Sample Letter to Superintendent Vullo re: Health Insurance Rate Decrease

*Directions: (1) Modify the sample letter below with details about your own insurance plan, how the rate increase will impact you, and your contact information (see highlighted sections); (2) Copy and paste to submit to the Department of Financial Services at this link:* [*https://myportal.dfs.ny.gov/web/prior-approval/submit-a-comment*](https://myportal.dfs.ny.gov/web/prior-approval/submit-a-comment)*. Make sure to act quickly - the deadline to submit comments is June 17, 2016.*

Dear Superintendent Vullo,

I write to file an objection on the proposed 2017 premium rate decrease of [insert percent or amount of decrease here], recently filed by [insert insurance company name].

I have been a customer for [x number of years].  I need health insurance because [explain why you need coverage, list special health conditions for yourself, your family or employees who are covered by your insurance plan].  This proposed rate [makes me concerned that the plan will not stay financially healthy]/[will make my insurance more affordable]. [Explain how the rate decrease would affect you and your family, your business, or your employees.]

I encourage the Department to carefully review my insurance company’s filing. I urge you to ensure that a maximum investment is made in consumer medical claims.

I strongly support the Department of Financial Services’s efforts to make more insurance more affordable and information about rate changes more accessible.  Thank you for your attention to this matter.

If you need more information about my situation, please feel free to contact me at: [insert your email or phone number or address here].