

**Notice to Applicant
Regarding Replacement of
Medicare Supplement Coverage**

P.O. Box 327
Seattle, WA 98111-0327



SUBSCRIBER NAME

SUBSCRIBER ID NUMBER

MAILING ADDRESS

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE!

According to your application you intend to terminate existing Medicare supplement insurance and replace it with a Medicare supplement contract issued by Premera Blue Cross. Your new contract will provide thirty (30) days within which you may decide, without cost, whether you desire to keep the contract.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement coverage. You should evaluate the need for other disability coverage you have that may duplicate this contract.

STATEMENT TO APPLICANT BY AGENT

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement contract will not duplicate your existing Medicare supplement coverage because you intend to terminate your existing Medicare supplement coverage. The replacement contract is being purchased for the following reason(s) (check one):

- Additional benefits.
- Fewer benefits and lower premiums.
- No change in benefits, but lower premiums.
- Other (Please specify) _____

(1) If you have had your current Medicare supplement policy less than three months, health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new contract. This could result in denial or delay of a claim for benefits under the new contract, whereas a similar claim might have been payable under your present policy.

(2) State law provides that your replacement contract may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. Premera Blue Cross will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new contract to the extent such time was spent (depleted) under the original policy.

(3) 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 company to deny any future claims and to refund your subscriber charges as though your contract had never been in force.

AFTER THE APPLICATION HAS BEEN COMPLETED AND BEFORE YOU SIGN IT, REREAD IT CAREFULLY TO BE CERTAIN THAT ALL INFORMATION HAS BEEN PROPERLY RECORDED.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

SIGNATURE OF AGENT	TYPED NAME AND ADDRESS OF AGENT
APPLICANT'S SIGNATURE	DATE