aetna[®]

Proof of Coverage

From American Continental Insurance Company June 06, 2012

American Continental Insurance Company An Aetna Company 800 Crescent Centre Dr., Ste. 200 Franklin, TN 37067

#BWBCFVB Agent Name Address Line1 Address Line 2 City, STATE Zip Code Customer Service: 800 264.4000 Fax: 855 291.0553

Email: AetSSIPHS@Aetna.com

cont-life.com

Dear Valued Policyholder,

Welcome to the Aetna Senior Supplemental family of companies. We are pleased to inform you that your application for insurance has been approved.

Within the next two to three weeks, you will receive your ID card, policy, and original application in the mail. You will be instructed to review them carefully and notify us immediately if there are any discrepancies.

In the meantime, please use this letter as proof of your insurance coverage. The following information includes your policy number, effective date of coverage, and the product/plan that you have been approved for.

Policyholder Name: Jane Doe Policy Number: ACI0000001 Policy Effective Date: 01/01/2012

Product/Plan: Medicare Supplement Plan F

If your provider of medical care (doctor or hospital) requires additional eligibility information, they are welcome to call our provider verification line at 800 264.4000 (option 2, then 1) or go to our website, cont-life.com.

We truly appreciate you choosing our company for your insurance coverage. If you have any questions, please feel free to contact our Policyholder Services team at 800 264.4000 (option 1) and one of our dedicated associates will be happy to assist. Thank you.

Sincerely,

Your Policyholder Services Team

cc: Agent Name

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