

## **NOTICE TO APPLICANT**

**Regarding Replacement of Medicare** Supplement Insurance

## Applicant and Agent should keep a copy of this form. Send original with Application.

If, according to your application, you intend to terminate existing Medicare supplement insurance and replace it with a policy to be issued by Highmark Blue Cross Blue Shield West Virginia, you need to complete this form. Your new policy will provide thirty (30) days within which you may decide whether you desire to keep the policy.

You should review this coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy only if, after due consideration, you find that the purchase of this Medicare supplement coverage is a wise decision.

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

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement coverage because you intend to

erminate your existing Medicare supplement	ent coverage.
The replacement policy is being purchased	for the following reason(s):
☐ Additional benefits.	
☐ No change in benefits, but lower pre	miums.
☐ Fewer benefits and lower premiums.	
☐ Other (please specify):	
completely answer all questions on the app all material medical information on an app and to refund your premium as though you	olicy and replace it with new coverage, be certain to truthfully and blication concerning your medical and health history. Failure to include lication may provide a basis for the company to deny any future claims or policy had never been in force. After the application has been 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*	Applicant's Signature
Printed Name and Address of Agent	Date
*Signature not required for direct response	sales.



## Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-679-6930.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-844-679-6930.

请注意:如果您说中文,可向您提供免费语言协助服务。

請致電 1-844-679-6930。

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-844-679-6930.

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-844-679-6930.

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-844-679-844.

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-844-679-6930.

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-844-679-6930로 전화.

注: 日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。1-844-679-6930 を呼び出します。

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-844-679-6930 .

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-844-679-6930.

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่มีค่าใช้จ่าย โทร 1-844-679-6930

ध्यान दिनुहोस्: यदि तपाईं [नेपाली] भाषा बोल्नुहुन्छ भने, तपाईंका लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध हुन्छन्। 1-844-679-6930 मा फोन गर्नुहोस्।

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 6930-679-844-1. موجود است.

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-844-679-6930.

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ 6930-679-844-1 پر کال کریں۔

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le 1-844-679-6930.

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-844-679-6930.

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-844-679-6930.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánítti'go, language assistance services, éí t'áá níík'eh, bee níká a'doowot, éí bee ná'ahóót'i'. Kojj' hodíilnih 1-844-679-6930.