

Dear Claimant,

Pursuant to New York State Insurance Department Regulation 68, we are required to provide you with a periodic "Explanation of Benefits" (EOB), regarding your claim for no-fault (PIP) benefits. This letter, and the attached summary, is your EOB. The purpose of this EOB is to provide you with a listing and explanation of the no-fault (PIP) benefits paid to you, and paid on your behalf, during the EOB period set forth above.

As you will note, the attached summary sets forth the following information:

- Name of payee;
- Amount paid;
- Date paid.

These payments were for medical, and related, treatment and equipment rendered or provided to you during the EOB period set forth above. Please contact the undersigned if you have any questions regarding this matter. You may write to me at the address on this letter. My telephone number is (516) 681-9400, extension 5.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report if the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Very truly yours,

Enclosure

Claims Representative