

## NOTICE TO APPLICANT Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

## 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, 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:**

The replacement policy is being purchased for the following reason(s):

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 terminate your existing Medicare supplement coverage.

□ Additional benefits.
□ No change in benefits, but lower premiums.
□ Fewer benefits and lower premiums.
□ Other (please specify):
□ Other (please

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