AMERICAN GROUP ADMINISTRATORS
101 CONVENTION CENTER DR., SUITE 200
LAS VEGAS, NV 89109
dba AGA Administrators in CA

November 10, 2006

<NAME>
<ADDR1>
<ADDR2>
<ADDR3>

GROUP NUMBER: <GRPNO>
MEMBER NUMBER: <EMPNO>
PAT: <DEPNAME>
ACCOUNT:
DATE OF SERVICE:

Re: <SUBJECT>
Claim No: <CLMPRE>-<CLMNO>-<CLMSUF>

PROV: <PRVNAME>

Dear <SALUT>,

In order for us to properly review the claim for <DEPNAME> please complete the following questions:

Date of Accident:_____Time of Accident:_____A.M./P.M.
Location of Accident:_____
Describe how accident occurred (please be specific):_____
_____
_____
Was this accident related in any way to your work?_____
If Yes, please explain:_____
_____
Was this accident the fault of a third party?_____
Name & address of third party:_____
_____
Name & address of third-party insurance company:_____
_____
If you are taking legal action against the third party, we need the name and address of your attorney:_____
_____

Your timely response will be appreciated. Please do not hesitate to call during business hours 7:00 AM to 4:30 PM Pacific time. Our local phone number is 893-3050. Out of area please call 800-842-4742.

<SENDER> **<LTRNO>**