



PO Box 83641  
Lincoln, NE 68501-3641

Medical Underwriting  
Phone: (800) 660-9913  
Fax: (800) 792-9710

Member ID: UEN181212001694

December 13, 2018

KATHRYN RAMSEY  
26 LINK LANE  
RICHMOND, RI 02892



EMPLOYEE NAME: KATHRYN RAMSEY  
PLAN SPONSOR: STATE OF RHODE ISLAND  
CONTROL NUMBER: 0657293-000-00000

EMPLOYEE CURRENT LIFE AMOUNT: \$0  
ADDITIONAL LIFE AMOUNT: \$85000  
TOTAL LIFE AMOUNT: \$85000

We have received your Proof of Good Health Statement (Evidence of Insurability) requesting Supplemental Term Life coverage.

The request has been approved and is effective on 12/13/2018 for Kathryn.

If we can be of further assistance, please do not hesitate to contact us at the phone number listed above.

Medical Underwriting  
Group Insurance  
Aetna Life Insurance Company

*In the event that any coverage information in this letter is found to be conflicting, please contact your Employee Benefits Department.*

*As indicated on your Proof of Good Health Statement (Evidence of Insurability), Aetna must be informed of any material changes to the information you provided. This is to include any health status change which took place between the time you signed your initial Proof of Good Health Statement (Evidence of Insurability) and the time coverage becomes effective. Providing false statements or concealing information for the purpose of misleading may result in denial of claims or in insurance coverage being void as of its effective date with no benefits payable.*

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2018 Aetna Inc.

Proprietary



PO Box 83641  
Lincoln, NE 68501-3641

Medical Underwriting  
Phone: (800) 660-9913  
Fax: (800) 792-9710

Member ID: UEN181212001683

December 13, 2018

MATTHEW RAMSEY  
26 LINK LANE  
RICHMOND, RI 02892



EMPLOYEE NAME: MATTHEW RAMSEY  
PLAN SPONSOR: STATE OF RHODE ISLAND  
CONTROL NUMBER: 0657293-000-00000

EMPLOYEE CURRENT LIFE AMOUNT: \$0  
ADDITIONAL LIFE AMOUNT: \$85000  
TOTAL LIFE AMOUNT: \$85000

EMPLOYEE CURRENT LIFE AMOUNT: \$0  
ADDITIONAL LIFE AMOUNT: \$85000  
TOTAL LIFE AMOUNT: \$85000

We have received your Proof of Good Health Statement (Evidence of Insurability) requesting Basic Term Life and Supplemental Term Life coverage.

The request has been approved and is effective on 12/13/2018 for Matthew.

If we can be of further assistance, please do not hesitate to contact us at the phone number listed above.

Medical Underwriting  
Group Insurance  
Aetna Life Insurance Company

*In the event that any coverage information in this letter is found to be conflicting, please contact your Employee Benefits Department.*

*As indicated on your Proof of Good Health Statement (Evidence of Insurability), Aetna must be informed of any material changes to the information you provided. This is to include any health status change which took place between the time you signed your initial Proof of Good Health Statement (Evidence of Insurability) and the time coverage becomes effective. Providing false statements or concealing information for the purpose of misleading may result in denial of claims or in insurance coverage being void as of its effective date with no benefits payable.*

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2018 Aetna Inc.

Proprietary