



<Date>

<Name>

<CID#:>

<Company>

<Address>

<Address>

Dear <Name>:

The Centers for Medicare & Medicaid Services (CMS) require that AmeriHealth provide CMS with the Employer Identification Numbers (EIN) of Medicare Advantage and Prescription Drug Plan customers whose plans were active at any time this year. It is important that you provide the EIN that was used to file your company's annual tax return. This may be your Social Security number or another Employer Identification Number issued to you by the federal government. You also must provide your sponsor type and organization type.

Please complete the information by filling out the form below and mailing it to us in the postage-paid envelope; by faxing the form to 215-761-0335; or by completing the information online at <http://www.amerihealthmedicare.com/EIN>. **The deadline for compliance is February 8, 2013.**

NOTE: If you have already provided us with the EIN, please verify your company's information at <http://www.amerihealthmedicare.com/EIN>.

If you have any questions, please contact your AmeriHealth account executive or your independent broker. Thank you for your prompt attention to this requirement.

Sincerely,

Robert J. Smith
Government Markets

----- Cut Here & Return -----

Employer Identification Number (EIN) Form

<Name>

<CID #:>

<Company>

<Address>

<Address>

EIN: _____ Primary phone: _____

Primary email address: _____

Sponsor type (please check one):

- Employer
- Union
- Trustees of fund

Organization type (please check one):

- State government
- Local government
- Publicly traded corporation
- Privately held corporation
- Non-profit
- Church group
- Other: _____