



Policyholder Name  
Address  
City, NY XXXXX

April 22, 2011  
Re: Policy Number  
Policyholder Name

### Important Health Insurance Rate Information

Dear Policyholder 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 October 15, 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](mailto: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](http://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 Medicare Supplement Plans

<b>Medicare Supplement Plans Area 1 / Zip Codes 10500 - 11099</b>	
Plan	Proposed Monthly Rate
A	191
B	286
C	332
D	324
F	324
Hi-Ded F	67
G	313
K	127
L	179
N	225

<b>Medicare Supplement Plans Area 2 / Zip Codes 10000 - 10499, 11100 - 11999</b>	
Plan	Proposed Monthly Rate
A	191
B	286
C	332
D	324
F	324
Hi-Ded F	67
G	313
K	127
L	179
N	225

<b>Medicare Supplement Plans Area 3 / Zip Codes 12000 - 12899</b>	
Plan	Proposed Monthly Rate
A	156
B	234
C	271
D	265
F	265
Hi-Ded F	55
G	256
K	104
L	147
N	184

<b>Medicare Supplement Plans Area 4 / Zip Codes 12900 - 14999</b>	
Plan	Proposed Monthly Rate
A	156
B	234
C	271
D	265
F	265
Hi-Ded F	55
G	256
K	104
L	147
N	184