first united american life insurance company

Important Health Insurance Rate Information is enclosed.

Insured 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 2013
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. This filing will be submitted on or about August XX, XXXX. As stated in your policy form, your premiums may be changed due to health care cost for all policies in your class. 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 Group Medicare supplement rates by plan. The new rates are scheduled to go into effect on or after March 01, 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

First United American Life Insurance Company
P. O. Box 3125
Syracuse, New York 13220-3125
Or if you prefer to email, 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

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

Group Medicare Supplement Plans		
Certificate / Plan	Current Monthly Rate	Proposed Monthly Rate
A	113	116
B	183	188
C	207	213
D	197	203
F	218	224
Hi-Ded F	64	66
G	206	212
N	154	159