



[Month x, 20xx]

«Frstnm» «Mi» «Lstnm»  
 «Addrsln1»  
 «Addrsln2»  
 «City», «Stcd» «Zipcd»

**RE: New York Medicare Supplement Coverage**  
**Policy Form [SRP-1317 or SRP-1510]**  
**Policy Number [AGP-00000-0000]**  
**Hartford Life Insurance Company**

Dear Insured:

This letter informs you The Hartford<sup>1</sup> is in the process of filing a rate adjustment with the New York Department of Financial Services, which will be implemented upon Department approval.

The rising costs of medical care require that we seek an adjustment of premium for your current medicare supplemental coverage. This proposed rate increase is not based directly on your individual claims experience, nor does it apply only to you. Instead, it is based on the premium and claims experience of all New York residents covered under the same policy. The change will apply to all persons insured under the above named policy. This requested rate adjustment does not change your policy's benefit provisions. A detailed summary outlining the reasons for the requested rate adjustment is available for review on the following websites: [www.groupretireehealth.com](http://www.groupretireehealth.com) and [www.dfs.ny.gov](http://www.dfs.ny.gov).

The Hartford intends to submit the below rate adjustment to the Superintendent at the New York Department of Financial Services on [Month x, xxxx]. If approved, this new rate adjustment will not take place prior to March 1, 2013.

<u>Supplement Plan</u>	<u>Current [Monthly, Quarterly, or Annual] Rate</u>	<u>Proposed % of Rate Adjustment</u>
Plan [current plan selection]	[\$xxx.xx]	[xx.xx%]

**\* NOTE: You may be responsible for paying all, part or none of the costs associated with your retiree health plan premiums. Contribution percent is dictated by your former employer.**

<sup>1</sup> The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

[\* If the current plan selection is Plan C or Plan C (2010) please include the following explanation for the corrective rate adjustment:

The proposed Plan C corrective rate adjustment is being requested so that the Plan C rates commensurate the cost of benefits covered under the plan. The benefits covered under Plan C are identical to those covered under Plan F, except for the Part B Excess benefit, which has minimal cost. The Plan F rate is based on actual credible experience. Given that the benefits covered under Plans C and F are very similar, the Plan C rates need to be increased by 75 % to make it consistent with Plan F rates. There are currently no covered lives under Plan C eliminating any adverse impact of this increase.]

The Department of Financial Services for the State of New York has implemented a 30 day comment period for policy and certificate holders. This 30 day comment period commences on the date that The Hartford submitted the rate adjustment request. As stated above [Month x, xxxx] is the intended date of submission to request the rate adjustment. You may contact your plan administrator for the exact date of submission to determine your full 30 day comment period.

During this 30 day commenting period, The Department of Financial Services for the State of New York will post all comments on their website, removing any personal identifying information. All written comments should identify The Hartford as the insurance provider. Comments can be submitted to the New York State Department of Financial Services at the address below.

While we will be filing our requested rate adjustment with the state, final approval of the increase – in whole or in part – rests upon the Department of Financial Services. You will be notified of the actual rate increase that is approved by the New York Department of Financial Services at least 60 days prior to the date it will be implemented under your policy. The actual effective date of the change is dependent on when the Department approves our filing.

Questions or concerns about this proposed rate adjustment, can be directed to the following:

<b>Entity</b>	<b>Address</b>	<b>Website, Email and Telephone Information</b>
New York State Department of Financial Services	Health Bureau –Premium rate Adjustments New York State Department of Financial Services One Commerce Plaza Albany, NY 12257	www.dfs.ny.gov PremiumRateIncreases@dfs.ny.gov
[TPA Name]	[TPA address]	[TPA website] [TPA phone #]
The Hartford	P.O. Box 2999 Hartford, CT 06104-2999	www.groupretireehealth.com

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This program continues to represent an excellent value with quality insurance protection. The Hartford has a long history of meeting the needs of their customers, providing expert customer service and delivering on our promises.

We truly appreciate your business and look forward to helping you continue to enjoy excellent benefits at a reasonable cost.

Sincerely,

[TPA Name]

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