

APRIL 07, 2009

DON L. DAILEY
14609 NE 40TH. PL. #708
BELLEVUE, WA 98007

Dear DON L. DAILEY

Information received in our office indicates you and/or your family member have other health insurance coverage.

Before benefits can be considered it is necessary to determine whether or not Tongass Timber Trust is the first payor (primary coverage) or the secondary payor (pays after benefits are paid by another carrier). Please see page 127 through 132 of your group insurance plan booklet for an explanation of Coordination of Benefits and Order of Benefit Determination.

Please answer the following questions regarding other health coverage. List the individual(s) who are eligible for benefits under your other insurance coverage: you may write on the back of this form if necessary

Coverage under the other policy began as of _____ and provides the following coverages:

Medical _____ Dental _____ Vision _____

If coverage for any of the above named individual(s) ceased, please advise the date coverage ended and the name of individual

Signed: _____ Date: _____
DON L. DAILEY

Please return this information as soon as possible to insure prompt processing of your claims.

Thank you for your assistance in this matter.

Sincerely,

JUANETA CANNON
Tongass Timber Trust