



INSURED NAME
ADDRESS
CITY ST ZIP

DATE
Re: Policy No.
INSURED NAME

Important Health Insurance Rate Information

Dear INSURED NAME

Thank you for allowing First United American Life Insurance Company to bring you quality health insurance. First United American Life Insurance Company is dedicated to providing you with valuable coverage and exceptional customer service.

Rates May Be Changing in 2011

We are writing to let you know that rates are being submitted for approval to the State of New York. Please see the chart on the back of this letter showing the proposed Medicare supplement rates. The new rates will not go into effect before November 1, 2011. We will send you billing information for your coverage as soon as rates have been finalized.

This rate information will be posted on the New York Department of Insurance website. You may submit written comments or request additional information on the proposed rates within 30 days of the rates being submitted. Comments may be sent to the New York Department of Insurance at the following address:

James Carroll
Health Bureau
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257
Or if you prefer to email, PremiumRateIncreases@ins.state.ny.us

To write us here at First United American Life Insurance Company, please use this address:

First United American Life Insurance Company
P. O. Box 3125
Syracuse, New York 13220-3125
Or if you prefer to email, www.FirstUnitedAmerican.com

For More Information

Please take a moment to review this information. If you have questions, please call us at (315) 451-2544. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Vern D. Herbel".

Vern D. Herbel, Chief Executive Officer
First United American Life Insurance Company

New York Group Medicare Supplement Plans

Group Medicare Supplement Plans	
Plan	Proposed Monthly Rate
A	108
B	174
C	198
D	189
F	208
Hi-Ded F	61
G	197
N	147