



Blue Shield  
of California

An Independent Member  
of the Blue Shield Association

## NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT COVERAGE

**If you are currently enrolled in a Medicare Supplement policy or plan, please read this information carefully and sign below. If you are not currently enrolled in a Medicare Supplement policy or plan, you may disregard this form.**

According to your application, you intend to lapse or otherwise terminate an existing Medicare Supplement policy or plan contract and replace it with a contract to be issued by Blue Shield. Your plan contract to be issued by Blue Shield will provide 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. Terminate your present policy or plan contract only if, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision.

### STATEMENT TO APPLICANT BY PLAN, SOLICITOR, SOLICITOR FIRM OR OTHER REPRESENTATIVE:

- (1) I have reviewed your current medical or health coverage. The replacement of coverage involved in this transaction does not duplicate coverage, to the best of my knowledge. The replacement contract is being purchased for the following reason (check one):
  - Additional benefits.
  - No change in benefits, but lower premiums.
  - Fewer benefits and lower premiums.
  - Other (please specify) \_\_\_\_\_
- (2) You may not be immediately eligible for full coverage 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 or contract.
- (3) State law provides that your replacement Medicare Supplement contract may not contain new preexisting conditions, waiting periods, elimination periods, or probationary periods. The plan will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods or probationary periods in the new coverage for similar benefits to the extent that time was spent under the original contract.
- (4) If you still wish to terminate your present policy or contract and replace it with new coverage, be certain to truthfully and completely answer any and all questions on the application concerning your medical and health history. Failure to include all material medical information on an application which requests that information may provide a basis for the plan to deny any future claims and to refund your prepaid or periodic payment 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.
- (5) **Do not cancel your present Medicare Supplement coverage until you have received your new contract and are sure you want to keep it.**

\_\_\_\_\_  
(Signature of Solicitor, Solicitor Firm, or Other Representative)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Typed Name and Address of Plan, Solicitor, or Solicitor Firm)

\_\_\_\_\_  
(Date)

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