


AMERICAN COMMUNITY
 MUTUAL INSURANCE COMPANY

Current Premium: \$274.52
 Date of Premium Change: August 05, 2009
 Payment Mode: Monthly EFT

Writing Agt: _____

Current Plan of Coverage

Plan Code	Network Deductible	Benefit Percent	Optional Benefits	New Premium
J001	\$500	80%	None	\$351.98

To lower your premium, you may switch to one of the Community Flex plans listed below. There is no need to complete a new application or medical questionnaire. See the enclosed flyer for more information. Please be advised that Community Flex exclusions and limitations may vary from your current plan. Be sure to review the Community Flex benefit chart at www.american-community.com before making a plan change.

If you would like to replace your current plan with one of the plans below, please contact our Renewal Specialists at 800-991-2642 Ext. 4094. Or you can simply check the box below indicating your selection, sign this form, and return it in the envelope provided or fax to 734-853-2267.* If you do not wish to make a plan change, you do not need to return this form.

Optional Plan(s) of Coverage

X (Check One)	Plan Code	Network Deductible	Benefit Percent	Office Visit Copay	Additional Optional Benefits	Monthly Premium
	M073	\$1,000	80%	\$30	RX Tier	\$312.92
	F073	\$1,000	80%	N/A	RX Tier	\$265.30
	M074	\$1,500	80%	\$30	RX Tier	\$279.99
	F074	\$1,500	80%	N/A	RX Tier	\$236.61
	M075	\$2,500	80%	\$30	RX Tier	\$230.78
	F075	\$2,500	80%	N/A	RX Tier	\$187.32
	M076	\$3,500	80%	\$30	RX Tier	\$202.93
	F076	\$3,500	80%	N/A	RX Tier	\$160.14
	M070	\$5,000	100%	\$40	RX Tier	\$216.32
	F070	\$5,000	100%	N/A	RX Tier	\$164.31

*To take advantage of this offer, you must respond by the Date of Premium Change, as noted in the top right corner of this form.

Insured's Signature

Date
629053



AMERICAN COMMUNITY
MUTUAL INSURANCE COMPANY

39201 Seven Mile Road, Livonia, Michigan 48152-1094
(734) 591-8028 Ind. Admin. Fax
community.com

Date of Premium Change: August 05, 2009
AC Payment Mode: Monthly EFT

Writing Agt

**Lower Your Premium by Switching to the American
Community Provider Network**

We are pleased to announce that American Community now has its own network of preferred providers, the American Community Provider Network. You can lower your premium by switching to the AC Network and still keep your current benefit plan or you can lower your premium even more by switching to the AC Network and choosing one of the lower cost benefit options shown below. You can easily locate an AC Network provider at our website: www.american-community.com. You may return this form in the envelope enclosed or fax it to 734-591-8028.

Keep my current plan of coverage and change my network to the AC Network

X (check here to select)	Network Deduct	Benefit Percent	Office Visit Copay	New Premium
	\$500	80%	\$30 Off Vis Copay	\$334.72

Change my plan as indicated below and change my network to the AC Network

X (Check one)	Network Deductible	Benefit Percent	Office Visit Copay	Additional Optional Benefit	Monthly Premium
	\$1,000	80%	\$30	RX Tier	\$297.53
	\$1,000	80%	N/A	RX Tier	\$252.26
	\$1,500	80%	\$30	RX Tier	\$266.23
	\$1,500	80%	N/A	RX Tier	\$224.98
	\$2,500	80%	\$30	RX Tier	\$219.43
	\$2,500	80%	N/A	RX Tier	\$178.11
	\$3,500	80%	\$30	RX Tier	\$192.95
	\$3,500	80%	N/A	RX Tier	\$152.27
	\$5,000	100%	\$40	RX Tier	\$205.68
	\$5,000	100%	N/A	RX Tier	\$156.23

**** Options shown above are Community Flex (see enclosed flyer) ****

Insured's signature

Date

629049