

UnumProvident Claim Reassessment Unit
PO Box 9728
Portland, ME 04104-5028

CLAIM, TEST
123 MAIN STREET
Anycity, Anystate 12345-4673



August 26, 2005

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123 MAIN STREET
Anycity, Anystate 12345-4673

Re: Claim No. 540000060002

NOTICE TO CALIFORNIA CLAIMANTS
of
**UNUM LIFE INSURANCE COMPANY OF AMERICA
PROVIDENT LIFE & ACCIDENT INSURANCE COMPANY
THE PAUL REVERE LIFE INSURANCE COMPANY**

Your claim for disability insurance benefits was denied, or your disability insurance benefits were terminated, on or after January 1, 1997, by one of the above-named UnumProvident insurance companies.

The California Insurance Commissioner and UnumProvident have recently reached an agreement that provides the opportunity for your claim to be reevaluated (reassessed) under certain standards developed especially for California claims.

You may have previously received a letter from UnumProvident notifying you of your right to ask for reassessment of your claim. If you responded to that letter by asking the company to reassess your claim, there is no need for you to respond again with a new request.

If you did not receive the earlier letter or if you did not respond to the earlier letter by asking for reassessment of your claim, you may now request reassessment of your claim by doing one of the following things:

- Fill out and return the enclosed form in the envelope provided; OR
- Visit www.unumprovident.com/elect with your claim number ready (provided at the top of this page); OR
- Place a toll-free call to (877) 477-0964 and provide your name, current address and claim number. This phone number is provided for your convenience in applying for reassessment, but no other information is available currently through this special temporary line.

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Phone: 1-877-477-0964

You must respond within 60 days of the date of this notice for your claim to be reconsidered. Your request for reassessment will be acknowledged by UnumProvident.

In addition to its agreement with the California Insurance Commissioner regarding California claimants, UnumProvident is reassessing claims nationwide under an agreement it reached in late 2004 with 48 other state insurance regulators and the U.S. Department of Labor. Because of the large number of claims to be reviewed, the process will take a substantial amount of time. If you elect to have your claim reassessed, you will receive another letter from UnumProvident closer to the time your claim actually will be reviewed, letting you know the approximate time period of that review. Enclosed with that letter will be a Reassessment Information Form for you to fill out and return to UnumProvident with information it needs to begin reviewing your claim.

By asking for your claim to be reassessed you agree to give up (waive) certain legal rights in the event and to the extent that benefits are paid to you. The legal rights you will be asked to give up will be described in greater detail in a form you will be asked to sign and return along with the Reassessment Information Form.

These rights are important and include the ability to pursue legal action, including the ability to obtain special or extracontractual damages, but only to the extent that such an action is based on any part of the claim denial or termination of benefits that is reversed or changed by the reassessment.

Before you decide to give up any of your rights, you may wish to consult an attorney.

If there remains a complete or partial denial of benefits after the reassessment of your claim, your right to pursue legal action for further benefits that are not related to any reversal or change of the previous decision on your claim shall not be waived.

If you have already started legal action relating to your prior claim decision, please provide a copy of this letter to your attorney as soon as possible so that he or she can advise you of your options. If, after consulting with your attorney, you decide to have your claim reassessed, you will need to take such action as is necessary to stop further legal proceedings pending the outcome of the reassessment process. Please note that filing a lawsuit concerning your claim after requesting reassessment will make your claim ineligible for reassessment.

You are encouraged to contact UnumProvident by one of the three steps provided for applying to have your claim reassessed. Please note that you must make contact within 60 days of the date of this notice to be eligible for UnumProvident to prepare your claim for review.

If you experience difficulty in participating in the claim reassessment process or otherwise, you may call the California Department of Insurance Consumer Hotline at (800) 927-HELP (4357).

Thank you.

UnumProvident Claim Reassessment Unit
Provident Life and Accident Insurance Company

**FAILURE TO TAKE ACTION WILL RESULT IN A LOSS OF THE
OPPORTUNITY TO HAVE YOUR CLAIM REASSESSED.**



Request to Participate Form

Name: Claim, Test

Claim Number: 5400000060002

Insuring Company: Provident Life and Accident Insurance Company

By returning this letter, I am requesting to participate in the Claim Reassessment Process.

Signature: _____

Last four (4) digits of Social Security: _____

Date: _____

In order to have your claim included in this reassessment, this form must be mailed to the address provided by November 30, 2005.

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