

October 19, 2024

New York Life Long-Term Care
P.O. Box 64670
St Paul, MN 55164-0670

Gentlemen:

In reference to your letter of 10/14/24,
Statement Number 0000579493, Policy Number
10178512, I respectfully request a claims
review.

I enclose my letter of October 7, 2024
as the explanation provided in that
letter is applicable to the referenced
letter herein. The dates are outside
the "In Wait Period" which commenced
on 4/22/24 and should be marked.
Please submit your required payment.

Yours very truly,
Sally Picheloup (Policy #10178512)

Sally Picheloup