

February 14, 2022

KALYANSHANKAR KUMMARI
5523 W GARY DR
CHANDLER AZ 85226-1261

Subject: ID Number 096-547-134

Dear Mr. Kummari:

This letter is in response to your request for verification of the payments made on your Short term medical plan.

We have reviewed our records and would like to provide you with the information you requested.

Payment Period	Payment Made	Fees Paid	Supp Acc Paid	AMW Fee Paid
11/20/21	\$122.91	\$4.00	\$24.00	\$6.50
12/20/21	\$122.91	\$4.00	\$24.00	\$6.50

Thank you for allowing us to serve you. If you have any questions, please call us at 1-800-657-8205. We are available Monday through Friday, 8 a.m. to 6 p.m. ET.

Sincerely,

Policy Administration

Golden Rule Insurance Company

P.O. Box 31372
Salt Lake City, UT 84131-0372
(800) 657-8205
WWW.MYUHONE.COM