

NOTICE TO APPLICANT
REGARDING REPLACEMENT OF
ACCIDENT AND HEALTH INSURANCE, HMO COVERAGE,
OR EMPLOYER-PROVIDED HEALTH BENEFIT
ARRANGEMENT

Highmark Blue Cross Blue Shield of Western New York
PO Box 4208
Buffalo, New York 14240

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

According to your application, you intend to terminate existing accident and health insurance, health maintenance organization coverage, or employer-provided health benefit coverage and replace it with a policy (certificate) to be issued by Highmark Blue Cross Blue Shield of Western New York Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy (certificate).

You should review this new coverage carefully. Compare it with all health coverage you now have and evaluate the need for existing coverage that may duplicate this policy. Terminate your present coverage only if, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision.

STATEMENT TO APPLICANT:

I have reviewed your current medical or health insurance coverage. The replacement of insurance involved in this transaction [does/does not] (please circle appropriate answer) duplicate coverage, to the best of my knowledge. The replacement policy is being purchased for the following reason(s) checked below:

- Additional benefits
- No change in 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 (please explain reason for disenrollment): _____
- Other (please specify): _____

If you still wish to terminate your present policy or certificate and replace it with new coverage, review the application carefully before you sign it to be certain that all information has been properly recorded.

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

(Signature of agent, broker, or other representative)

Highmark Blue Cross Blue Shield of Western New York
PO Box 4208
Buffalo, New York 14240

(Applicant's signature)

(Date)

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