

DATE

<Recipient Name>
<Address Line 1>
<Address Line 2>
<City, State ZIP Code>

ID Number: <ASSN/CLIENT>
Re: Administrative Services Agreement

Dear <Recipient Name>:

One of our goals is to offer you the best customer service possible. As a valued customer, we want to inform you about an amendment to your All Savers® Alternate Funding Administrative Services Agreement.

At the start of your company's new plan year, All Savers has incorporated the Prescription Drug Member Discount Program. **The new update can be found within Exhibit A - Statement of Work in the Managed Pharmacy Services, Section H.**

A new Administrative Services Agreement will arrive in a separate mailing for your records. **It is important that the first page is signed and returned to us.**

We appreciate the opportunity to serve you. If you have any questions, please call us at 1-800-291-2634.

Sincerely,

Policy Administration