



Notice to Applicant Regarding REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage coverage and replace it with a policy to be issued by Blue Cross and Blue Shield of Texas. Your new policy will provide 30 days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy or Medicare Advantage coverage only if, after due consideration and acceptance by the replacing issuer, you find that purchase of this Medicare supplement coverage is a wise decision. You should evaluate the need for other accident and sickness coverage you have that may duplicate the benefits provided under this policy.

Statement to Applicant by Issuer:

I have reviewed your current medical or health coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reasons:

- Additional benefits,
Same benefits but lower premiums,
Fewer benefits and lower premiums,
My plan has outpatient prescription drug coverage and I am enrolling in Part D,
Disenrollment from a Medicare Advantage plan.
Other (specify)

I call to your attention the following items for your consideration:

- 1. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the issuer to deny any future claims and to refund your premium as though the policy had never been in force. After the application has been completed and before you sign it, read and review it carefully to be certain that all information has been properly recorded.
2. Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Agent's Signature

Agent's Number

Printed Name and Address of Agent

Applicant's Signature

Date

Note to Agent: You and the applicant who is replacing existing health insurance with Blue Cross and Blue Shield coverage must read, sign, and date this replacement form. You must then submit the white copy along with the application. The yellow copy must remain with the applicant.