

April 1, 2007

<First Name> <Last Name>
<Street Address>
<City,> <State> <Zip>

Dear <First Name> <Last Name>:

Enclosed is (company's name) Healthy New York re-certification application. If your company would like to continue with Healthy New York coverage, please submit this application to HIP so that we can determine (company's name) continued eligibility for the plan.

Be sure to complete all sections of the application and mail it in the self addressed stamped envelope.

To avoid any disruption in coverage, your re-certification application must be received by HIP no later than April 15, 2007. If HIP determines that you are still eligible for the Healthy New York plan, your new premium rates will take effect on July 1, 2007 (see attached).

If you have any questions about your Healthy New York coverage or the new rates, please contact (representative name and Telephone #). If you use a special telephone device for those with a hearing or speech impairment, call 1-888-HIP-4TDD (1-888-447-4833) Monday through Friday, 8:30 am to 5:00 PM.

Thank you for choosing HIP. On behalf of all of us at HIP, it's a pleasure and a privilege to serve you.

Sincerely,

Representative's Name