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>,

In order for us to properly review the claim(s) for <DEPNAME> please provide the following information:

1. **Do you have custody of <DEPNAME>?**

2. **Please provide a copy of the section of the divorce decree showing who has financial responsibility for the child/children.**

3. **At what address does the child/children reside & with whom?**
   _____
   _____

4. **Does anyone else cover this child/children for medical?**
   _____

   If so, what is their relationship to the child?_____

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>**