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>

Dear <SALUT>,

Thank you for submitting the Coordination of Benefit update. In accordance with the provisions of your plan, we must ask you for clarification. Please provide the information indicated by the XXX's:

____ Does your spouse have any medical, dental or prescription coverage through their employer? No_____ Yes _____ if yes, please provide the names, addresses and effective date of their plans.

_____
_____
_____

____ Does your spouse cover your dependent children on any of their plans through their employer? No ____ Yes _____ If yes, their plan may be primary and we may need to coordinate benefits. Please see your Plan book for information regarding Coordination of Benefits.

____ Other:_____

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>**