



## CLARK COUNTY, WASHINGTON

### NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT COVERAGE

#### **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 contract to be issued by Regence BlueCross BlueShield of Oregon. 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 illness 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.

1. If you have had your current Medicare supplement contract less than 3 months, health conditions which you may presently have (pre-existing 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 contract.
2. State law provides that your replacement contract or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new contract or coverage for similar benefits to the extent such a time period was spent or depleted under the original contract.
3. If you still wish to terminate your present contract and replace it with our Companion Plan I Medicare supplement coverage, be certain to answer truthfully and completely 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 premium as though your contract had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. If you wish to terminate your present supplement contract and replace it with plans, A, C, or F, you do not need to complete the questions on the application concerning your medical and health history.

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

#### **STATEMENT BY ISSUER, AGENT OR BROKER, TO APPLICANT:**

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):

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

\_\_\_\_\_  
Signature of Agent or Representative  
(Signature not required for direct response sales)

\_\_\_\_\_  
Name of Issuer, Agent or Representative (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date