

**Response Deadline
August 1, 2011**

Ref: July 5, 2011

Member Name
Address1
Address2
City, ST, Zip

SPECIAL OFFER

Disability Income Protection Plan
Increase your covered salary amount by up to \$10,000
No medical review required
Response Deadline is August 1, 2011

Dear Member;

Your covered salary amount under the SAMBA Disability Income Protection Plan is \$XXX,000. For maximum protection, you should increase your coverage each time your salary increases. **You can increase your coverage now by up to \$10,000 without medical review.**

Simply provide the information requested below. Complete the enclosed Payroll Allotment Form 299 - SAMBA will fill in section 6. Include a copy of your most recent Statement of Earnings and Leave (required for salary verification). Mail or fax all documents back to SAMBA along with this letter.

My current annual salary is \$ _____

My daytime telephone number is (_____) _____

My email address is _____

Your request for coverage increase will be effective the date your agency adjusts your allotment premium. An updated Statement of Coverage will be mailed to you.

Any questions, contact us at insurance@Sambaplans.com or (800) 638-6589, press 2.

Sincerely,
SAMBA Group Plans

Enclosures