



Policy Holder Name
Address
City NY, XXXXX

April 19, 2013
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 April, 19, 2013. 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 Medicare supplement rates by plan and zip code. The new rates are scheduled to go into effect on or after December 15, 2013. 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,

A handwritten signature in black ink that reads "Vern D. Herbel".

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

New York Medicare Supplement Plans

Medicare Supplement Plans Area 1 / Zip Codes 10500 - 11099		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	208	218
B	285	299
C	344	360
D	339	355
F	325	340
Hi-Ded F	64	64
G	302	317
K	127	127
L	179	188
N	225	235

Medicare Supplement Plans Area 2 / Zip Codes 10000 - 10499, 11100 - 11999		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	208	218
B	285	299
C	344	360
D	339	355
F	325	340
Hi-Ded F	64	64
G	302	317
K	127	127
L	179	188
N	225	235

Medicare Supplement Plans Area 3 / Zip Codes 12000 - 12899		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	170	178
B	233	244
C	282	295
D	278	291
F	266	278
Hi-Ded F	52	52
G	247	259
K	104	104
L	147	154
N	184	193

Medicare Supplement Plans Area 4 / Zip Codes 12900 - 14999		
Plan	Current Monthly Rate	Proposed Monthly Rate
A	170	178
B	233	244
C	282	295
D	278	291
F	266	278
Hi-Ded F	52	52
G	247	259
K	104	104
L	147	154
N	184	193