

SERFF Tracking Number: UTAC-126440903 State: Arkansas  
Filing Company: Loyal American Life Insurance Company State Tracking Number: 44465  
Company Tracking Number: LOYAL-1-0003-BRO-GN  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: 2010 Medicare Supplement Brochure  
Project Name/Number: 2010 Medicare Supplement Brochure/LOYAL-1-0003-BRO-GN

## Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: 2010 Medicare Supplement Brochure SERFF Tr Num: UTAC-126440903 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 44465

Sub-TOI: MS09.000 Medicare Supplement Other 2010 Co Tr Num: LOYAL-1-0003-BRO-GN State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Jackie Cunningham, Joyce Kostakis, Melissa MacLaurin

Disposition Date: 01/27/2010

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Medicare Supplement Brochure

Project Number: LOYAL-1-0003-BRO-GN

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/27/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/12/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/27/2010

Created By: Melissa MacLaurin

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Melissa MacLaurin

Filing Description:

Loyal American Life Insurance Company NAIC: 65722 FEIN: 63-0343428

Requesting Approval for Medicare Supplement Brochure and Proposal:

Form Number Form Description

LOYAL-1-0003-BRO-GN Medicare Supplement Brochure

Loyal-MS-Proposal-GN Medicare Supplement Proposal

Brochure and Proposal to be used with Medicare Supplement policies filed under separate cover and described below:

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Form: Form Number: Serff Number:

Medicare Supplement Plan A Loyal-MS-IA-A-AR UTAC-126397388

Medicare Supplement Plan F Loyal-MS-IA-F-AR UTAC-126397388

Medicare Supplement Plan G Loyal-MS-IA-G-AR UTAC-126397388

Medicare Supplement Plan N Loyal-MS-IA-N-AR UTAC-126397388

Dear Analyst:

The brochure and proposal are for the Medicare Supplement policies described above is submitted for your review and approval. The policies, outline of coverage and brochure were developed for compliance with the amended NAIC Medigap model as required by the Federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA). The policy forms will provide Medicare Supplement insurance and the coverage will be sold through licensed agents.

The brochure and proposal are new and do not replace any forms previously approved by your department. They will be used with the policy forms described in this cover letter as well as any future approved plan types as they are described as variable.

Should you have any questions, please feel free to contact me at 866-459-4272, ext. 4794 or by email at MMacLaurin@gafri.com.

Sincerely,

Melissa MacLaurin,  
Compliance Analyst  
866-459-4272  
E-mail: MMacLaurin@gafri.com

## Company and Contact

### Filing Contact Information

Melissa MacLaurin, Compliance Analyst mmaclaurin@gafri.com  
11200 Lakeline Blvd Ste 100 512-807-4794 [Phone]  
Austin, TX 78717

### Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio  
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance  
Company

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P.O. Box 559004 Group Name: State ID Number:  
Austin, TX 78755-9004 FEIN Number: 63-0343428  
(800) 633-6752 ext. [Phone]  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$25 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$50.00	01/05/2010	33252557

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/27/2010	01/27/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Medicare Supplement Proposal	Melissa MacLaurin	01/06/2010	01/06/2010

*SERFF Tracking Number:* UTAC-126440903      *State:* Arkansas  
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## **Disposition**

Disposition Date: 01/27/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Statements of Variability	Accepted for	Yes
		Informational Purposes	
<b>Form</b>	Medicare Supplement Brochure	Filed	Yes
<b>Form (revised)</b>	Medicare Supplement Proposal	Filed	Yes
<b>Form</b>	Medicare Supplement Proposal	Replaced	Yes

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**Amendment Letter**

Submitted Date: 01/06/2010

**Comments:**

To Whom It May Concern:

Please note the reference to an application fee and premiums based on age has been removed from the Medicare Supplement proposal to comply with AR Rules and Regulations.

Thank you,  
 Melissa MacLaurin

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Loyal-MS-Proposal-AR	Advertising	Medicare Supplement Proposal	Initial					Loyal-MS-Proposal-AR.pdf

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## Form Schedule

### Lead Form Number: LOYAL-1-0003-BRO-GN

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/27/2010	LOYAL-1-0003-BRO-GN	Advertising	Medicare Supplement Brochure	Initial			LOYAL-1-0003-BRO-GN (9-14-09).pdf
Filed 01/27/2010	Loyal-MS-Proposal-AR	Advertising	Medicare Supplement Proposal	Initial			Loyal-MS-Proposal-AR.pdf

# 2010 Loyal American Life Insurance Company® (Loyal) MEDICARE SUPPLEMENT INSURANCE POLICIES

*Loyal is a member of the Great American Supplemental Benefits Group of Companies*



Let us help you feel secure with your health, your family's future  
and your Medicare Supplement Insurance company.

THIS IS A LIMITED POLICY which should be used to supplement your Medicare coverage.

This is a solicitation for insurance. An insurance agent will contact you. No Insurance Company nor its agents are connected with endorsed or by Medicare, Social Security or any other governmental agency. Premium and benefits vary by plan selected. Plan availability varies by state.

*Loyal American*  
Life Insurance Company®

# LOYAL MEDICARE SUPPLEMENT INSURANCE

## Medicare Part A Hospital Coverage

**Part A Deductible** – Loyal Medicare Supplement Insurance Plans [B, C, D, F, G & N] pay the in patient hospital deductible for each benefit period.

**100% Part A Co-Payments** – After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60<sup>th</sup> day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Loyal Plans [A, B, C, D, F, G, M & N] pay when you are hospitalized for the 61<sup>st</sup> day through the 90<sup>th</sup> day. And, when you're in the hospital from the 91<sup>st</sup> day through the 150<sup>th</sup> day, Loyal Plans pay for each Lifetime Reserve day used.

If you are in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, Loyal Plans [A, B, C, D, F, G, M & N] pay the Part A Medicare eligible expenses for hospitalization, subject to a lifetime maximum benefit of an additional 365 days.

**Hospice** – Medicare pays all but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care. Loyal Plans [A, B, C, D, F, G, M & N] pay Medicare co-payment/coinsurance.

**Skilled Nursing Facility Care** - First 20 days Medicare pays all eligible expenses. Loyal Plans [C, D, F, G, M & N] pay the daily coinsurance from the 21<sup>st</sup> through the 100<sup>th</sup> day during which you receive skilled nursing care. You must enter a Medicare certified skilled nursing facility within thirty (30) days of being hospitalized for at least three (3) days.



## Medicare Part B Physician's Services & Supplies

**Deductible** – Plans [C & F] pay the Part B calendar year deductible.

**Coinsurance** – After the Part B deductible, Loyal Plans [A, B, C, D, F, G, M & N<sup>1</sup>] generally pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy.

For hospital outpatient services paid under a prospective payment system, the co-payment amount will be paid after the Part B deductible has been met.

**Excess Benefits** – Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Loyal Plans [F & G] pay 100% of the difference, not to exceed the charge limitation established by Medicare.

## Blood

**Blood Part A** - Loyal Plans [A, B, C, D, F, G, M & N] will pay for the first three (3) pints of blood in each calendar year. Medicare pays for any additional blood you may need.

**Blood Part B** - After meeting the Part B deductible, Medicare will pay 80% of approved amounts. Loyal Plans [A, B, C, D, F, G, M & N] will pay 20% of those costs.

## Additional Benefits

**Emergency Care Received Outside of the U.S.** – After you pay a \$250 calendar-year deductible, Loyal Plans [C, D, F, G, M & N] pay 80% of eligible expenses incurred during the first 60 days of a trip, outside the U. S. not to exceed a lifetime maximum of \$50,000.

## Exclusions & Limitations

**These policies will not pay benefits for:**

1. Any expense which You are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance;
2. Any services that are not medically necessary as determined by Medicare;
3. Any portion of any expense for which payment is made by Medicare or other government programs (*except Medicaid*); or for which payment would have been made by Medicare if You were enrolled in Parts A & B of Medicare;
4. Any type of expense not a Medicare Eligible Expense except as provided for in the policy.
5. Any deductible, coinsurance or co-payment not covered by Medicare, unless such coverage is listed as an additional benefit in the policy;
6. Confinement that begins or expenses incurred while your policy is not in force.

## Exclusions & Limitations (continued)

**Preexisting Conditions** - Loyal will not pay for any expenses incurred for care or treatment of a Preexisting Condition for the first six (6) months from the effective date (*in WY, 90 days*). However, if you have continuous creditable coverage or are replacing an existing Medicare supplement policy, you will get credit for the time you were covered toward meeting this six (6) month exclusionary period. This provision does not apply if your policy was issued under Guaranteed Issue status.

A **Preexisting Condition** is a condition for which medical advice was given or treatment was recommended by or received from a Physician within six (6) months (*in WY, 90 days*) prior to the policy effective date.

## Advantages

What makes Medicare supplement insurance from **Loyal American Life Insurance Company** different? The benefits of each Medicare supplement insurance policy are standardized, no matter what company sells you the policy. Each type of standardized Medicare supplement policy plans (A - N)<sup>2</sup> will offer the same basic benefits. So, at Loyal, our added value is our commitment to exceptional customer service.

**Value** – Loyal strives to maintain competitive premiums over the life of a policy. At the same time, we will not compromise the financial security and quality service our clients require.

**Service** – At Loyal, we aim to provide fast, friendly and efficient policy-owner services. To administer our business, we try to bring together two vital components: **Tools and People**.

Having efficient tools means little without the personal care administered by dedicated professionals. When you contact us, we will do our best to service your concerns with effective, friendly and prompt service.

**Guaranteed Renewable** – All of Loyal's Medicare Supplement policies are guaranteed renewable. Your policy cannot be canceled. We guaranteed to renew the policy each time the premium is received within 31 days of its due date.



**Our Right to Adjust Future Premiums** - You can't be singled out for a rate increase based on your health, no matter how many times you receive benefits. The policy's rate structure is based on attained age<sup>3</sup>. Other than increases due to your age<sup>3</sup>, your premium will only change when the same premium change is made on the same form issued to persons of your classification in the same geographic area of your state, if coverage under Medicare changes, or if you move to a different zip code location.

**Paperless Electronic Claim Filing** – Part A & Part B claims are processed electronically, eliminating paperwork for both the insured and the provider in the majority of claims.

By effectively adopting the latest technology, we strive to achieve fast policy and claims processing times. In fact, most of our Medicare Supplement claims are processed automatically within one working day of submission.

**Choice of Physicians and Hospitals** – Policyholders can use the health care provider of their choice. All of our Medicare Supplement policies may be used anywhere Medicare is accepted.

**Payment Flexibility** – We offer a choice of premium modes. Premiums may be paid by direct bill or bank draft annually, semi-annually or quarterly. Monthly mode is available for bank draft only.

<sup>1</sup> Except co-payments not in excess of [\$20] per office visit and [\$50] per emergency room visit.

<sup>2</sup> When comparing policies you must compare identical policies, such as a Medicare Select Plan or a High Deductible Plan.

<sup>3</sup> Except in AZ, FL, GA, ID & MO where the policy rate structure is based on issue age, and premiums can only be increased by class.

# ABOUT LOYAL AMERICAN LIFE INSURANCE COMPANY

Our mission is to provide specialty health insurance, marketed through agents, designed to meet the needs of senior Americans. We strive to develop innovative products and quality services for our customers.

Since 1955, Loyal American Life Insurance Company has been marketing supplemental health insurance products. Our product portfolio features Medicare supplement and Senior Life Insurance Plans to help you choose the plan that works best for you.

At Loyal, our goal is to make our customers our number one priority. We are committed to providing exceptional service to all our customers every day.

Full terms and conditions of coverage are defined by and governed by an issued Medicare supplement policy. Please refer to the policy for the full terms and conditions of coverage. This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form series:

[Generic Plan A: LOYAL-MS-AA-A-GN, LOYAL-MS-IA-A-GN]  
[Arkansas Plan A: LOYAL-MS-A-AR]

[Generic Plan B: LOYAL-MS-AA-B-GN, LOYAL-MS-IA-B-GN]  
[Arkansas Plan B: LOYAL-MS-B-AR]

[Generic Plan C: LOYAL-MS-AA-C-GN, LOYAL-MS-IA-C-GN]  
[Arkansas Plan C: LOYAL-MS-C-AR]

[Generic Plan D: LOYAL-MS-AA-D-GN, LOYAL-MS-IA-D-GN]  
[Arkansas Plan D: LOYAL-MS-D-AR]

[Generic Plan F: LOYAL-MS-AA-F-GN, LOYAL-MS-IA-F-GN]  
[Arkansas Plan F: LOYAL-MS-F-AR]

[Generic Plan G: LOYAL-MS-AA-G-GN, LOYAL-MS-IA-G-GN]  
[Arkansas Plan G: LOYAL-MS-G-AR]

[Generic Plan M: LOYAL-MS-AA-M-GN, LOYAL-MS-IA-M-GN]  
[Arkansas Plan M: LOYAL-MS-M-AR]

[Generic Plan N: LOYAL-MS-AN-GN, LOYAL-MS-IN-GN]  
[Arkansas Plan N: LOYAL-MS-N-AR]



## Our Companies include:

Central Reserve Life Insurance Company  
Continental General Insurance Company  
Great American Life Insurance Company®  
Loyal American Life Insurance Company®  
Provident American Life & Health Insurance Company  
United Teacher Associates Insurance Company



Medicare Supplement Proposal

Proposal Date: [November 3, 2009]

Effective Date: [November 3, 2009]

Prepared For:

[First M. Last]
[Street Address]
[City, IL 61108]

These amounts are based on the information you provided and are based on an issue age of [\_\_\_\_]. The premiums vary by the plan selected. Plan availability varies by state.

Table with 5 columns: Plan, Monthly, Quarterly, SemiAnnually, Annually. Rows include Plan A through Plan N, with Plan F highlighted in bold.

Rates are illustrative only. Actual rates are based on where you live, and your choice of coverage. Please do not send money. You must first complete an application to obtain coverage. Please see the Outline of Coverage for a brief description of the benefits offered by each plan. Benefit exclusions and limitations may apply.

This is a solicitation for insurance. An insurance agent will contact you. No insurance company nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.

We appreciate the opportunity to help you and answer any questions. For more information contact:

[Brad test]
[123 main]
[Rocky Top, IL 61111]

Loyal American Life Insurance Company
PO Box 559004
Austin, TX 78755-9004
(866) 459-4272

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Statements of Variability	Accepted for Informational Purposes	<b>Date:</b> 01/27/2010
<b>Comments:</b>		
<b>Attachments:</b>		
Statement of Variability.pdf		
LOYAL-SOV-MS-PROPOSAL.pdf		

**Statement of Variability**  
**Loyal American Life Insurance company**

The following items are indicated as variable items in the brochure.

Page	Variable Items	Justification
Cover Page	[2010]	The [2010] has been marked as variable so the Company, at its own discretion, will be able to remove [2010] without re-filing. Only this bracketed information will be removed, nothing will be added.
Page 2	[A, B, C, D, F, G, K, L, M, N]	The Medicare Supplement Plans are marked as variable under Part A Deductible, 100% Part A Co-insurance, Hospice, and Skilled Nursing Facility Care; Part B Deductible, Coinsurance, and Excess Benefits; Blood Part A and B; and Emergency Care Received Outside of the U.S. so the Company, at its own discretion, will be able to show only the plans that are applicable to benefits being described. Only state approved Medicare Supplement Plans will be described.
Page 3	[\$20], [\$50]	The co-payment amounts are marked as variable in the footnote so the Company, at its own discretion, will be able to update the amounts as necessary without re-filing. Only Federal mandated amounts will be described.
Page 4	[Medicare Supplement Plan Form Numbers]	The Medicare supplement plan form numbers are marked as variable so the Company, at its own discretion, will be able to show only the plans that are available. Only approved Medicare supplement policy plans will be described.

**Statement of Variability**  
**Loyal American Life Insurance company**

The following items are indicated as variable items on the Medicare Supplement proposal.

Variable Items	Justification
Proposal Date [November 3, 2009}	The [November 3, 2009] proposal date has been marked as variable so the Company, will be able to keep the date current with the date of the proposal.
Effective Date [November 3, 2009]	The [November 3, 2009] effective date has been marked as variable so the Company, will be able to keep the date current with the date of the proposal.
Name and Address [First M Last, Street Address, City, State, Zip Code]	The [First M Last, Street Address, City, State, Zip Code] name and address of the potential consumer has been marked as variable so the Company, will be able change the information for each potential consumer.
Issue Age [Age]	The [Issue Age [Age] has been marked as variable so the Company, will be able to change the Issue Age to match each potential consumer.
Plans and Rates	The Plans and Rates are marked as variable so we can only show the available Medicare Supplement plans in each state as well as the most current approved rates for each available plan.
[\$25.00 STATE SPECIFIC]	The one time application fee is being shown as variable in case the amount changes in the future or if the Company elects to discontinue the application fee in the future, the Company would be able to do so without re-filing the form.
Agent Name and Address [Brad Test, 123 Main, Rocky Top, IL 61111]	The agent contact information is being shown as variable so each agent can add in their own contact information to keep the letter personal.

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
01/05/2010	Form	Medicare Supplement Proposal	01/06/2010	Loyal-MS-Proposal-GN.pdf (Superseded)



Medicare Supplement Proposal

Proposal Date: [November 3, 2009]

Effective Date: [November 3, 2009]

Prepared For:

[First M. Last]
[Street Address]
[City, IL 61108]

These amounts are based on the information you provided and are based on an issue age of [\_\_\_\_]. The premiums vary by the plan selected. Plan availability varies by state.

Table with 5 columns: Plan, Monthly, Quarterly, SemiAnnually, Annually. Rows include Plan A through Plan N, with Plan F highlighted in bold.

Premium rates above do not include a one time [(\$25.00 STATE SPECIFIC)] application fee.

Rates are illustrative only. Actual rates are based on your age, where you live, and your choice of coverage. Please do not send money. You must first complete an application to obtain coverage. Please see the Outline of Coverage for a brief description of the benefits offered by each plan. Benefit exclusions and limitations may apply.

This is a solicitation for insurance. An insurance agent will contact you. No insurance company nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.

We appreciate the opportunity to help you and answer any questions. For more information contact:

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