

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES | AFT/AFL-CIO  
**LLANFAIR HOUSE — BANKRUPTCY CLAIM FORM**

Complete and return to your HPAE representative immediately, no later than June 23, 2026

**⚠ DO NOT sign any paperwork from the employer or Berkshire Post Acute Care before speaking with HPAE.**

**Two types of claims:**

**PRIORITY:** earned Oct 23, 2025 – Apr 23, 2026.  
 Cap: \$17,150.

**⚠ UNSECURED:** earned before Oct 23, 2025, or over the cap.

**SECTION 1 — YOUR INFORMATION**

Full legal name:

Date of hire:

Phone / Email:

Employee ID (if known):

Classification:

Full Time  Part Time  Per Diem  Weekend Per Diem

Job Title:

RN  LPN

Hourly rate (from pay stub):

Regular shift:

Day (7–3)  Evening (3–11)  Night (11–7)

Regularly assigned as Charge Nurse?

Yes  No  Sometimes — Shifts/month:

Still working at facility?

Yes  No Last day worked:

**SECTION 2 — YOUR CLAIMS**

Fill in both columns. Give your best estimate if you don't have the exact number — write 'est.' next to it. Leave blank if it does not apply to you.

Claim Type	<input checked="" type="checkbox"/> <b>PRIORITY</b> Oct 23, 2025 – Apr 23, 2026	<b>⚠ UNSECURED</b> Before Oct 23, 2025
<b>WAGES &amp; COMPENSATION</b>		
<b>Unpaid regular wages</b> <i>Any paychecks that were short or never received</i>	\$ _____	\$ _____
<b>Unpaid overtime</b> <i>Hours over 40/week not paid at 1.5x rate</i>	\$ _____	\$ _____
<b>Shift differential</b> <i>\$2.50/hr for evenings &amp; nights not paid — total hours × \$2.50</i>	\$ _____	\$ _____
<b>Charge nurse differential</b> <i>\$1.00/hr when working as charge nurse — total hours × \$1.00</i>	\$ _____	\$ _____
<b>Uniform allowance</b>	\$ _____	\$ _____

\$150 FT / \$100 PT every 6 months — enter what's owed		
<b>PAID TIME OFF (enter total dollar value — HPAE will calculate the priority/unsecured split)</b>		
<b>Accrued vacation balance</b> <i>Total days × daily rate. Pre-cut balance if reduced in Jan 2025.</i>	\$	\$
<b>Accrued sick leave balance</b> <i>Total days accrued × daily rate</i>	\$	\$
<b>Accrued personal days</b> <i>Days remaining × daily rate</i>	\$	\$
<b>Vacation illegally reduced (Jan 2025)</b> <i>25% taken — enter dollar value of the 25% cut. (Unsecured only)</i>	\$	\$
<b>HEALTH INSURANCE &amp; BENEFITS</b>		
<b>Health insurance differential (ICHRA)</b> <i>Monthly cost of individual plan since Oct 2024 minus what employer paid before</i>	\$	\$
<b>Out-of-pocket medical costs</b> <i>Since Oct 2024 — expenses old plan would have covered</i>	\$	\$
<b>Tuition reimbursement owed</b> <i>Approved programs not yet reimbursed</i>	\$	\$
<b>Waiver Payment \$100.00 per month owed</b> <i>Not enrolled in the Employer's Health Plan</i>	\$	\$
<b>TOTALS</b>	\$	\$

Combined priority cap: \$17,150 per person. Amounts over the cap move to the unsecured column.

### SECTION 3 — WHAT HAPPENED IN EARLY 2025

Were you required to reapply for your own job?  Yes  No When? \_\_\_\_\_

Were you told you were now 'at-will' or on 90-day probation?  Yes  No When? \_\_\_\_\_

Were you required to sign a mandatory arbitration agreement?  Yes  No Do you have a copy?  Yes  No

Were you disciplined or terminated during the 90-day probation?

Yes  No If yes, describe:

\_\_\_\_\_

Did you lose seniority or accruals from the reapplication process?

Yes  No If yes, describe:

\_\_\_\_\_

**SECTION 4 — DOCUMENTS (check all you have)**

- Pay stubs — months available: \_\_\_\_\_
- Onboarding / arbitration agreement from 2025
- Vacation / PTO balance statement
- Written notice of vacation reduction (Jan 2025)
- 401(k) account statements
- Written notice of ICHRA change (Oct 2024)
- Health insurance premium bills (since Oct 2024)
- Any severance or release form (DO NOT SIGN)
- Medical / dental / prescription receipts (since Oct 2024)
- Any letters/emails from employer or Berkshire

Additional notes (anything else we should know):

Signature:

Date:

Return to your HPAE representative ASAP. Questions: Sheila Schicker | [sschicker@hpae.org](mailto:sschicker@hpae.org) | (201) 262-5005