

February 10, 2015

RODNEY LARSON
4713 DOMINICK DRIVE
MINNETONKA, MN 55343

Re: Cert #: 11VLN12-52085

Dear Rodney Larson:

We are the claims administrator for Certain Underwriters at Lloyd's, London, ("Underwriters") subscribing to Certificate No. 11VLN12-52085, issued to Rodney Larson. We have received your proof of loss and claim for medical expenses under the Policy related to your treatment for Hypertension and Dyslipidemia. We have reviewed your proof of loss and correspondence, the Policy, the claim file and medical records. As a result of this review, we have determined there is no coverage for the claim over \$5000.00 under the Policy.

The Policy provides that: For Medical Benefits, this Insurance does not cover

1. Pre-existing Condition(s) as defined under this policy. This exclusion does not apply to Emergency Evacuation/Repatriation.

a) If You are a United States citizen this exclusion is waived for the first \$20,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 70 and over, the amount is \$5,000), minus Your Deductible and selected Coinsurance option.

This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program. Any exclusion specifically listed below in 2 through 41, will not receive benefits from this waiver.

b) If you are a non-U.S. citizen under age 70, this exclusion is waived for an Acute Onset of a Pre-existing Condition(s) (as defined herein) up to the first \$15,000 in eligible medical expenses incurred in the United States, minus Your Deductible and selected Coinsurance option. For persons age 70 and over, there is no benefit.

This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program. Any exclusion specifically listed below in 2 through 41, will not receive benefits from this waiver.



Pre-existing Condition shall mean any Injury or Illness which meets the following criteria:

- 1) a condition that would have caused a person to seek medical advice, diagnosis, care, or treatment during the thirty-six (36)* months prior to the Effective Date of coverage under this Policy;
- 2) a condition for which manifestation, medical advice, diagnosis, care, or treatment was recommended, received, or noticed during the thirty-six (36)* months prior to the Effective Date of coverage under this Policy.

*For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months.

Based upon the Policy provisions, the medical records, and the information you have submitted, Underwriters have determined there is no coverage for the claim submitted over the \$5000.00 maximum because the condition for which you were treated pre-exists the effective date of your policy according to your medical records.

The reasons for this denial of coverage are not limited to those stated in this letter, and Underwriters reserve the right to supplement this letter with further legal and factual reasons as to why there is no coverage. Underwriters do not waive any rights under the Policy or under applicable law. This response is based upon the information you provided to Underwriters and information Underwriters have obtained during their investigation and review of your claim.

If there is any additional information you believe would be important for Underwriters to consider or would assist Underwriters in their investigation or coverage determination, please advise the undersigned as soon as possible. In addition, if you should have any questions regarding the above, please contact us.

Regards,

Claims Department
Seven Corners, Inc.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2014

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name RODNEY L LARSON		Box 2. Beneficiary's Social Security Number 478-52-1117
Box 3. Benefits Paid in 2014 \$31,149.80	Box 4. Benefits Repaid to SSA in 2014 NONE	Box 5. Net Benefits for 2014 (Box 3 minus Box 4) \$31,149.80

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$29,891.00	NONE
Medicare Part B premiums deducted from your benefits \$1,258.80	
Total Additions \$31,149.80	
Benefits for 2014 \$31,149.80	

	Box 6. Voluntary Federal Income Tax Withheld NONE
	Box 7. Address RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344-2547
	Box 8. Claim Number (Use this number if you need to contact SSA.) 478-52-1117A

BY WHOM PAID

DIRECT INQUIRIES TO: 952-935-8661

FIRST MINNETONKA CITY BANK
11500 HIGHWAY 7
MINNETONKA MN 55305

CORRECTED (if checked) ☐

Payer's Federal identifying number

41-0877090

Recipient's identifying number

XXX-XX-1117

PAYER'S RTN (OPTIONAL)

1 Interest income

.39

2 Early withdrawal penalty

3 Interest on U.S. Savings Bonds and Treasury obligations

TO WHOM PAID

OMB No. 1545-0112

2014

Interest Income FORM 1099-INT

RODNEY L LARSON
PO BOX 44847
EDEN PRAIRIE MN 55344-2547

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

4 Federal income tax withheld

.09

5 Investment expenses

6 Foreign tax paid

Account number (see instructions)	7 Foreign country or U.S. possession	8 Tax-exempt interest	9 Specified private activity bond interest	10 Market discount
1781				
11 Bond premium	12 Tax-exempt bond CUSIP no.	13 State	14 State identification number	15 State tax withheld
		MN	00009319016	
Copy B For Recipient	INTEREST STATEMENT FOR 2014			Keep this copy for your records

TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
ULTIMATE INTEREST Accou	XXXXXXXX671	.20	.00	.04
THRIFT SAVINGS Account	XXXXXXXX227	.19	.00	.05



ReliaStar Life Insurance Company
Service Center
P.O. Box 5011 Minot, North Dakota 58702-5011

MASTER ACCOUNT PLAN

Report for year ending 12-31-14

Account Number: 51547151

Account paid to: 1-20-15

Surplus in account: \$0.00

LARSON, RODNEY L
PO BOX 44847

EDEN PRAIRIE

MN
55344

AGENT NUMBER	AGENT'S NAME
81023	PETERSON, PAUL EVERE

The Master Account Plan (MAP) is a convenient way to budget your individual insurance payments to Voya ReliaStar. Instead of making separate payments for premiums and policy loan interest on each of your Voya ReliaStar policies, MAP allows you to consolidate all of them into one regularly scheduled payment.

MAP operates in the following way: As annual premiums and loan interest come due on the policies, they are paid by your account as if they were actually paid by you. As owner of the account, you make regular payments, part of which are used to reduce this amount paid out and another part which is allocated as an interest charge on the unpaid amount. This interest is charged at the rate of 5½% and for the year 2014 was \$ 3.66. (This interest has already been paid by you as a part of your scheduled payments.)

In addition, part of each of your payments is used to cover a 25 cent monthly charge for administration of your account. Your total service charge for 2014 was \$ 3.00 . (This service charge has also been paid by you as a part of your scheduled payments.)

The minimum payment necessary to keep your account functioning is determined by the total of all premiums, policy loan interest, interest charges and service charges. Any payments you have made in excess of the minimum have accumulated as a surplus in your account which, unless withdrawn by you, will reduce future interest charges to your account. These reduced interest charges effectively result in an interest savings to you which accrues as additional surplus in your account. If at any time, accumulated surplus exceeds the unpaid amount in your account, interest is credited at the rate of 4½% on the excess. Interest credited to your account in 2014 was \$ 0.00.

The total policy loan interest paid by your account in 2014 was \$ 0.00 .

KEEP THIS REPORT FOR YOUR TAX RECORDS