kimberly is doing  
8 well. I'm not -- Lisa in particular used to be  
9 concerned, you know, that she wasn't looking good at  
10 all, but she didn't care. She said it was -- she just  
11 wanted -- well, she did say she just wanted to do the  
12 right thing and she felt very bad for some of these  
13 claimants and stuff, so she wasn't going to get into  
14 this game of competing with each other. She just  
15 didn't -- her friends were not there, she didn't want  
16 to be friends with -- this was the way she talked. I  
17 don't want to be friends with these people and I live  
18 my life outside, and, you know, that's -- she didn't  
19 want to be competing with these folks.  
20 MR. SHEA: Motion to strike.  
21 BY MR. DARRAS:  
22 Q. You mentioned that this person didn't feel it  
23 was fair and didn't want to compete. What did you mean  
24 by competition?  
25 MR. SHEA: Object to the form.

EXHIBIT VI  
KEY ACTIVITIES

- Initial planning for the transition to an integrated claim operation (Provident and Paul Ravera) commenced in June with the development of a scoping plan, the identification of key deliverables and the assignment of over 50 individuals to fourteen different work teams. The teams commenced their work during a two-day session in Chattanooga July 8 and 9 and are continuing their work during a session in Worcester the week of July 15.
- June concluded 15 months of roundtable review sessions each Tuesday and Thursday evenings. Based on the value of these sessions as well as the acquisition of additional medical and legal resources to support the reviews, the roundtables have been expanded to a daily basis occurring within each of the five specialized claim management units. In addition to problematic on-going claims, all rescissions and new high indemnity claims will be reviewed in the roundtable forum. Over the last 15 months, 585 claims representing \$323 million in reserve have been reviewed with appropriate actions agreed upon and implemented.
- Activities in the Residual unit were particularly heavy during the second quarter as year-end audits were conducted based on 1995 Federal Income Tax returns. These audits produced true-ups to previously reported monthly income contributing to a net tabular decrease for residual reserves of \$8 million in the second quarter versus a net tabular increase of \$8.7 million in the first quarter.
- A major milestone of the systems development effort was reached during June with the sign-off of the business specifications. A team of claim users, claims management, Internal Audit, and Systems conducted an intensive review of the details of the proposed system and the corresponding rules in the month preceding the sign-off. Technical design is now proceeding with the initial coding of the system. It is anticipated that version one of the Leader system will be incorporated into the common (Provident and Paul Ravera) systems which will support the integrated individual disability claims operation in the future.
- Rehabilitation results: 5 of 21 completed referrals were successful for a net reserve reduction of \$8 million for the month. Year-to-date net reductions total \$7.6 million.
- Field Investigators completed a record 443 referrals in June up from an average of 345 in the first five months. Quality and timeliness of investigations was evaluated at 86%. Individual investigator scores ranged from 80% to 94%.
- QA scores for June were 83% bringing year-to-date results to 80%. Due to other priorities, the sample of claims audited in June was small.
- Central Support unit results remain strong as abandoned calls were 2.2% and 95% of all calls were answered in less than 45 seconds. A total of 13,299 calls were received. 27% of these calls (3,617) were handled without being transferred. During June a decision was made to expand Central Support unit services to Voluntary Benefit claims. Higher service levels along with greater efficiencies resulting from economies of scale are expected.

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