



NOTE: This letter is for plans B and C

Date _____

<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>

RE: NEW YORK MEDICARE SUPPLEMENT NOTICE OF RATE INCREASE
: <POLICY NUMBER>

Dear <INSURED NAME >:

This letter is to provide notice that American Family Life Assurance Company of New York will be submitting a rate increase to the New York State Department of Financial Services for Standardized Medicare Supplement policies on June 14, 2013. This proposed rate adjustment is necessary because benefits associated with our Standardized Medicare Supplement policies increased due to increases in Medicare deductibles and claim costs. Please be assured that you are not being singled out for this increase; the premiums for all policyholders with coverage like yours will be adjusted. A more detailed explanation of this proposed filing can be found in a narrative summary posted on Aflac's (Aflac.com) and the Department's (<http://www.dfs.ny.gov>) websites.

The request for a rate increase is subject to review and approval by the New York State Department of Financial Services, and the request may not be approved or may not be approved for the full amount requested. If approved in whole or in part, we will notify you 60 days prior to when the increase will affect your premium. Our notification to you will include the new premium amount, the billing mode and the effective date.

We have enclosed a chart of the proposed rates submitted to the New York State Department of Financial Services, which reflects a 6.1% increase.

You may submit written comments or request additional information on the proposed rates within 30 days of the receipt of this letter. Please contact Aflac if you should have any questions regarding the start and conclusion of this 30-day comment period. Comments may be sent to the New York State Department of Financial Services at the address below. Please be certain to reference that you are a policyholder of Aflac New York. Comments will be posted to the Department's website with personal identifying information removed.

Health Bureau – Premium Rate Adjustments
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
<http://www.dfs.ny.gov>
Or if you prefer to email, PremiumRateIncreases@dfs.ny.gov

To write us here at American Family Life Assurance Company of New York, please use this address:

American Family Life Assurance Company of New York
22 Corporate Woods Boulevard, Suite 2
Albany, New York 12211
1-800-366-3436

Or, if you prefer to email, log on to Aflac.com, Online Services for Policyholders, Contact Us, Aflac NY Customer Service.

Sincerely,

Aflac New York
Client Services Department

**Proposed Monthly Premium Standardized Medicare Supplement Plans
(Estimated effective date is November 1, 2013 or upon anniversary)**

	Area A	Area B	Area G
Plan B	\$221.05	\$239.15	\$299.20
Plan C	\$271.85	\$294.25	\$367.90

Area A: Zip Codes 136, 140-149

Area B: Zip codes 120-135, 137-139

Area G: Zip Codes 090-098,100-119