

Date

Insured name

Address 1

Address 2

City, State Zip

Re: New York Medicare Supplement Notice of Rate Increase

Policy:

Certificate:

Dear (Insured Name),

As you are probably aware, each year we file new rates with the New York State Insurance Department. The new rates take into account the annual Medicare benefit increases, the increased costs in medical care, and the claim experience for all New York residents with your plan of coverage. Any change in premium applies for all similar insureds in your state and we mail a notification letter to you at least 60 days prior to the change. This year we are sending you an additional notification as required by New York law.

The notification attached is an **advance** notice of the percentage of rate increase we have filed for your Medicare Supplement rate with the New York State Insurance Department. Upon approval of the rate change by the State Insurance Department you will still receive notification from us of the actual premium amount and effective date of the change for your policy. The actual increase amount may be the percentage shown or a lower amount.

If you have any comments or need to receive additional information, please contact either of the following within 30 days of receipt of this letter:

James Carroll  
Health Bureau  
New York State Insurance Department  
One Commerce Plaza  
Albany, NY 12257  
Or e-mail [PremiumRateIncreases@ins.state.ny.us](mailto:PremiumRateIncreases@ins.state.ny.us)

Transamerica Financial Life Insurance Company  
520 Park Avenue  
Baltimore, MD 21201  
Or e-mail [admsservicecenter@aegonusa.com](mailto:admsservicecenter@aegonusa.com)

Or if you prefer, you can call one of our customer service representatives Monday to Friday at 1-800-752-9797, between 8:30 a.m. and 6:00 Eastern time. They will be glad to answer your questions or provide you with more information.

Sincerely,



Colleen R. Gizinski  
Vice President

**Notice to New York Medicare Supplement Policyholders of Rate Increase Request  
(Carrier Name)**

This is to provide notice as required that (carrier) filed on (Month, Day, Year) with the New York State Insurance Department a request for a rate increase in the amount indicated below.

<b>Plan</b>	<b>Increase</b>
Plan A	(%)
Plan B	(%)
Plan C	(%)
Plan D	(%)
Plan E	(%)
Plan F	(%)
Plan G	(%)
Plan H	(%)
Plan I	(%)
Plan J	(%)

The impact of the filing on your rates may vary substantially, depending on the terms of your policy and your individual circumstances.

The request for a rate increase is subject to review and approval by the State Insurance Department pursuant to law, and the request ultimately may not be approved or may not be approved for the full amount requested. If approval in whole or part, the rate change will not affect existing policies until they come up for renewal.