

CLAIM 29005

To : United States Bankruptcy Court of Southern New York

In regards to Motors Liquidation Bankruptcy Case claim 69719

I am responding again to the Debtors Eighty-Ninth Objection to Claims for late filled claims now adjourned to Jan 6, 2011.

In regards to claim 69719, eight pages of documents provided additional supporting documentation for claim 29005. Two pages provided support information for claim 29006. Both of the original claims were received by the court on Nov 17, 2009.

Claim 69719 should not have been considered a new claim but recognized as the additional documentation that the court gave claimants the opportunity to send in for claims lacking sufficient documentation. Claim 29005 is for loss of retiree health care.

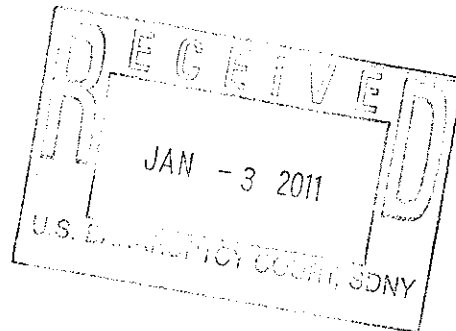
The court was to apply these documents as my additional supporting information sent in before the deadline of January 7, 2010 for claim 29005.

In addition to the mailing received by the court on January 5, 2010, I also mailed a copy of these documents to Amanda Ho in January 2010.

Please find a resend of the documents that was sent to the court in Dec 2009 and again in October 2010, plus two new pages that speaks to loss of employee health insurance.

Sincerely

Gerald A Kolb



Oct 2010

To : United States Bankruptcy Court of Southern New York

In regards to Motors Liquidation Bankruptcy Case.

I am responding to the Debtors Eighty-Ninth Objection to Claims and Motion requesting enforcement of bar dates orders.

In regards to claim 69719 received by the court on Jan 5, 2010 . Eight pages of documents provided supporting information for claim 29005. Two pages provided support information for claim 29006. Both of the original claims were received by Nov 17, 2009.

These documents should not have been considered a new claim but recognized as the additional documentation that the court gave claimants the opportunity to send in. Claim 29005 is for loss of retiree health care. Claim 29006 is for loss of retiree life insurance.

The court was to apply these documents as my additional supporting information sent in before the deadline of January 7, 2010.

In addition to the mailing received by the court on January 5, 2010, I also mailed a copy of these documents to Amanda Ho in January 2010.

Please find a resend of the documents that was sent to the court to support "insufficient documentation" for claims 29005 and 29006.

Sincerely

Gerald A Kolb

CC: Harvey R Miller
Stephen Karotkin
Joseph H. Smolinsky
WEIL, GOTSHAL & MANGES LLP

767 Fifth Ave.
New York, New York 10153

Salaried Retiree: Gerald A Kolb

Health Care Benefit Losses

For those retirees and/or surviving spouses less than 65 years of age, GM recently announced a substantial increase in retiree cost for continued participation in the GM plan, which also underwent significant plan modifications. Since those under 65 have not completely lost GM-paid health care coverage, it is necessary to first determine a value for the loss prior to age 65, then add that amount to the loss of all coverage beginning at 65 and through the remainder of your life expectancy.

Based on information recently provided by General Motors Company, the average cost of health care for Medical, Prescription, Dental, Vision, and Extended Care Coverage to the company under the salaried cap implemented in 2006/7 was \$5500. Based on the announced modifications, the Company has revised the cap and the new average cost to GM to provide GM-paid health care is \$4140 annually. GMRA recommends calculating the loss for health care using the difference between these figures, or \$1360 per year, per person under 65.

Beginning at 65, the loss per year, per person, would be \$5500 minus the \$3600 annual Level Benefit through life expectancy, or \$1900.

Calculation for Gerald A Kolb age 62 Dec 19, 2009

Annual pre-65 benefit loss beginning 2010	\$1360
Number of years remaining until age 65	<u>X 3</u>
Amount of loss prior to age 65	\$4080
Annual post-65 benefit loss beginning 2013	\$1900
Number of years between 65 and full life expectancy	<u>X 18.91</u>
Amount of loss after age 65	\$35,929
Total Lifetime Loss	\$40,009

Calculation for spouse Cheryl A Kolb age 61 Nov 21, 2009

Annual pre-65 benefit loss beginning 2010	\$1360
Number of years remaining until age 65	<u>X 4</u>
Amount of loss prior to age 65	\$5440
Annual post-65 benefit loss beginning 2013	\$5500
Number of years between 65 and full life expectancy	<u>X 22.70</u>
Amount of loss after age 65	\$124,850
Total Lifetime Loss	\$130,290
<u>Grand Total</u>	<u>\$170,299</u>

gerald a kolb

From: Brooks, Russell [russell.brooks@weil.com]
Sent: Thursday, December 17, 2009 1:23 PM
To: geraldakolb@comcast.net
Subject: Motors Liquidation claims objection

Mr. Kolb,

Per our conversation, please mail your objection to the Debtors' Fifth Omnibus Claims Objection to the following two addresses. We will not file your objection with the court, so you should feel free to follow up with the Clerk of the Court to make sure they filed your objection.

mailing address for Erin Eckols

Erin Eckols
Weil, Gotshal & Manges LLP
200 Crescent Court
Suite 300
Dallas, Texas 75201
P: 214-746-7734

mailing address for Clerk of SDNY Bankruptcy Court

Clerk of the Court
United States Bankruptcy Court
Southern District of New York
Manhattan Office
One Bowling Green
New York, New York 10004

Best,
Russ

Russell Brooks*
Weil Gotshal & Manges LLP
767 Fifth Avenue
New York, NY 10153
Direct 212.310.8293
russell.brooks@weil.com
*Not yet admitted

The information contained in this email message is intended only for use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by email (postmaster@weil.com), and destroy the original message. Thank you.

1/21/2010

gerald a kolb

From: Claims@MotorsLiquidationDocket.com
Sent: Tuesday, December 15, 2009 11:48 AM
To: gerald a kolb
Cc: "MLMSLTeam@gardencitygroup.com"@gardencitygroup.com
Subject: Re: Response to Notice Of Debtors Fifth Omnibus Objection to Claims

Dear Mr. Kolb,

Please forward all original supporting documentation to the below address:

If by overnight courier

The Garden City Group, Inc
Attn: Motors Liquidation Company Claims Processing
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

If by first -class mail to

The Garden City Group, Inc
Attn: Motors Liquidation Company
P.O Box 9386
Dublin, Ohio 43017-4286

Please note that e-mails and faxes will not be accepted only originals (hard copies). You also have the option of mailing your documents to the court (chambers) at the below address:

United States Bankruptcy Court, SDNY
One Bowling Green
Room 534
New York, New York 10004

Best Regards

From: "gerald a kolb" <geraldakolb@comcast.net>
To: <gmcourtdocs@gardencitygroup.com>
Date: 12/12/2009 09:52 PM
Subject: Response to Notice Of Debtors Fifth Omnibus Objection to Claims

To whom do we send a response to if we have more documentation for "non-conforming claims with insufficient documentation"

Also it says a hard copy must be delivered to "chambers" What is chambers?

Please help

1/21/2010

1 Review Your Dependent Information


2 Review, Research or Update Your Benefits

3 Confirmation of Your B Elections

Confirmation of Benefit Elections for Gerald Kolb

You have successfully submitted your elections. Your benefit elections were saved on November 14, 2009 at 7:55:47 AM ET. Your confirmation number is **093180755472229W**.

Please take a 1 to complete or should take no minutes.

Print this confirmation for your records. 

[Return to the Health & Insurance Home Page](#)
Health Benefits

Medical: GM Salaried Retiree Health Care Plan - BCBS (Self + Spouse/ Domestic Partner)

Covered Dependents
 Cheryl A. Kolb

Calendar Monthly Cost
\$206.00
 (After-Tax)

You should know:

This plan coordinates your care through a PPO network. The following coverages are administered by: Prescription Drug - Medco; Behavioral Health - Value Options; DME/P&O - Northwood National Provider Network.

Health Savings Account: HSA - Participant Direct Pay to Bank of America (volume: \$5,000.00)

Calendar Monthly Cost
\$0.00

You should know:

Health Savings Accounts offer a new tax-advantaged way to pay for or save for current and future qualified health care expenses. To take advantage of the Health Savings Account you must enroll in a GM consumer driven health plan.. Consult your tax advisor or www.ustreas.gov or www.irs.gov for additional information about Health Savings Accounts.

Before-Tax: \$0.00

After-Tax: \$206.00

Calendar Monthly Total Cost: \$206.00

Dependents

Our records show the eligible dependents listed below. Please be advised that this statement is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the definition of "eligible dependent" under the Plan. For a definition of "eligible dependent" under the Plan(s) available to you, see your Summary Plan Description(s).

It is your responsibility to provide accurate and up-to-date dependent information. Providing false information about your dependents could result in loss of elected benefit(s) or in a disciplinary action. It is very important that your dependent's Social Security number(s), as well as other information, is accurate and up-to-date; otherwise, coverage may not be provided to your dependent(s).

Federal law requires you to provide address information for your dependents who do not maintain their primary residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent is away from home attending school, he or she is considered to maintain his or her primary residence with you. Therefore, you are not required to provide address information.

If you need to correct a dependent's first name, middle initial, last name, or address or if any of your eligible dependents do not maintain the same primary address as you, go to the Health and Insurance page and begin the enrollment process to correct the information.

Name	Relationship	Date of Birth	SSN
Cheryl A. Kolb	Spouse	11/21/1948	██████-██████-8461

Important Information**Terms and Conditions**

By enrolling in one or more of the plans, you agree to the following terms and conditions:

You understand that General Motors will enroll you for the health care options you have selected for which you are eligible, and which you have not waived or canceled, with the appropriate carrier(s) as determined by General Motors.

You agree to make any required contributions so that health care coverage for you and your enrolled dependents remains in force. You authorize General Motors and its wholly-owned subsidiaries, until this authorization is revoked by you in writing, to deduct in advance each month from any earned or accrued wages or plan benefits due you, such amounts as may be necessary to pay the contributions as are now in effect or may be determined in the future for coverage which is now or may become available on behalf of yourself and any enrolled dependents. If in any month you are not eligible to receive any earned or accrued wages or plan benefits, you agree to pay in cash to General Motors any required contributions on or before the first of the month for which health care coverage for you or any listed dependent is to be provided. To the extent allowed by applicable law, you authorize General Motors and its wholly owned subsidiaries, or the trustee of certain General Motors Benefits funds, to deduct from any earned or accrued wages or benefits, any monies to repay health care or other benefits paid in error on behalf of you and your dependents.

Dependent Information

Our records show the dependents listed on the Dependent information screen. Please be advised that the inclusion of your dependents in this section is not a guarantee of coverage. Entitlement to dependent coverage is contingent on your dependent satisfying (and continuing to satisfy) the eligibility requirements under the General Motors Salaried Health Care Program. For assistance in determining the eligibility of your dependents for coverage under the program available to you, see the Guide to Dependent Eligibility, available in the Reference Library.

It is your responsibility to provide accurate and up-to-date dependent information. It is very important that your dependent's information is accurate and up-to-date; otherwise, coverage may not be provided to your dependent(s).

If any health care benefits are paid on behalf of ineligible dependents, you will be responsible for repaying the overpayment. If you should fail to repay the overpayment promptly, the amount will be deducted from your other benefits or compensation, or may be recovered by other legal means.

You are required to provide address information for your dependents who do not maintain their primary

residence with you. For example, if one of your covered dependents lives with a former spouse, you must provide the dependent's address. However, if a covered dependent is away from home attending school, he or she is considered to maintain his or her primary residence with you. Therefore, you are not required to provide address information.

Select the **Covered Dependents** tab from the **Details** link for that plan to correct or change your dependent's name or Social Security number. To change other dependent information, contact a service representative at the telephone number listed on the bottom of the screen for assistance.

Client Information

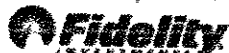
The information presented in this application briefly describes certain General Motors Salaried Health Care Program features, as well as other programs and benefits. It does not cover all the details about the Programs - which are found in plan documents that have the final word over any other oral or written statement. General Motors reserves the right to amend, modify, suspend or terminate any of its benefit plans or programs at any time by the action of the Board of Directors, or individual or other committee expressly authorized by the Board to take such action. This application - and the benefits described within - do not imply any guarantees.

Making Changes During the Year

You will have the opportunity to review your health care plans in the fall for the next plan year. Generally, you cannot change your benefit elections during the plan year, except in the case of a life event change. All life event changes must be reported within 31 days.

Questions? Find out who to contact.

NetBenefitsSM provided by



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CONFIRMATION STATEMENT

GM Benefits & Services Center
gmbenefits.com
1-800-489-4646

4.GM-H-502A ENV# GM11245651001001869

TTY Service for the Hearing or Speech Impaired
1-877-347-5225

GERALD A. KOLB
14137 RANDALL DR
STERLING HTS, MI 48313

Overseas Calls
Dial your country's toll-free AT&T Direct access number, then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at www.att.com/traveler or from your local operator.

Dear GERALD A. KOLB:

This statement confirms your 2009 benefit elections and contributions. Please review this statement carefully and retain it for your records. You can also access this information through the **Health & Insurance** tab on gmbenefits.com. Once you log on, simply click on 2009 Benefits.

If you have any questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday between 7:30 a.m. and 6:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

Plan	Option	Family Status/Coverage Volume	Your 2009 Monthly Contribution After-Tax
Medical	Health Savings Account PPO - BCBS (RS)	Self + Spouse/ Domestic Partner	\$0.00
Extended Care Coverage (ECC)	Extended Care Coverage	Self + Spouse/ Domestic Partner	\$14.00
Health Savings Account	No Health Savings Account with Bank of America		\$0.00
Dental	Traditional Delta Dental (RS)	Self + Spouse/ Domestic Partner	\$18.00
Vision	Cole Managed Vision (S)	Self + Spouse/ Domestic Partner	\$6.00
TOTAL MONTHLY CONTRIBUTIONS			\$38.00

Note: The (S or RS) after a benefit option is used for administrative purposes only.

In general, you will only receive new ID cards for plans if you are enrolling for the first time, making changes, or if changes are made to plan information. New ID cards should be received by early January 2009. If you need medical attention before your ID card arrives, you can use this confirmation statement as a temporary ID card.

If you have questions regarding ID cards, insurance claims, network providers, or plan coverage, contact your specific insurance company at the phone number listed on the back of this statement.

Questions and Answers Regarding the Recently Announced Changes to the General Motors Salaried Health Care Program

The following are frequently asked questions and answers regarding the recently announced changes to the General Motors Salaried Health Care Program. Additional information will be provided to you during this fall.

CHANGES AS OF JANUARY 1, 2009

What changes did GM announce?

GM announced changes to the Salaried Health Care Program. On January 1, 2009, retirees, surviving spouses and dependents age 65 or older will no longer be eligible to participate in the GM Salaried Health Care Program. At age 65, medical, dental, vision, hearing aid, prescription drug and extended care coverages provided under the GM Salaried Health Care Program will cancel. In lieu of health care in retirement, eligible retirees and surviving spouses, age 65 or older, will begin to receive a monthly pension increase of \$300. These changes directly affect the way post-age 65 retirees, surviving spouses and dependents receive and pay for health care coverages.

Who is impacted by these changes?

These changes impact current and future retirees and surviving spouses (including dependents) who are eligible for GM contributions towards health care in retirement. It also impacts those who are eligible to participate in the GM Salaried Health Care Program on a self-pay basis.

What is the impact for retirees who had a GM employee length of service date on or after January 1, 1993 but prior to January 1, 2001?

Retirees with a length of service date on or after January 1, 1993 but prior to January 1, 2001 are not eligible for GM contributions towards health care in retirement but may participate in the Salaried Health Care Program by paying the full cost of coverage. With this change, such participation will end at age 65. Further, such retirees are not eligible to receive the \$300 monthly pension increase. These same provisions will also apply to retirees with a length of service date prior to 1993 who do not qualify for corporate contributions towards health care in retirement.

When exactly will my health care coverages cancel?

In retirement, coverages under the GM Salaried Healthcare Program will cancel the first day of the month that you turn age 65. If you turn age 65 on the first day of the month, coverages will cancel the first day of the prior month, consistent with Medicare eligibility guidelines.

PENSION INCREASE AS OF JANUARY 1, 2009

What is the pension increase? Will the pension amount differ depending on the number of individuals in your family?

Eligible GM retirees and surviving spouses, who are 65 or older, will receive a monthly pension increase of \$300 beginning January 1, 2009. All eligible GM retirees or surviving spouses will receive the same amount. Retirees and surviving spouses who purchase their health care coverage from GM by paying the full monthly cost are not eligible for this pension increase.

When will the pension increase go into effect?

The pension increase will be effective the month the retiree's or surviving spouse's health care coverages cancel due to reaching age 65.

If a 62 year old GM retiree has a spouse who is 65 years old and whose health care coverages cancel, when will the retiree begin to receive the additional \$300 per month pension increase?
The retiree will be eligible for the \$300 per month pension increase when he/she turns age 65. Eligibility for this pension increase is linked to when the retiree reaches age 65 not when a dependent spouse reaches age 65.

GM SALARIED HEALTH CARE RETIREE CAP

Will pre-age 65 retirees or surviving spouses be impacted by this change in the future?

Yes. Retirees and surviving spouses who are eligible to participate in the GM Salaried Health Care Program in retirement (including their dependents) will be impacted by this benefit change once they turn age 65.

Will pre-age 65 retirees and surviving spouses still be subject to the health care cap?

Yes. Until they turn age 65, eligible salaried retirees, surviving spouses and dependents may participate in the GM Salaried Health Care Program, subject to the retiree health care cap that became effective January 1, 2007.

When will pre-age 65 retirees and surviving spouses learn about health care plan options and benefit changes for 2009?

Pre-age 65 retirees and surviving spouses will be informed of the 2009 changes during GM's Annual Enrollment period in the fall, similar to past years. The enrollment period will run from late October through early November. Retirees should refer to their annual Retiree Newsletter that they will receive later this fall for benefit change highlights.

UNDERSTANDING YOUR BENEFITS

Will GM help post-age 65 retirees understand next steps? When will retirees receive more information?

We know that you have questions and concerns about these changes. GM is committed to providing tools and resources to help you understand what is changing and what you will need to do. Attached is a schedule of key events and mailings for post-age-65 retirees. GM will be providing a service through a company called Extend Health to help you understand medical plan options, such as Medicare Supplemental, Medigap, Medicare Advantage HMO and Medicare Advantage Private Fee-for-Service plans that are available to purchase in 2009. Extend Health will have a Call Center to assist you, which is expected to be available beginning in October. We will communicate additional information to you later this year.

When should retirees enroll in their new health care plan options?

Retirees should plan on making their elections and enrolling in new options this fall, in order for their options to be effective January 1, 2009. GM will be providing additional information later this year to assist you with your selection process.

Please note that the GM Benefits and Services Center and current GM health plan carriers do not have any additional information regarding these announced changes.

General Motors reserves the right to change, amend, modify, suspend or terminate its employment practices, policies, employee benefit plans or programs at any time. This document provides general information only. In the event of a conflict with the official plan documents, the plan documents will control.

CLAIM 29006

Salaried Retiree: Gerald A Kolb

<u>Life Insurance Loss Calculation</u>	
Life Insurance at time of retirement	\$25,499
Current amount of Company provided Life Insurance	-\$10,000
Value of Lost Life Insurance	<u>\$15,499</u>

RETIREE SERVICING CENTER
P.O. Box 5113
Southfield, Michigan 48086-5113
1-800-828-9238
1-800-872-8682
TELECOMMUNICATION SERVICE FOR THE DEAF

Apr 05, 1999

Gerald A Kolb
14137 Randall Dr.
Sterling Hts, MI 48313-3558

Dear Gerald A Kolb:

As a retiree of General Motors with 10 or more years of participation in the Life and Disability Benefits Program, you are eligible for Continuing Life Insurance.

Our insurance records, as of the date of this letter, show the Continuing Life Insurance has now fully reduced to the ultimate amount of \$25,499.00. This ultimate amount will remain in effect for the rest of your life and is provided by General Motors at no cost to you.

IMPORTANT: YOU SHOULD KEEP THIS NOTICE WITH YOUR OTHER VALUABLE PAPERS.

If you have any questions regarding this letter, you may call toll-free, 1-800-828-9236 (Telecommunication Device for the Deaf 1-800-872-8682), during normal business hours, or write to the address above.

Always include this Social Security number, [REDACTED] 2229, in all your correspondence.

Retiree Servicing Center

UA01