

Policy Holder Name  
Address  
City NY, XXXXX

August xx, xxxx  
Re: Policy Number  
Policy Holder Name

Dear «Insured»,

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

**Rates May Be Changing in 2014**

We are writing to let you know that a rate filing is being submitted to the New York State Department of Financial Services explaining the need for changes to our current rates in your area. This filing will be submitted on or about August 15, 2014. A detailed narrative summary of the requested rate change can be found on First United American's website or the New York State Department of Financial Services website.

The chart on the back of this letter shows the current and proposed monthly Medicare supplement rates by plan and zip code. The new rates are scheduled to go into effect on or after [December](#) 15, 2014. As soon as the rates have been finalized by the Department of Financial Services, you will receive written notification at least 60 days prior to the effective date on your policy.

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 State Department of Financial Services or First United American Insurance Company. The appropriate contact information is shown below. Please include the name of your insurer on all comments addressed to the Department of Financial Services. All comments will be posted to the Department's website with personal information removed.

Health Bureau-Premium Rate Adjustments  
New York State Department of Financial Services  
One Commerce Plaza  
Albany, NY 12257  
Or if you prefer to email, [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)

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)  
(315) 451-2544

If you have any questions or wish to clarify the 30 day comment period, please feel free to contact us.

Thank you.

Sincerely,



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

## New York Medicare Supplement Plans

<b>Medicare Supplement Plans</b>		
<b>Area 1 / Zip Codes 10500 - 11099</b>		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	208	207
B	285	284
C	344	343
D	339	338
F	325	324
Hi-Ded F	64	64
G	302	301
K	127	127
L	179	179
N	225	224

<b>Medicare Supplement Plans</b>		
<b>Area 2 / Zip Codes 10000-10499, 111, 11300-11999</b>		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	208	207
B	285	284
C	344	343
D	339	338
F	325	324
Hi-Ded F	64	64
G	302	301
K	127	127
L	179	179
N	225	224

<b>Medicare Supplement Plans</b>		
<b>Area 3 / Zip Codes 12000 - 12899</b>		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	170	170
B	233	233
C	282	281
D	278	277
F	266	265
Hi-Ded F	52	52
G	247	247
K	104	104
L	147	146
N	184	184

<b>Medicare Supplement Plans</b>		
<b>Area 4 / Zip Codes 12900 - 14999</b>		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	170	170
B	233	233
C	282	281
D	278	277
F	266	265
Hi-Ded F	52	52
G	247	247
K	104	104
L	147	146
N	184	184

<b>Medicare Supplement Plans</b>		
<b>Area 5 / Zip Codes 11200 - 11299</b>		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	208	228
B	285	313
C	344	377
D	339	372
F	325	356
Hi-Ded F	64	70
G	302	332
K	127	140
L	179	197
N	225	247