



June 1, 2011

«Frstnm» «Mi» «Lstnm»
«Addrssl1»
«Addrssl2»
«City», «Stcd» «Zipcd»

**RE: New York Medicare Supplement Coverage
Policy Form SRP-1317
Policy Number <AGP-00000-0000>
Hartford Life Insurance Company**

Dear Insured:

The increasing levels of claims and the rising costs of medical care require that we seek an adjustment of premium charged under your captioned Hartford Life Insurance Company policy form. This letter informs you The Hartford¹ is filing a rate adjustment with the New York Department of Insurance, which will be implemented upon Department approval.

Policy Form	Rate Increase Filed	Proposed New Rate
SRP-1317	15%	*\$<xxx.xx>

* **NOTE:** You may be responsible for paying all, part or none of the costs associated with your retiree health plan premiums. Contribution percent is dictated by your former employer.

Please note that this proposed rate increase is not based directly on your individual claims experience, nor does it apply only to you. Instead, it is based on the premium and claims experience of all New York residents covered under the same policy. The change will apply to all persons insured under the above named policy. Please also keep in mind that the rate adjustment does not change your policy's benefit provisions.

While we will be filing our requested rate adjustment with the state, final approval of the increase – in whole or in part – rests upon the Department of Insurance. You will be notified of the actual rate increase that is approved by

¹ The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

the New York Department of Insurance at least 60 days prior to the date it will be implemented under your policy.

The actual effective date of the change is dependent on when the Department approves our filing.

If you have any questions about this matter, please contact your plan administrator at <TPA Number>, the New York State Insurance Department or reference The Hartford's website. We look forward to continuing to provide you with this valuable insurance coverage.

premiumrateincreases@ins.state.ny.
us

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New York, NY 10004

The Hartford
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Hartford, CT 06104-2999

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Sincerely,
The Hartford

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